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ISSUES OF ETHICS TRAINING IN TURKISH COUNSELOR EDUCATION AS ASSOCIATED WITH ACCREDITATION, CERTIFICATION, AND LICENSURE

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Dissertation
presented in partial fulfillment of the requirements
for the degree of

Doctor of Philosophy in Counselor Education and Supervision

University of Montana Missoula, MT May 2016

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Arslan, Ümüt, Ph.D., Spring 2016

Counselor Education and Supervision

Ethics Training in Turkish Counselor Education Undergraduate Programs

Chairperson: John Sommers-Flanagan, Ph.D.

Abstract: The purpose of this study was to investigate qualifications of ethics training in counselor education programs in Turkey associated with accreditation, certification, and licensure. The survey data were collected from 251 Turkish counseling students to examine differences in ethical judgments between freshmen and seniors. This survey was based on the counselor ethical practice and belief survey by Gibson and Pope (1993) regarding Turkish counseling ethical codes and sources of ethics information. I used chi-square analyses to analyze the Turkish data. Statistically significant differences were found between university seniors and freshmen in items that related to dual relationships, multicultural counseling, competency, confidentiality, suicide prevention, fees and advertisement, and test administration. Compared to freshmen students, senior students' ethical judgments were more consistent in most areas with Turkish ethical codes. Results also showed that female participants, compared to male participants, were more uncertain about their ethical judgments. Participants gave the highest rating of ethical information sources to their counseling programs, faculty members, and Turkish ethical codes, in that order. Results were integrated with accreditation, certification, and licensure developments in Turkey, and were compared with developments in the United States to make suggestions for future research.

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This is how it ends. I have to clearly mention I have had the best times of my life while I was studying for PhD. I felt I was the happiest human being on earth. That's why, I will remember my PhD life, not only studying late nights and stress about getting it done, but also how I had great learning experiences with my faculty, enjoyed hiking with Emel in western Montana, and traveled all over the world for conferences.

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This dissertation dedicated to:

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Chapter 1: Introduction

The Problem

In professional counseling settings, ethics are an important influence on counselors' decision-making (Levitt & Moorhead, 2013). Over time, ethics have become the core of counseling practice (Sommers-Flanagan & Sommers-Flanagan, 2007; Corey, Corey, & Callanan, 2011). Ethics have also evolved from a personal code to a public one; ethics were once mostly represented as an individual professional's personal choices, but now are constituted of and codified by laws and specific professional ethical codes (Mabe & Rollin, 1986). To address their professional responsibilities and manage ethical issues in counseling, counselors in the United States are required to obtain and maintain substantial ethical knowledge (ACA, 2014e; Herlihy & Corey, 2006). Numerous professional associations facilitate these requirements with their established ethical codes for mental health professionals (Corey et al., 2011). Ethical codes alone can never be exhaustive, they are generalized guides that require interpretation and address general requirements for knowledge and professional practice (Corey et al., 2011; Barnett & Johnson, 2010).

Counseling accreditation councils require graduate programs in Counselor Education to teach ethics (CACREP, 2009; CORE, 2014). Furthermore, licensure and certification boards require applicants to have ethics training (ACA, 2010; NBCC, 2012; CRCC, 2009). As a result, in the United States, a professional mental health counselor who graduates from a CACREP-accredited counseling Master's degree program and is able to pass the licensure and certification exams would have been exposed to substantial ethics training.

The ethical standards and professional counselor training in Turkey differ somewhat from those in the United States. Some researchers have argued that the whole qualification process for

the professional counseling field has significant problems in Turkey due to (a) accreditation, certification, and licensure issues (Korkut & Mızıkacı, 2008) and (b) low quality of counselor education programs (Özgüven, 1990). These problems may interfere with the successful developments of ethical standards in Turkey (TPCGA, 2014a), yet ethics remain a central necessity of professional counseling. Therefore, in Turkey, clients' safety and well-being are sometimes compromised due to a lack of high standards of professional ethics in the counseling setting (TPCGA, 2011). Despite significant differences between American and Turkish counseling, clients in Turkey still deserve the benefits of high ethical standards such as those established in the United States.

Expectations of ethical practice from Turkish counselors are linked to the quality of education and ethics training (Handelsman, 1986). As a consequence, answering the following question will help clarify the state of ethics education in Turkey and hopefully lead to meaningful change: Do counseling students in Turkey have sufficient ethics education during their counseling programs?

It is very important for the Turkish counseling system to have a foundational study conducted to understand the current state of teaching ethics in counselor education. Once this foundational study is completed, a framework can be established to guide future research on ethical standards in the Turkish counseling system.

Professional Counseling in the United States: A Review of the Literature

This section reviews developments in the American counseling field, particularly developments related to professional counseling ethical standards, codes of ethics, and teaching ethics in counselor education. This section includes five parts: (a) a brief description of historical developments in the counseling field and ACA, (b) accreditation for counselor education, (c)

certification and licensure for professional counselors, (d) history of counseling ethical codes, and (e) teaching ethics in counselor education.

The History of American Professional Counseling and the American Counseling Association

Counseling has been developing as a professional field in the United States for more than a century (Neukrug, 2011). Frank Parsons, known as the father of vocational guidance, wrote about individual counseling plans and opened a vocational center at the beginning of the 20th century in Boston (Glosoff, 2013). Due to the influence of his vocational work and research, the National Vocational Guidance Association (NVGA) was established, focusing on career counseling (Glosoff, 2013). Economic (the Great Depression), educational (developments in psychology), and social (World War I & II) changes contributed to developments in the counseling field (Glosoff, 2013).

The American Personnel and Guidance Association (APGA) was established by four independent associations, including the NVGA, in 1952 (ACA, 2014a). The name was changed to the American Association for Counseling and Development (AACD) in 1983 (ACA, 2014a). Finally, the name became the American Counseling Association (ACA) in 1992 (ACA, 2014a).

The current mission of the ACA is: "The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity" (ACA, 2014b, para.

1). ACA is an organization that encourages the development of mental health and other counseling professionals in the United States and other countries with 19 divisions, 56 branches, and four regional associations (ACA, 2014a; Glosoff, 2013). ACA provides educational

opportunities, such as publishing books and journals and organizing conferences and workshops (Glosoff, 2013).

Beginning in 1999, individual division members are no longer required to also belong to ACA (Glosoff, 2013). After this decision, some divisions such as the American Mental Health Counseling Association (AMHCA) and the American School Counseling Association (ASCA), the two largest divisions, decided to collect their own membership fees and become independent not-for-profit organizations (Glosoff, 2013; AMHCA, 2012). AMHCA had made several previous attempts to be an independent organization because AMHCA and ACA (formerly APGA, then AACD) had a different agenda, with AMHCA primarily focused on mental health counseling (Colangelo, 2009). For similar reasons, ASCA became an independent organization to focus on school counseling (ASCA, 2013). These two associations have also published their own codes of ethics (AMHCA, 2010; ASCA, 2010).

Glosoff (2013) indicated that the American counseling field has attained most of the credentials that are expected of a professional discipline. These credentials are: (a) requiring knowledge and research from professionals, (b) building professional organizations, (c) governing trainings, (d) establishing ethics codes, and (e) creating standards for entering and staying in the profession. However, several authors have discussed how the counseling profession might be further improved (Mascari & Webber, 2013; Saunders, Barros-Bailey, Chapman, & Nunez, 2009).

Accreditation in Counselor Education

ACA and the Association for Counselor Education and Supervision (ACES), a division of ACA, began preparing counseling standards in the 1960s (Glosoff, 2013). They subsequently published guides and standards for counseling programs (Glosoff, 2013). The purpose of

establishing the Council of Rehabilitation Education (CORE) and Council for Accreditation of Counseling and Related Educational Programs (CACREP) was to improve standards in counselor education (Glosoff, 2013). Currently, CORE creates standards for rehabilitation counseling education programs (Benshoff, Robertson, Davis, & Koch, 2008), and CACREP creates standards for counseling education programs (Glosoff, 2013). Both organizations have attempted to combine their counseling standards nationwide in the last 30 years, but have not yet accomplished this (Mascari & Webber, 2013).

Council of Rehabilitation Education (CORE). CORE represents the policy-making organization for rehabilitation counseling (Shaw & Kuehn, 2009). CORE published its original professional standards in 1980-81, followed by four revisions in 1987-88, 1996-97, 2003-04, and the most recent published in 2010 (CORE, 2014; Shaw & Kuehn, 2009; Benshoff et al., 2008). CORE embodies eleven organizations, including the Commission on Rehabilitation Counselor Certification (CRCC), American Rehabilitation Counseling Association (ARCA), as well as public representatives (Glosoff, 2013).

Shaw and Kuehn (2009) explained the procedure of CORE accreditation:

The CORE Commission on Standards and Accreditation (hereafter referred to as the CORE Commission) reviews the self-study, the site visit report, and the preliminary report and makes recommendations to CORE on each program's final report and accreditation status, length of accreditation, conditions (required changes) and recommendations (suggested, but not required changes). CORE then makes the final accreditation decisions and issues the final report for each program reviewed (p. 69).

Council for Accreditation of Counseling & Related Educational Programs

(CACREP). ACES established CACREP under ACA with other divisional support as an

autonomous entity in 1982 (Mascari & Webber, 2013; Glosoff, 2013). Since then, CACREP has published national standards for counselor education programs (Mascari & Webber, 2013). In fact, ACES created the first standards for counselor education in 1973; they were called the "Standards for Entry Preparation of Counselors and Other Personnel-Service Specialists." After CACREP was recognized by the Council for Higher Education Accreditation (CHEA; Kaplan & Gladding, 2011), these standards became the CACREP Accreditation Standards and have been revised regularly by CACREP (Bobby, 2013; Glosoff, 2013).

Mascari and Webber (2013) discussed CACREP as an entity that provided for standardization of accreditation nationwide. They noted that CACREP and CORE discussed the possibility of combining their accreditations. CACREP and CORE would like (a) their new accreditation standards to mesh with the National Counselor Examination for Licensure and Certification (NCE), and (b) graduation from CACREP and CORE accredited programs to be added to licensure requirements by state licensure boards (Mascari & Webber, 2013).

As a result of this teamwork, many states require graduating from a CACREP or CORE accredited program or a program with equivalent content, for licensure (Kaplan & Gladding, 2011; ACA, 2010). Recently, some state licensure boards started a process of adopting licensure requirements that include graduation from a CACREP accredited institution (Kaplan & Gladding, 2011). Nevertheless, cooperation between CORE and CACREP slowed when CACREP decided to require programs to hire only faculty who have counselor education doctoral degrees after 2013 (Shaw & Kuehn, 2009; Bobby, 2013). CORE thought that decision could very negatively affect rehabilitation counseling programs (Shaw & Kuehn, 2009). Thirtyone counseling organizations, including CACREP, engaged in a project titled 20/20: A Vision for the Future of Counseling (ACA, 2014d). One purpose of the project was to encourage licensure

boards to force graduation from a CACREP-accredited program as a license requirement (Kaplan & Gladding, 2011).

Currently, CACREP accredits 598 counseling programs at the master's level (CACREP, 2014a) in six areas: addictions; career; clinical mental health; marriage, couples, and family; school; and student affairs and college counseling (CACREP, 2014b; Bobby, 2013). There are also 63 CACREP-accredited doctoral level counselor education and supervision programs (CACREP, 2014a). The purpose of CACREP-accredited doctoral programs is to prepare faculty, supervisors, researchers, and practitioners in the counseling field (CACREP, 2009; Kaplan & Gladding, 2011).

Licensure and Certification for Counseling Professionals

As counseling in the United States has become professionalized, licensure has become a necessity for professional and ethical practice (NBCC, 2014a; ACA, 2014c). Certification is an additional significant professional qualification (NBCC, 2014a; ACA, 2014c). This is the main difference between licensure and certification. For instance, a certificate, that highlights particular professional qualifications, is a voluntary addition to licensure that some practitioners obtain (NBCC, 2014a; ACA, 2014c). However, a state license (e.g. LPC, LCPC, etc.) is mandatory to work as a professional counselor (NBCC, 2014a).

Certification. Certification is defined in the CACREP Standards (2009) as "the process by which an agency or association grants recognition to a person who has met predetermined qualifications specified by that agency or association" (p. 59). Although they are not the only ones, the National Board of Certified Counselors (NBCC) and CRCC are the two biggest and most significant organizations that offer certification for professional counselors (Bobby, 2013; Leahy & Holt, 1993).

National Board of Certified Counselors (NBCC). ACA founded NBCC in 1982 (Bobby, 2013) to define and manage certification procedures in professional counseling (Milsom & Akos, 2007). NBCC offers the National Counseling Certification (NCC), which is the best-known national certification in the United States (Milsom & Akos, 2007). The National Counselor Examination (NCE) is mandatory to obtain the NCC (Milsom & Akos, 2007). The goals of NBCC are to create and organize a nationwide certification system for mental health professionals who voluntarily obtain high criteria for counseling, and encourage them to continue to hold those criteria (NBCC, 2014b; NBCC, 2014c). NBCC has announced it will require graduation from a CACREP-approved graduate program to obtain the NCC, beginning in 2022.

The Commission Rehabilitation Counselor Certification (CRCC). Leahy and Holt (1993) summarized the history of the CRCC through 1993. Discussions about credentialing in counseling encouraged ARCA and the National Rehabilitation Counseling Association (NRCA) to work together. They organized a committee of 12; this committee drafted the first certification structure for rehabilitation counselors in 1971. They then established the CRCC in 1974. The CRCC became an independent organization after the National Commission on Health Certifying Agencies (NCHCA) wrote regulations in 1977. CRCC has integrated other councils and organizations into their body and represented them in the decision process. CRCC also created a counseling review examination in 1976. After 1990, CRCC also began collaborating with CORE to increase the consistency between CORE-accredited programs and the CRCC examination (Leahy & Holy, 1993).

Saunders, Barros-Bailey, Chapman, and Nunez (2009) summarized the developments in Rehabilitation Counselor Certification after 1993. CRCC is still one of the most vital

credentialing organizations in counseling. Currently, the CRCC Commission has 17 members from the public, representatives of CRCC, and representatives of other associations and organizations including CORE. For licensing, CORE and CRCC continue their collaborative work. They have worked together since 2008 to ensure that state licensure boards recognize CRCC's examinations and CORE's accredited programs (Saunders et al., 2009).

Licensure. CACREP (2009) defines licensure as "the process by which a state agency or government grants permission to a person to engage in a given profession and to use the designated title of that profession after the applicant has attained the minimal degree of competency necessary to ensure that public health, safety, and welfare are reasonably well protected" (p. 60). Although state license boards collaborate with certification and accreditation organizations (Mascari & Webber, 2013), each state licensure board is independent of other state boards and requires different education, examination processes, practice standards, and other skills from professional counseling candidates (ACA, 2014c). These requirements are most often established via statutes created by each state's legislature.

History of Professional Counseling Ethical Codes

Ethical Codes of Professional Associations. ACA created an Ethical Practices

Committee in 1953 to develop a code of ethics (Walden, Herlihy, & Ashton, 2003). The first

version of the ethical code was published in 1959. Since then, based on developments in mental
health, clients' needs, and American culture, it has been updated several times (Walden et al.,
2003). The ACA Ethics Committee first published an Ethical Standards Casebook in 1965, and
they have updated it, along with updated codes of ethics, periodically since then (Walden et al.,
2003). The committee also provides books and guides, participates in educational media
programming, conferences, and workshops to help inform professionals counselors and

counselors-in-training (Walden et al., 2003). The ACA Ethics Committee published *Policies and Procedures for Processing Complaints of Ethical Violations* in 1997 (Walden et al., 2003). They are also responsible for evaluating violations of their members' ethical standards. These violations are summarized every year in their annual reports (Walden et al., 2003).

Counseling ethical codes also reflect the history or evolution of the counseling field (Mabe & Rollin, 1986; Herlihy & Remley Jr., 1995). Although ethical codes always fall short of ideal, they are a vital part of the counseling field (Mabe & Rollin, 1986). Through time, professional counselors have moved from self-oversight to oversight by federal, state, and local governments, licensure boards, and specific agencies (Mabe & Rollin, 1986).

In addition to the ACA code of ethics (ACA, 2014e), other counseling associations such as AMHCA and ASCA have published their own ethical codes (Glosoff, 2013; AMHCA, 2010; ASCA, 2010); therefore, ethical standards have developed a complex structure (Remley Jr. & Huey, 2002). An example in Remley Jr. and Huey's (2002) article states "a school counselor who is a member of the ASCA, and the ACA, who is certified by the NBCC, and who is licensed by his or her state counseling licensure board has agreed to abide by four separate sets of ethical standards" (p. 3). Despite this potential confusion, effectively, creators of the various codes of ethics have tried to maintain consistency-reduced variances among the different codes (Remley Jr. & Huey, 2002).

ASCA established a code of ethics for professional counseling in school settings (Remley Jr. & Huey, 2002). Particularly school counselors, counselor educators, and clinical supervisors are the main target of these codes (ASCA, 2010). The intention is to define the responsibilities of these professionals in order to maintain high standards in school counseling settings (ASCA, 2010).

The idea of creating codes of ethics for mental health counselors was mentioned in the 1980s during the AMHCA certification efforts (Colangelo, 2009). The latest revised AMHCA code of ethics was published in 2010 (AMHCA, 2010).

Ethical Codes of Certification Boards. In addition to professional associations, certification boards such as NBCC and CRCC have also created ethical codes for professional counselors. NBCC published an ethical code for National Certified Counselors to define their expectation of counselors (NBCC, 2012) and to guide them in significant practice issues (Baez & Guilbert, 1998). Additionally, CRCC established the first ethical codes for rehabilitation counselors along with NRCA and ARCA (Kirk & la Forge, 1995). CRCC's latest revision was in 2009 (CRCC, 2009).

Current ACA Code of Ethics

In 2014, ACA announced the latest version of their code of ethics. This new version contains a preamble, a purpose, and nine content sections (ACA, 2014e).

Figure 1. ACA Code of Ethics, 2014

Section A: The Counseling Relationship 1)Client Welfare 2) Informed Consent in the Counseling Relationship 3) Clients Served by Others 4) Avoiding Harm and 5) Prohibited

Counseling Relationship 3) Clients Served by Others 4) Avoiding Harm and 5) Prohibited Non-counseling Roles and Relationships 6) Managing and Maintaining Boundaries and Professional Relationships

7) Roles and Relationships at Individual, Group, Institutional, and Societal Levels 8) Multiple Clients 9) Group Work 10) Fees and Business Practices 11) Termination and Referral 12) Abandonment and Client Neglect

Section D: Relationships With Other Professionals 1) Relationships With Colleagues 2) Provision of Consultation Services

Section B: Confidentiality and Privacy

 Respecting Client Rights 2) Exceptions
 Information Shared With Others 4)
 Group and Families 5) Clients Lacking Capacity to Give Informed 6) Records and Documentation 7) Case Consultation

Section E: Evaluation, Assessment, and Interpretation

General 2) Competence to Use and Interpret Assessment Instruments 3)

Informed Consent in 4) Release of Data to Qualified 5) Diagnosis of Mental Disorders 6) Instrument Selection 7)

Conditions of Assessment Administration 8) Diversity 9) Scoring and Interpretation 10) Assessment Security 11) Obsolete Assessment and 12) Assessment 13)

Forensic Evaluation: Evaluation for Legal Proceedings

Section H: Distance Counseling, Technology, and Social Media

Knowledge and Legal Considerations
 Informed Consent and Security 3)
 Client Verification 4) Distance Counseling
 Necords and Web Maintenance
 6) Social Media

Section C: Professional Responsibility

 Knowledge and Compliance With Standards 2) Professional Competence 3) Advertising and Soliciting Clients 4) Professional Qualifications 5) Nondiscrimination 6) Public Responsibility 7) Treatment Modalities 8) Responsibility to Other

Section F: Supervision, Training, and Teaching

Counselor Supervision and Client Welfare 2) Counselor Supervision Competence 3) Supervisory Relationship 4)
Supervisor Responsibilities 5) Student and Supervisee Responsibilities 6)
Counseling Supervision Evaluation 7) Responsibilities of Counselor Educators 8) Student Welfare 9) Evaluation and 10) Roles and Relationships Between Counselor Educators and Students 11) Multicultural Competence in Counselor Education

Section I: Resolving Ethical Issues 1) Standards and the Law 2)

1) Standards and the Law 2) Suspected 3) Cooperation With Ethics

Section G: Research and Publications

 Research Responsibilities 2) Rights of Research Participants 3) Managing and Maintaining Boundaries 4) Reporting Results
 Dublications and Presentations

Figure 1. ACA Code of Ethics contain nine sections, and each section covers different necessary areas to address ethical considerations in the professional counseling (ACA, 2014e).

The preamble section introduces ACA as a professional organization, articulates central values of the counseling field, and identifies principles of ethical behavior such as autonomy, non-maleficence, beneficence, justice, fidelity, and veracity (ACA, 2014e). The aim of the preamble section is to provide clarifying context for the ethical codes and show the public the values of the counseling profession (Herlihy & Corey, 2015; ACA, 2014f).

The purpose section of the ethical codes includes six core goals (ACA, 2014e). In the context of the ACA ethical codes, each of the nine sections covers counselors' ethical responsibilities in a different area in the counseling field (ACA, 2014e; see Figure 1).

Teaching Ethics in Counselor Education and Influences on the Profession in the United States

Teaching about ethical counseling practice and professional orientation is one of the eight cores CACREP standards (CACREP, 2009). CACREP requires ethics-related content that include "ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling" (CACREP, 2009, p. 9). There are also additional ethical responsibilities in the seven other core curricular areas.

In addition to the preceding content, Kitchener (1986) suggested that goals of ethics training should include, "(a) sensitize students to the ethical issues in the profession and to the consequences of their own actions; (b) improve students' ability to reason about ethical issues; (c) develop in students moral responsibility and the ego strength to act in ethical ways; and (d) teach students tolerance of ambiguity in ethical decision making" (Kitchener, 1986, p. 308).

The purpose of ethics education is to improve the ethics of mental health professionals' behavior (Sommers-Flanagan & Sommers-Flanagan, 2007; Hill, 2004; Vanek 1990). Vanek's (1990) unpublished dissertation developed a survey to examine ethics training. She gathered data from 129 training directors of clinical and counseling doctoral training programs using a comprehensive Likert scale survey. The results of the study demonstrate that ethics training positively affects the level of ethical sensitivity, behavior, and decision-making (Vanek, 1990).

Lambie, Hagedorn, and Ieva (2010) also found that ethics courses significantly increased ethical and legal knowledge of counseling. In their survey study, they examined social-cognitive development, ethical and legal knowledge, and ethical decision-making. The participants were master's level counseling students in CACREP-accredited programs. There was a positive correlation between social-cognitive maturity and ethical and legal knowledge. Also, because of

the infusion of ethics into participants' master's curricula, the average ethical decision-making scores of participants were higher than other scores (Lambie et al., 2010).

Hill (2004) investigated teaching ethics' dynamics in CACREP-accredited counseling programs. He surveyed faculty who teach ethics in CACREP-accredited counseling programs about materials, methods, contexts, evaluation, and goals of ethics courses. His descriptive study found that counselor educators: (a) use mostly ACA codes of ethics, (b) use materials such as class lecture, case discussion, role play and mentorship as methods, (c) teach in a context that includes topics, population, theoretical positions, and other activities in ethics education, (d) evaluate by examination, by review of case studies, and by observation by colleagues, and (e) set goals, which refer to ACA codes of ethics, ethical practice, and ethical decision making (Hill, 2004).

Urofsky and Sowa (2004) surveyed 149 CACREP-accredited graduate programs to investigate ethics education. Like Hill (2004), they found that 97 percent of programs used the current ACA Codes of Ethics. Also, the former study reported that most counselor educators believe that ACA ethical codes are important, and their readiness level for teaching ethics is appropriate. However, the researcher found only 39% of the programs cover ethical legal issues and only 11% of the programs adapt ethics across the curriculum. Thus, Urofsky and Sowa mentioned after reviewing their overall results that, "It seems especially difficult to get counselors to make manifest their avowed belief in the fundamental necessity of professional ethics and ethics education in their courses and their overall curricula" (Urofsky & Sowa, 2004, p. 44).

Herlihy and Dufrene's (2011) delphi study of expert opinions addressed the view of counselor researchers on ethical issues. The study was accomplished via email in three parts with

18 counselor researchers who had advanced experience in ethics. The researchers reported that the following were the most highly ranked issues of counselor preparation, in order of importance: (a) teaching ethical decision making, (b) gatekeeping for the profession, (c) defining our professional identity, (d) modeling appropriate relationships in counselor education programs. For the counseling profession, ensuring that counselors practice ethically while abiding by the ethical code was ranked as the most important issue (Herlihy & Dufrene, 2011).

Even and Robinson (2013) studied counselors' ethical misconduct. They reviewed cases from counselors who had been sanctioned (N = 453). They found significant differences between graduates of CACREP and non-CACREP-accredited programs. The largest number of ethical violation cases were committed by graduates of non-CACREP accredited programs (81.7%, n = 370). Only 18.3 (n = 83) percent of ethical violation cases were committed by graduates of CACREP-accredited programs. *Infused* and *isolated* are the two kinds of approaches commonly used to teach ethics in counselor education. The infused approach incorporates ethics training within other courses in the curriculum. The isolated approach provides ethics training in a specific course. Even and Robinson's (2013) study shows that there is no significant difference between the isolated and infused ethical training in counselor education.

Ethics is a significant topic for counselor education as well as counseling professionals (Herlihy & Dufrene, 2011). A survey study by Gibson and Pope (1993) focused on ethical judgments in professional counseling. They updated the questionnaire of Pope et al. (1983) for their survey of NBCC counselors in the United States. Participants were asked to judge whether each of 88 diverse behaviors in counseling was ethical or not. Participants were also asked their sources of ethical knowledge. The researchers reported that some participant groups were significantly more likely to view some ethical behaviors as more acceptable than other groups: (a)

younger participants accept non-sexual dual relationships more than older participants; (b) male participants accept sexual thoughts and activities more than female participants; (c) participants in private settings accept using termination or taking legal action because of fees, versus participants in organizational settings; and (d) doctoral degree-holding participants accept sharing their opinions with clients more than non-doctoral degree-holding participants (Gibson & Pope, 1993).

In addition, Gibson and Pope's (1993) survey results showed that participants' answers on fees, dual relationship, and confidentiality are statistically important. It was reported that answers on (a) fee-related items shows uncertainty and controversy, (b) dual relationship-related items appear to involve controversial behaviors, and (c) some of the important confidentiality-related items have at least a ten percent ethical approval among participants. Moreover, participants regarded the AACD (currently ACA) ethical standards as their most valued source of information (Gibson & Pope, 1993).

Ethics training mostly includes ethical codes, confidentiality, ethics case studies, and laws (Paterson, 1989). The primary goals of this training are to develop ethical behavior within counseling students and professionals (Sommers-Flanagan & Sommers-Flanagan, 2007; Hill, 2004). De las Fuentes, Willmuth, and Yarrows (2005) wrote an article about ethics training based on discussion of the Competencies Conference, and participants of the conference recommended that infused ethics education should be adapted to each program. However, to date, a summary of the research indicates there is no significant difference in efficacy between isolated and infused ethics training (Even & Robinson, 2013). Moreover, Corey, Corey and Callanan (2005) mentioned that using infused ethics in counseling programs and a separate ethics course together helps students to improve their ethics skills. Also, based on a review of the

literature it appears that ethics training (Gibson and Pope, 1993), especially under CACREP regulation, influences knowledge of ethics and improves ethical judgments in educational and professional settings (Even & Robinson, 2013; Herlihy & Dufrene, 2011; Lambie et al., 2010; Urofsky & Sowa, 2004).

Professional Counseling in Turkey: A Review of the Literature

This Turkish review of literature covers developments and current counseling field, especially the status of professional counseling ethics in Turkey. This section includes (a) history of the Turkish counseling field, (b) Turkish professional counseling codes of ethics, (c) legal responsibilities in counseling, (d) research studies of counseling ethics, and (e) the current status of counseling and counselor education.

History of Developments in Turkish Counseling

Counseling in Turkey has a 60-year history (Yeşilyaprak, 2009; İlhan, Korkut-Owen, Furr, & Parikh, 2012; Korkut-Owen & Yerin Güneri, 2013) and has been developing quickly during the last 20 years. Doğan (1998) identified four reasons for the appearance and development of Turkish counseling: (a) social changes, (b) effectiveness of counseling, (c) individual needs, and (d) the modern and democratic system.

According to Özgüven's (1990) research, American professors and Turkish scholars who studied in the United States established the Turkish counseling system. Initially, the Ministry of National Education (MONE) established guidance and research centers (GRC) in several cities (1955), and counseling became a significant focus within the National Education Councils (NEC; 1960). Furthermore, some Turkish universities started to offer counseling courses in 1953, and the first master's program in counseling was established in 1965. During the 1970s, some secondary and high schools started offering counseling services (1970), and teachers

started to offer two hours of career and academic group counseling for elementary, secondary, and high school students (1974). In the 1980s, the Turkish Higher Education Law, a law that included a bachelor's degree in counseling, was passed by parliament (Özgüven, 1990).

McWhirter, who was a Fulbright scholar and visiting professor in Turkey, (1983) noted that counselors were employed in the private and public education systems in the 1970s. The roles of counselors were to provide career and academic information, to conduct psychological testing, and to do counseling. Counselors performed individual and group counseling. They were paid extra for individual counseling; however, they did group counseling as a part of their additional teaching responsibilities (McWhirter, 1983).

In the 1980s, Voltan-Acar (1985) also published one of the first articles about counseling ethics. She compared ACA's ethical codes to Turkish lawyers' ethical codes, because there were no Turkish counseling ethical codes during that time. Her comparisons were based on dignity of the profession, advertising, professional commitment and competence to organizations, solidarity of relationships with colleagues, trainee interns, and confidentiality. Based on this analysis, Voltan-Acar (1985) provided the following recommendations for Turkish counselors:

- 1. Counselor professionals must avoid actions that threaten the profession;
- 2. Counselors should not advertise their jobs on media;
- 3. Counselors should meet their professional association standards;
- 4. Counselors should avoid actions that might negatively affect their colleagues;
- 5. Interns should have sufficient knowledge and skills, and educators should provide them qualified education;
- 6. Counselors must keep confidential their clients information and they also must keep clients' names anonymous when they use a case for education purposes (Voltan-Acar, 1985).

Voltan-Acar also suggested that counselors establish a professional organization to establish ethical codes, improve the counseling field, and consequently, gain respect from the public (Voltan-Acar, 1985).

Doğan (2000) described the time between 1982 and 1995 in the Turkish counseling history as "Establishing the undergraduate programs in counseling" (p. 60). During the 1980s, Hacettepe University, Ankara and six other universities opened counseling programs; this number was increased to nineteen by 2000. In addition to establishing counseling programs, counselors and counselor educators established the Turkish Psychological Counseling and Guidance Association (TPCGA) in 1989 (Doğan, 2000).

Two main reasons for establishing TPCGA were: (a) the increased number of counselors after counseling undergraduate degrees were created, and (b) the decision of the Turkish Psychology Association on which they accept only those who have psychology degrees as members (Özgüven, 1990).

In compliance with statutory rules and orders, the TPCGA mission included:

- **1.**Improve cooperation among national and international counselors, students, universities, and professional organizations;
 - **2.**Advertise and research the counseling field for public benefit;
 - **3.**Improve counselors' professional skills and help to solve professional issues;
 - **4.**Protect counselors' and counseling field's rights;
 - **5.**Inspect and report unethical and illegal counseling practices to the relevant authorities;
- **6.**Organize national and international conferences, professional meetings, and seminars (TPCGA, 2014c, p.1).

Stockton and Güneri's (2009) article reviews the importance of the TPCGA. First of all, the TPCGA organized the first national counseling conference in 1991 and national student conference in 2004. Another important TPCGA activity includes publishing the Turkish Psychological Counseling and Guidance Journal since 1997. TPCGA also publishes and translates textbooks for the counseling field (Stockton & Güneri, 2011).

The TPCGA created an ethics committee in their first year to study counseling ethics (Özgüven, 1990). The TPGCA commissioned this committee to prepare codes of counseling ethics (TPCGA, 2011). After the committee prepared the codes of ethics, the board of directors of the TPCGA and chairs of counselor education departments performed the final review (TPCGA, 2011). Subsequently, the first edition of the Turkish codes of counseling ethics was published in 1995 and later updated in 2007 (Stockton & Güneri, 2011; TPCGA, 2011). Turkish codes of counseling ethics include core concepts, fundamental principles, and ethical standards (TPCGA, 2011).

In addition, the ethics committee of the TPCGA assumed responsibility for evaluating ethical violations after publishing the ethical code for Turkish counselors (TPCGA, 2011). This committee includes counselors and counselor educators who have at least ten years good standing counseling field experiences (TPCGA, 2014a). This committee is responsible for investigating ethical violations based on complaints (TPCGA, 2014b). Punishments for counselors include warning, condemnation, and temporary suspension from the TPCGA membership (TPCGA, 2014b). Moreover, if ethical violations also involve legal issues, the ethics committee is required to share cases with attorneys (TPCGA, 2014b).

TPCGA Codes of Counseling Ethics

In this section, codes of ethics for Turkish mental health professionals by TPCGA are summarized (TPCGA, 2011).

Core Concepts. The core concepts section gives a description of counseling and describes the purpose of counseling. It also distinguishes between counseling and psychology and social work. Furthermore, the meanings of general ethics, morality and professional ethics are articulated.

Fundamental Principles. Turkish ethical codes contain fundamental principles. The purpose of the fundamental principles is to encourage counselors to provide counseling with the highest ethical standards and describe general ethics in the counseling field. These principles are:

- **1.** *Competence:* Counselors should: (a) be aware of their competence limits, (b) offer services only based on their education, (c) get support from scientific resources when they have challenges, (d) make decisions based on the best interests of the clients, and (e) engage in continuing education to keep improving their scientific knowledge, practice and skills.
- 2. Honesty: Counselors should: (a) make a commitment to be honest, truthful, and frank in their relationships with clients, scientific research studies, professional activities, and especially in the counseling process; (b) use accurate (not incorrect and/or exaggerated) information about themselves when they advertise their education, research, and professional qualifications; (c) be aware of their strengths and weaknesses; how these influence their professional work; (d) be consistent that their words and thoughts match each other; and (e) work to establish a clear relationship with clients.
- 3. Sensitivity and tolerance: Counselors should: (a) make efforts to provide the highest quality counseling services to clients, (b) take precautions not to harm clients in any respect, (c) provide all professional activities only within the context of a professional relationship, (d) show

respect for individual rights and freedoms, (d) be objective when clients talk about their interests, skills, and values, (e) be aware of respecting clients' individual rights and values, (f) know that human life is the most valuable thing in the world, (g) trust and believe in the ability of clients to solve their own problems, and (h) maintain confidentiality and provide a safe environment for clients even though there might be difficulties within the legal and administrative systems.

- 4. Sensitivity to individual and cultural differences: Counselors should: (a) be aware that not every culture has the same needs and problems, and adapt counseling methods to address different needs of specific cultural groups; (b) avoid negative stereotyping of individuals based on cultural differences such as age, gender, religion, language, race, socio-economic status, ethnicity, disability, sexual orientation, or marital status; (c) make an effort to understand each client's cultural background; (d) provide counseling for people who have different religions and values without discrimination; (e) not criticize or agree with clients' prejudgments about individual and cultural differences; (f) welcome and show understanding for all clients; (g) not give a priority to any culture over others.
- 5. Social responsibility: Counselors should: (a) help clients with increasing complexities in their lives; b) be aware of their scientific and professional responsibilities to the public; (c) consider the common good while helping individuals; (d) be aware of public and professional responsibilities during conferences, panels, and other speeches or with the media; (e) as appropriate, conduct research on national disasters and make recommendations; (f) avoid using counseling services against humanity; (g) use clear language and provide factual information to appropriate third parties, such as insurance companies or other professionals; (h) spend extra time to improve professional skills without considering monetary advantages.

6. Professional and scientific responsibility: Counselors should: (a) be responsible for following ethical standards, and for behaving in accordance with the role and mission of their professions; (b) cooperate with colleagues to provide best services to clients; (c) not intervene if clients decide to see another counselor; (d) respect other counselors' techniques and methods; and (e) report their colleagues improper behavior to the TPCGA.

Ethical Standards. The third section of the Turkish counseling ethical codes is ethical standards. These standards provide a detailed explanation about fundamental principles. The standards are divided into seven sections: general standards, relationship in psychological counseling, measurement and evaluation, consultation, preparation for the profession, private employment, and personnel management.

1. General standards:

- *Boundaries of competence:* Counselors only provide counseling, research, and teaching under supervision and based on their education or appropriate and sufficient professional experiences. In new professional areas, counselors should receive training before practicing counseling, and they should protect clients from unusual or invalid methods.
- *Lifelong learning:* Counselors continue to pursue professional developments throughout their professional lives.
- *Individual differences*: Counselors approach people with awareness that everyone has different needs, and these individual differences should not be the basis of discrimination.
- Respect for others: Counselors hold respect for the unique differences in each individual's values, ideas, and backgrounds.
- *Cost of counseling:* Counselors consider the economic situation of clients and regional counseling prices before determining counseling fees. They refer low-income clients to the

relevant governmental or social service. Counselors do not accept bartering of property for counseling services; they are aware that bartering may cause conflict, discord, and exploitation.

- Emotional and sexual abuse: Counselors do not have emotional or sexual relationships with their clients; do not exhibit sexual attitudes either verbally or nonverbally; do not have emotional or sexual relationship with their students, clients, assistants, research participants, or other people who work under their supervision. Counselors respect and provide qualified counseling services for clients who have been sexually abused or who perpetrated sexual abuse. Moreover, counselors are not involved in the process of clients' promotion, expulsion, or hiring processes.
- Avoiding hurting others: Counselors avoid making clients feel nervous and uncomfortable because of their ages, genders, ethnicities, or social-economic status.
- *Confidentiality:* Counselors are responsible for protecting clients' confidentiality.

 Breaking confidentiality is only ethical if there is a dangerous situation for the client or the public. Additionally, after obtaining permission from the client and taking necessary precautions, information can be shared with responsible and relevant people.
- *Professional identity:* Counselors are honest when they introduce their professional titles, credentials, functions, and qualifications. Counselors are responsible for correcting information if there is a misunderstanding about their professions and qualifications.
- 2. Relationship in psychological counseling: Counselors should clarify to clients their responsibilities and the nature of their relationship, in both individual and group counseling. Counselors have the following responsibilities:
 - To work respectfully without harming clients;
 - To protect, securely store, and if necessary, to share or destroy client information;

- To obtain permission to begin a counseling relationship with a client from the counselor who previously had a counseling relationship with the client. If the previous counselor (a) does not want to give permission or (b) wants to continue counseling with the client, then the prospective counselor has to stop counseling due to the unethical situation;
- To break confidentially if there is a clear and imminent threat either to the client, the counselor, or an identifiable third party. In this case, counselors should make a decision after having consultation with experts;
- Not to use client information without permission. The information can only be used for educational purposes under the anonymity of clients;
- To provide general information to clients about the purposes, techniques, limitations, and rules of counseling prior to initiating counseling;
 - To protect rights of minors according to Turkish law in the best way possible;
 - To obtain consultation from qualified colleagues as needed;
- To offer a referral if a client has a problem outside the counselor's competence or if the counselor needs to discontinue counseling. Counselors can also terminate the counseling if they feel threatened;
- To avoid dual relationships with clients. A counselor can refer a client to another counselor. However, if the client's options are limited, the counselor can accept to have a dual relationship;
 - To avoid having emotional or sexual relationships with relatives of clients;
- To be capable of using computer programs, and informing clients if using a computer program is necessary. Moreover, computer programs should not contain any discriminatory context, words, or themes;

- To be aware of confidentiality risks of clients' information in their computers and email.
- 3. Measurement and evaluation: This section includes the ethical responsibilities of counselors based on tests and other measurement techniques that they need to use during counseling. Counselors should inform clients about reasons for using the test, and reliability and validity of the test. The counselor should obtain permission of the client in order to use his or her skills in applying the tests.
- 4. Research and Publication: Counselors follow scientific competency and professional ethics during their research and decrease misleading factors in their research. Counseling researchers have a responsibility to protect the rights of participants, provide a peaceful environment and show respect for the cultures of their clients. Participants are informed about the purpose of the study as long as it is not confidential. Participation in counseling should be voluntary. Researchers keep clinics' names confidential unless they need to break confidentiality for an essential reason. Counselors share professional and scientific results of their research with colleagues. Counselors cannot send the same article to two different journals to be published. Counselors show respect for other researchers' ideas when they refer to them in an article. Counselors share responsibilities on mutual projects. Participants can leave the research project without incurring any sanctions, if they want. Informed consent forms for the research should have been taken from participants or their legal guardians. Participants should be informed before the research if their information will be shared. Counselors have responsibilities to professional associations, which support them and report their results. Students' names should be placed as first authors in their assignments, theses and dissertations. Counselors should respect copyrights.

- 5. Consultation: Counselors, who agree to consult or supervise another counselor, should be aware that they focus on the case rather than the client or supervisee. There should be understanding and reconciliation between a consultant and a counselor about description of the problem, changes in purposes, and prediction of counseling results. Consultation should include encouragement, orientation, and improvement of counselors' self-direction. Consultants protect clients' confidentiality, and consultation should be provided professionally.
- 6. Preparation for the profession: This section contains the ethical responsibilities of counselor educators. Counselor educators should: (a) be competent in teaching, with adequate knowledge and skills; (b) prepare scientific and sufficient counselor education programs; (c) inform students about ethical responsibilities and principles; d) consider public benefits and students' skills, needs, and interests; (e) follow the latest principles and be role models for students; (f) encourage students to offer counseling services for public interest; (g) teach students to understand that job satisfaction is more important than money; and (h) help to increase students' awareness of individual differences and describe clearly the ethical, professional, and social relationships with their students and supervisees. Furthermore, counselor educators must not have sexual relationships with, or sexually abuse their students or supervisees, and they cannot accept their relatives as students or supervisees.
- 7. Private Jobs: Counselors with doctoral degrees can work privately, with permission from the relevant authorities. While they serve the public and improve the counseling field, they can earn money as well. Counselors in the private sector as well as counselors in the public sector are responsible for Turkish ethical codes. Private counselors should provide honest and clear messages in their advertisements. Counselors can work with other professionals; they should be clear on the mutual responsibilities in the work. Moreover, counselors who work both

in the private and public sectors should not promote their private business through their public positions. They should follow the standards of administrative institutions and business law.

8. *Personnel Management:* Counselors (a) explain the level and limitations of their professional roles to their managers and colleagues, (b) should have sufficient skills for their company positions, (c) are responsible for having good relationships with their colleagues, (d) protect the confidentiality when necessary, (e) are responsible for informing their managers about important circumstances, and (f) who have management responsibilities should inform their colleagues about plans, projects, and implementations. Furthermore, managers are responsible for encouraging and improving the professional skills of counselors.

Legal Responsibilities in Counseling

Turkish counselors are responsible to laws as well as to the counseling ethics codes.

Turkish law does not include a clear description of psychological counselors' responsibilities.

However, the Turkish Constitution and Civil Code contain related responsibilities for counselors.

Article 17 of the Turkish Constitution gives citizens personal protection and rights, "The physical integrity of the individual shall not be violated except under medical necessity and in cases prescribed by law; and citizens shall not be subjected to scientific or medical experiments without his or her consent" (CRT, 2014, p.3).

Moreover, the Civil Codes explain counselors' professional responsibilities, "Civil Code 2: Every person must act in good faith when exercising his/her rights and performing his/her obligations. The manifest abuse of a right is not protected by law" (CCRT, 2014a, para. 14). The context of article 17 covers only people who are adults and mentally capable. "Civil Code 10: Every person who has discretion, who is not under guardianship and is of full legal age has the capacity to act" (CCRT, 2014b, para. 4). The meaning of being an adult in Turkey is also

defined, "Civil Code 11: Majority commences on completion of age of eighteen years" (CCRT, 2014c, para. 5). Also, another code clarifies who can exercise discretion, "Civil Code 13: Every person who is not devoid of ability of acting rationally because of minority, mental illness, mental weakness, inebriation or any similar reason, has discretion according to this code" (CCRT, 2014d, para. 4). The constitution also implies that young and incapable people cannot give consent (to counselors), "Civil Code 14: People who are deprived of discretion, who are minor and who are under guardianship, do not have capacity to act" (CCRT, 2014e, para. 5). These populations also cannot be responsible, and counselors must get consent from their legal guardians, "Civil Code 16: Minors or wards of court who have discretion, may not assume obligations through their own acts without consent of their legal representatives. Such consent is not necessary in gratuitous acquisitions and exercising strictly bonded personal rights. Minors or wards of court who have discretion are liable for wrongful acts they committed" (CCRT, 2014f, para. 7).

Gümüş and Eren-Gümüş (2008) wrote about Turkish counselors' legal and ethical responsibilities. Their main purpose was to describe the context of the informed consent form. According to the authors, informed consent forms should include qualification of counselors, counseling process, cost of counseling, clients' rights, responsibilities of counselors and clients, and confidentiality. In general, the legal responsibilities of counselors during counseling are the following: (a) clients should have informed consent, (b) counseling should provide benefits to clients, (c) clients should be adults and mentally competent, and (d) clients should be willing to see counselors. In the case of the Turkish school system, the authors similarly reviewed the informed consent forms. Parents are considered to be aware of the school system, including general school counseling programs. For example, school counselors do not need informed

consent forms for general counseling activities that are included in school curricula and for high school students who are mentally mature. However, before providing individual counseling or administering psychological tests in elementary and middle schools, counselors should obtain informed consent forms from legal guardians (Gümüş & Eren-Gümüş, 2008).

Literature Review of Ethics in the Turkish Counseling System

Ergene (2004) mentions that empirical or research studies in the counseling ethics are very limited in Turkey. Therefore, he started studying on providing an ethical decision making procedure to Turkish counselors in order to fill the gap of this area. In his article, he adapts the concepts of moral principles, autonomy, beneficence, justice, fidelity, and non-maleficence that were provided by Kitchener in order to a develop new ethical decision procedure for their benefit. He summarizes the ethics of counseling based on ACA and TPCGA. After that, he proposes a seven-stage ethical decision-making process. The purpose of his publication is to help counselors to make decisions ethically by using this seven-step tool. He also suggests that the counselor education programs should provide an education for students to become competent in counseling ethics and solving ethical counseling problems (Ergene, 2004).

Erdur-Baker and Çetinkaya (2007) discussed professional and ethical problems in their descriptive study. They interviewed 15 voluntary participants who were school counselors in the government K-12 schools. Only five counselors had ethics courses in their undergraduate degrees. The results are compared with international and national reviews of relevant literature. The researchers found that counselors have difficulties in providing counseling because of physical impossibilities, prejudices from school staff, lack of time, and misunderstanding of counseling by the school teachers and principals, due to the counselors who do not have counseling degrees (Erdur-Baker & Çetinkaya, 2007).

In Erdur-Baker and Cetinkaya's research regarding counseling ethics, they found problems in confidentiality, dual relationships, willingness, and competency. First of all, participants mention that school staffs, principals, and parents do not respect confidentiality even though counselors describe the confidentiality of counseling to them. The participants are aware of the possibility of breaking confidentiality, if a student or somebody else will be harmed. However, they do not know the other reasons for not breaking confidentiality and how to address them. Secondly, counselors have dual relationship problems because they are assigned to unrelated jobs by their principals, such as making copies, collecting money for principals and observing tests. Thirdly, the teachers and principals send students to counseling services after students exhibit discipline problems. Teachers and principals' expectations from counseling services are to address students' discipline issues. In this way, counseling becomes mandatory rather than voluntary for students. Lastly, most of the participants complain that their bachelor's education did not cover what they practice in the field. For instance, they were not educated to write reports and to become members of committees in the schools. Although they mainly do group counseling in the classrooms, their education mostly focused on individual counseling. In addition to competence of counselors, the researchers add that most of the participants consider their education about ethics and solving ethics problems to be insufficient (Erdur-Baker & Çetinkaya, 2007).

Other Developments in the Turkish Counseling Field

In addition to establishing the codes of counseling ethics, some further developments in the Turkish counseling field have been happening. Initially, Turkey signed the Bologna Declaration to improve higher education, including counselor education (TCHE, 2014). In 2001, Turkey agreed to apply the eight goals of the Bologna Declaration to the Turkish higher

education system (TCHE, 2014). Although this declaration is one of the important steps for accreditation progress of counselor education, its influence was limited because of the small number of educators in the field (Korkut & Mızıkacı, 2008).

In recent years, the number of counselor education programs has also increased rapidly. While there were 33 undergraduate programs in 2009 (Yeşilyaprak, 2009), the number changed to 55 undergraduate counseling programs in 2011 (Korkut-Owen & Yerin Güneri, 2013), and 130 counseling programs in 2013 (TCMSP, 2013). Furthermore, The Ministry of National Education (MONE) hired numerous school counselors after 2000. For example, while there were 2199 school counselors in 1997 (Doğan, 1998), in 2004 the number increased to 11,400 (Ültanir, 2005), to 18,000 school counselors in 2011 (Korkut-Owen & Yerin Güneri, 2013), and to 25,903 in 2014 (GNAT, 2014).

The Current Status of Counseling and Counselor Education

Korkut-Owen and Yerin Güneri (2013) discuss the current counseling situation in their article. They mention that the MONE is the biggest employer of counselors. Counselors offer services in schools and guidance and research centers (GRCs). The mission of the GRCs is to diagnose who needs special education, to help schools which do not have counselors, and to help school counselors design their curricula. School counselors offer group and educational counseling for the most part. Individual counseling is very limited and usually not for more than two or three sessions (Korkut-Owen & Yerin Güneri, 2013).

In addition to the MONE, some other governmental departments hire counselors, these include the army, the Turkish Employment Organization (TOE), the Ministry of Justice, and the Ministry of Health. Although there is no program in Turkey specifically called career counseling, the TOE has been hiring a number of counselors and performing important functions for career

counseling. For example, the TOE opened 60 Vocational Information Centers and cooperated in several career and academic projects with the MONE, including online educational counseling (Korkut-Owen & Yerin Güneri, 2013).

Concerning the current developments in counseling, Poyrazlı, Doğan and Eskin (2013) and Korkut (2007) discuss circumstances of counselor education and accreditation attempts of counselor education in Turkey. Turkish universities offer bachelor, master, and doctoral levels of counselor education (Poyrazli et al., 2013). The bachelor's degree in counseling is designed for school counseling, and these programs provide mainly school counseling courses (Korkut, 2007). The MONE requires an undergraduate degree of applicants who apply for school counseling positions in the Turkish school system, even though the undergraduate counseling programs only provide general counseling courses (Poyrazli et al., 2013). Master's level counseling programs are a necessary step in academia, because doctoral programs first require master's degrees in Turkey (Korkut, 2007). Most doctoral students become faculty members in a counseling department or consultants in the MONE (Korkut, 2007). Each level of counselor education provides repetitive knowledge, not specialization in sub-disciplines of counseling (Poyrazlı et al., 2013).

The Turkish Council of Higher Education (TCHE) establishes general criteria for university degree programs including counseling (Poyrazlı et al., 2013). Accreditation is becoming a significant issue in the Turkish counseling system (Korkut, 2007). Even though there have been considerable discussions about the accreditation process, there has not been any accreditation yet in the field of counseling in Turkey (Korkut, 2007). Furthermore, licensure and certification for accreditation have not been mandated (Poyrazlı et al., 2013). The TCHE and TPCGA will be two significant players in any accreditation progress (Korkut, 2007).

Purpose of Study, Research Question, and Hypothesis

Purpose of the Study

Ethical guidelines and rules speak to "the heart of professional endeavor and identity" in counseling (Sommers-Flanagan & Sommers-Flanagan, 2007, p. 5). As such, ethical codes and standards have an especially central role in professional counseling practice (Sommers-Flanagan & Sommers-Flanagan, 2007; Corey et al., 2011). In addition, counselor educators are responsible for teaching professional ethics to future counselors who are then responsible for their specific ethical judgments within the mental health profession (Corey et al., 2011; Downs, 2003). With this centrality of ethics to the training and practice of professional counseling as a foundation, the main purpose of the present study is to examine the ethical judgments of counseling students in Turkish universities.

Although ethical codes do not provide correct answers to specific ethical issues (Barnett & Johnson, 2010), the TPCGA codes of ethics are, by far, the most significant ethics-related documents for Turkish counselors (TPCGA, 2011). This study investigates Turkish undergraduate counseling students' ethical judgments regarding TPCGA ethical codes.

Furthermore, ethical judgments that are not mentioned in TPCGA ethical codes but exist in the United States are examined.

This current study focuses on the research question, "Do counseling students in Turkey have sufficient ethics education during their counseling programs?" Answering this question will illuminate the similarities and differences between ethical standards in Turkey compared with ethical standards in the United States. Furthermore, highlighting the nature of ethical knowledge among Turkish undergraduates in counselor training programs and recognizing possible

problems should also show a way forward for improving ethics education in Turkey (Haas, Malouf, & Mayerson, 1986).

Results from this study may help researchers, practitioners, and counselor educators identify the depth of knowledge associated with a bachelor's degree in Counseling in Turkey. It may also be helpful for improving the quality and content of ethics courses in counselor education programs and ethical standards in the counseling field.

Research Question and Hypotheses

This study examines the following research question: What statistically significant relationships exist between various demographic variables, sources of ethical information, and CEBP survey responses?

The following are hypotheses for the proposed study:

Hypothesis 1: On CEBP items directly related to TPCGA ethical codes, senior counseling students will respond in a manner that shows a statistically significant consistency with the TPCGA codes.

Hypothesis 2: Freshman and senior counseling students will show a statistically significant difference in their responses to CEBP questionnaire items that are included in the TPCGA ethical codes.

Hypothesis 3: There will be statistically significant differences between the mean of Turkish senior counseling students' answers on CEBP survey items and American mental health professionals' answers based on Gibson and Pope (1993) results on CEBP survey items.

Chapter 2: Methodology

Researcher's Perspective and Biases

My perspective is that ethics is not as well developed in the Turkish counseling field as it should be. Based on ethics and law, in the United States the counseling field has developed sophisticated balances in its comprehensive structure to protect clients. These balances are poorly developed in Turkey. Laws, professional organizations, and structure do not protect clients very well. If, at least, we could start to improve ethical standards based on international, especially western standards, clients could receive more effective and safer counseling from mental health professionals.

If I have a bias, it is one in favor of United States's counseling system as compared with the Turkish counseling system. Before studying in the United States, I felt that the Turkish counseling system was adequate. I now feel that it is not based in part on its inadequate ethical standards and training. Perhaps I have developed a bias against the Turkish system and in favor of the American system as a result of my studies in the United States.

Statistical Design

This quantitative study utilized a cross-sectional, correlational research design to identify and compare ethical beliefs and practices.

The main difference between experimental and non-experimental research is the level of "control" that the researcher employs (Hoy, 2009). In this non-experimental research study, rather than manipulating an independent variable, I assessed the cross-sectional differences between two naturally occurring groups (Hoy, 2009). This correlational design examined the nature and degree of relationships among variables (Boudah, 2010). In this study, I assessed counseling students' ethical beliefs and judgments using a published instrument (Boudah, 2010).

Participants

The Sample Population

Participants for the current study included full-time male and female undergraduate students. These students were enrolled in psychological counseling and guidance (PCG) programs in the department of counselor education at two different universities in Turkey. The majority of participants were between the ages of 18 and 22 and were categorized as either enrolled as freshmen or seniors.

Participants

Participants were selected using purposeful sampling. The two samples were drawn from two distinct populations. The definition of these populations are:

The freshmen students were accepted to enter PCG undergraduate programs based on their Turkish University Entrance Exam (Turkish equivalent to the SAT) and high school GPA scores. The survey was completed by freshmen students in the sample during the first semester of their undergraduate programs.

The senior students also had been accepted to enter PCG undergraduate programs based on their Turkish University Entrance Exam and high school GPA scores. They were completing their bachelor's degrees, which include 120 undergraduate counseling credits (Appendix E). These senior students have the right to work in mental health fields as counselors right after their bachelor's degree graduation. The survey was administered to these students in the sample in the last month of their undergradaute program.

Undergraduate students. In Turkey, the educational requirement for becoming a counselor practitioner includes only the completion of a bachelor's degree. Higher level

academic programs such as masters and doctoral degrees are required to prepare for an academic career in Turkey (Poyrazli et al., 2013).

University A and University B. Turkish counselor education has experienced significant rapid changes in the last several years. For instance, the number of PCGs grew from 33 to 130 in the last ten years (Yeşilyaprak, 2009; TCMSP, 2013), and many counselor education departments have had significant changes to their structure, curricula or faculty. Only a few universities, such as University A and University B, have improved their counselor education programs. However even with this rapid growth, the changes were limited these universities. Thus, these two Turkish universities exhibit general characteristics of the Turkish counselor education.

Counseling Programs. The Psychological Counseling and Guidance undergraduate program is the only program to train counselors in Turkey (Poyrazli et al., 2013).

Instrumentation

A survey was used to collect data for the present study. All participants completed three sections in this survey: (a) demographic information, (b) sources of ethics information (Pope et al., 1987), and (c) counselor ethical belief and practice information (CEBP; Gibson and Pope, 1993; Pope et al., 1987). The following sections describe the content of each survey section.

1. Demographic Information

The demographic information section includes eight questions focusing on: (a) gender, (b) age, (c) university, (d) grade, (e) mother's education level, (f) father's education level, (g) socio economic situation, and (h) city population (Appendix A).

2. Sources of Ethics Information

The sources of ethics information (Pope et al., 1987) section were used to ask participants what resources they accessed when learning about counseling ethics. The Pope et al. (1987) survey utilized possible sources from mental health professional fields in the United States. The current research adapted these sources based on the Turkish mental health system. Participants in this study chose the sources of their Turkish ethical knowledge from among the following: (a) counseling programs, (b) TPCGA code of ethics, (c) jobs, (d) faculty, (e) conferences and panels, (f) internships, (g) laws, (h) books and journals, (i) media (TV, radio, social media), (j) and others (Appendix B).

3. Counselor Ethical Beliefs and Practice Information (CEBP)

Participants responded to 88 survey questions, rating each on based on their judgment of whether the behavior was ethical or not ethical (Appendix C). The Pope et al.'s (1987) original survey included 84 items that covered the United States ethical standards of: (a) avoiding harm, (b) demonstrating competence, (c) avoiding exploitation, (e) showing respect, (f) maintaining confidentiality, and (g) informed consent. Pope et al. (1987) used a Likert-type scale for the original survey and responses for each item ranged from 1 (*disagree*) to 5 (*agree*). In 1993, Gibson and Pope published an updated version including (h) social equity and justice. Gibson and Pope (1993) used a dichotomous scale response; participants answered either "yes" or "no." The researchers explained that their reason for changing the scale to utilize dichotomous responses was because, "responses tended to fall into distributions" in the original survey (Gibson & Pope, 1993, p. 331).

I translated he counselor ethical belief and practice information survey (CEBP) from English to Turkish with K. S. Pope's, permission. In many cases, English words cannot be

precisely translated into Turkish words. I chose words that most closely expressed the ideas of the English words being translated, wherever possible. I am confident that the questions in Turkish accurately express the meaning of the English questions from which they were translated. I believe that having studied and worked in counseling in both languages aided me greatly in the translation process. Additionally, my translation of the survey was evaluated, reviewed, and affirmed by two Turkish native speakers, who are also currently counselor education doctoral students in the United States.

Participants responded to the 88 CEBP items (Gibson & Pope, 1993) in Turkish.

Participants were asked to indicate whether an item was ethical or not by responding either "yes," "no," or "I don't know" to the item.

In the CEBP, 33 items were specifically addressed in the American Association of Counseling and Development (currently American Counseling Association) ethical codes, and 55 items were not specifically addressed. Ethical codes are the core of the counseling profession (Mabe & Rollin, 1986; Walden et al., 2003; Sommers-Flanagan & Sommers-Flanagan, 2007), and the TPCGA ethical codes are the most important ethical guide for Turkish mental health professionals (TPCGA, 2011). Thus, 88 original items were considered in the context of the TPCGA code of ethics. Within the TPCGA ethical codes, 39 items are specifically addressed and 49 items are not addressed.

Rationale of the CEBP Survey. Turkish counselors use TPCGA ethical codes that were published in 1995 and that were subsequently slightly revised several times. These ethical codes were strongly influenced by ACA (1988) ethical codes. Pope and Gibson's (1993) CEBP survey also was published when the ACA (1988) ethical codes were current, and was influenced by them. Therefore, there is more overlap with the CEBP survey and current TPCGA ethical codes

than with the newest ACA ethical codes. These reasons support my decision to compare Gibson and Pope's (1993) results with my survey to examine differences between American and Turkish ethical judgments in counseling.

Procedures

In this study, the data were collected using the following procedural steps:

- 1) The University of Montana Institutional Review Board (IRB) approved the instruments, sample, procedures, and design of this study.
- 2) The researcher contacted chairs of departments of counselor education of selected universities in Turkey via email, and discussed possible faculty volunteers to administer surveys.
 - 3) Appointments were made with a volunteer faculty member for each university.
- 4) During each appointment, discussions with volunteer faculty members focused on the IRB and voluntary requirements.
- 5) Volunteer faculty members administered the survey during regular course hours, but also waived students who did not want to participate. The survey took about 30 minutes for participants to complete.
- 6) The participants completed the survey under supervision of volunteer faculty. None of the answers to the survey were linked to the participants' identities. The volunteer faculty collected the results in a manner that assured respondent anonymity.
 - 7) After the survey completion, results were sent to me via mail.
- 8) Survey data collection and analyses were anonymous. Participants and universities were identified using a numbering system.

Data Analysis

The software program Statistical Package for the Social Sciences Graduate Pack 22.0 (SPSS) is broadly preferred in educational research (Boudah, 2010). It was used to analyze and interpret data in this study.

Chi-square tests were used to analyze variables to examine whether the observed results were consistent with previous and expected results in this study. The purpose of using the chi-square tests in this study was to examine relationships between variables related to the various hypotheses (Steinberg, 2010; Pallant, 2013). There are two kinds of chi-square tests; they are one-variable chi-square and two-variable chi-square (Steinberg, 2010).

I used a two-variable chi-square test, and this current study ensured that two prerequisites of two-variable chi-square (a) expected frequency must be greater than five, and (b) variables must be in independent categories and must have relevant areas to compare with each other (Steinberg, 2010). The reasons for using the two-variable chi-square test were (a) this test can be used to test the significance of relationships between two or more categorical variables, and (b) "this test compares the observed frequencies or proportions of cases that occur in each of the categories, with the values that could be expected if there was no association between the two variables being measured" (Pallant, 2013, p.217).

CHAPTER 3: RESULTS

General Statement

Survey responses were examined based on the research question and hypotheses. Data were analyzed using a chi-square test. An alpha level of .05 was used to determine statistical significance of the results.

Descriptive Statistics

The Sample

All participants (n = 251) were full-time psychological counseling and guidance undergraduate students at Turkish universities. Of these, 120 (48%) studied at University A, and 131 (52%) studied at University B. According to the volunteer faculty members who administered the survey, two participants left before starting the survey, and five participants did not complete it. There are 139 (55 %) freshmen and 112 (45 %) seniors. One hundred ninety-five (78 %) participants identified themselves as female and 56 (22 %) as male. The range of participant age in the sample was from 18 (University A) to 28 (University B; Table 1).

The results show that 40 % of participants grew up in metropolitan areas, 39 % grew up cities, and 21 % grew up in villages. Ninety-one percent of participants identified their social – economic status as middle class, five percent as lower class, and four percent as higher class.

Table 1

Demographic Information

		N	%
Gender	Female	195	78%
	Male	56	22%
College Year	Freshmen	139	55%
	Senior	112	45%
Social - Economic Status	Low Class	12	5%
	Middle Class	230	91%
	High Class	9	4%
Where they grew up	Village	51	21%
	City	98	39%

	Metropolitan	101	40%
Total		251	100.0%

Participants were asked to provide personal information on their parents' highest level of education. Overall, 10 % of participants reported their mothers were illiterate, 52 % reported their mothers had completed only primary school, 10 % reported they had completed only middle school, 19 % reported they had completed only high school, and 9 % reported they had university degrees. None of the participants' mothers had graduate degrees.

In comparison, 1 % of the participants reported their fathers were illiterate, 39 % reported their fathers had completed only elementary school, 12 % reported they had completed only middle school, and 22 % reported they had completed only high school. Only 2 % of participants' fathers had master's degrees and 1 % had doctoral degrees (Table 2).

Table 2
Parents' Education Level

Levels	Mother	(N = 251)	Father	(N=251)
	<u> </u>	%	n	%
Illiterate	25	10%	2	1%
Primary School	130	52%	99	39%
Middle School	25	10%	30	12%
High School	48	19%	56	22%
University	23	9%	57	22%
Master	0	0	6	2%
Doctorate	0	0	1	1%
Total	251	100%	251	100%

Sources of Ethical Information

Senior students were asked to identify their sources of ethical knowledge. They were able to choose multiple sources. Senior participants indicated the source(s) of their ethical knowledge as: (a) 87 % counseling programs, (b) 66 % faculty, (c) 61 % books and journals, (d) 51 %

internships, (e) 48 % TPCGA code of ethics, (f) 26 % laws, (g) 23 % conferences and panels, (h) 21 % media (TV, radio, social media, etc.), and (i) 12 % jobs (Table 3).

Table 3
Sources of Seniors' Ethical Information

Sources of Seniors Linical Information		
Sources	N	%
Psychological Counseling and Guidance Program	98	87%
Faculty in your university	74	66%
Text books and Professional Journals	68	60%
Internship	57	50%
Turkish P. Counseling and Guidance Association Codes of Ethics	54	48%
Laws	29	25%
Conferences or Panels	26	23%
Media (TV, Radio, Social Media, etc.)	24	21%
Jobs	13	12%

Internal Reliability of the CEBP Survey

Gibson and Pope (1993) analyzed the internal reliability of the CEBP survey using Cronbach's alpha test. For the yes/no version of the scale, Cronbach's alpha test yielded .88 (Gibson & Pope, 1993). I recalculated internal reliability of the CEBP survey using Cronbach's alpha test at p = .05 because the CEBP survey offered three answer choices: "Ethical," "Unethical," and "I don't know" to participants in this present study. The Cronbach's alpha value for the CEBP survey instrument was .89 in this study (Table 4).

Table 4
Reliability Statistics of the CEBP Survey.

Reliability Statistics												
	Cronbach's Alpha Based on											
Cronbach's Alpha	Standardized Items	N of Items										
.894	.896	88										

Research Question

A chi-square test was used to analyze the following research question: What statistically significant relationships exist between demographic variables and CEBP survey responses? Statistical significance for gender, parents' education level, hometown, and socioeconomic status were considered significant at p < .05.

Significant differences were found on CEBP items based on gender at the level p .05 (Table 5). Results from the chi-square test show no association between participants' answers on CEBP items and parents' education level, hometown, and socioeconomic status (Appendix K).

As seen in Table 5, statistically significant differences exist on nine items regarding gender (p < .05). Compared to male participants, female participants are more likely to see an ethical violation in the following items:

- 13. Having clients take tests at home (e.g., MMPI),
- 29. Allowing clients to run up a large unpaid bill,
- 38. Charging all clients the same fee.

Conversely, compared to female participants, male participants were more likely to see an ethical violation in the following items:

- 21. Inviting clients to an office open house,
- 33. Inviting clients to a party or social event,
- 46. Using a lawsuit to collect fees from client,
- 53. Sending holiday greeting cards to your clients,
- 57. Accepting a client's invitation to a party, and
- 80. Going into business with a former client.

Chi-square is a functional test that also examines effect size of statistical significance.

Cross-tabulation reports the effect size of the statistical significance with Cramer's V for tables larger than 2 X 2 (Pallant, 2010). The effect sizes of statistically significant differences between genders were medium in one item and small in eight items (Table 5). Expected frequency should be at least five to be valid for the chi-square approximation; therefore, items with a count less than five were eliminated.

Table 5
Counselors Ethical Belief and Practice Survey Answers based on Genders

			Fe	male						Male					
					<u>D</u>	On't					Ι	Oon't	_		
Items	<u>Etl</u>	<u>nical</u>	Une	<u>thical</u>	<u>K</u>	now	<u>Et</u>	<u>hical</u>	Une	ethical	<u>K</u>	<u>Inow</u>	χ^2	p*	V
13. Having clients take tests															
at home (e.g., MMPI)	20	10%	148	76%	27	14%	12	21%	32	57%	12	21%	8.003	0.018	0.179
19. Performing work for a															
contingency fee	97	47%	31	16%	67	34%	28	50%	16	29%	12	21%	6.044	0.049	0.155
21. Inviting clients to an															
office open house	129	66%	24	12%	42	22%	37	66%	13	23%	6	11%	6.176	0.046	0.157
29. Allowing clients to run															
up a large unpaid bill	45	23%	51	26%	99	51%	27	48%	12	21%	17	30%	13.893	0.001	0.235
33. Inviting clients to a															
party or social event	34	17%	105	54%	56	29%	11	20%	38	68%	7	13%	6.176	0.046	0.157
38. Charging all clients the															
same fee	120	62%	29	15%	46	24%	45	80%	6	11%	5	9%	7.486	0.024	0.173
46. Using a lawsuit to															
collect fees from client	76	39%	37	19%	81	41%	20	36%	19	34%	17	30%	5.862	0.05	0.153
53. Sending holiday															
greeting cards to your	5 0	400/		250/		220/	4.0	2001	22	5001	_	4.4.07	0.011	0.005	0.100
clients	78	40%	72	37%	45	23%	16	29%	33	60%	6	11%	9.911	0.007	0.199
57. Accepting a client's	a -	10-1		= 0					•	-0-1	•				0.40=
invitation to a party	35	18%	114	59%	46	24%	15	27%	38	68%	3	6%	9.748	0.008	0.197
80. Going into business		4	100					• • • •	•	-0	_		1 -	0.00	0.4.5
with a former client	34	17%	108	55%	53	27%	11	20%	39	70%	6	11%	6.646	0.036	0.163

Note. All items have 2 degrees of freedom

^{*}*p* < .05

Hypothesis 1

Hypothesis 1: On CEBP items directly related to Turkish Psychological Counseling and Guidance Association (TPCGA) ethical codes, senior counseling students will respond in a manner that shows a statistically significant consistency with the TPCGA codes as compared to freshmen counseling students.

A chi-square test was used to evaluate whether a statistically significant differences existed between senior students' responses on CEBP items and TPCGA ethical codes compared with the responses of freshmen students. Chi-square analyses were based on whether participants' answered in a manner consistent with TPCGA ethical codes. In the CEBP survey, 39 items are directly addressed by TPCGA ethical codes; six items are called ethical and 33 items are called unethical. Subsequently, a chi-square test was used to determine whether the senior group's responses exhibit a higher statistically significant consistency with TPCGA ethical codes than freshman students' responses.

The results showed that senior students' response rate was significantly more consistent with TPCGA codes than freshman students' response rate on 26 CEBP items directly related to TPCGA ethical codes at p < .05 (Table 6). Freshman students' responses demonstrate a higher consistency than senior students' responses on only two items.

Several options are available to calculate effect size in a chi-square test; I used the phi coefficient (φ) because "For 2 by 2 tables the most commonly used one is phi coefficient" (Pallant, 2010, p. 200). In the chi-square test results for items on which senior students' responses were more consistent than freshman students' responses: two items have large, six items have medium, and twenty items have small effect sizes (see Table 6). Overall, hypothesis one is supported because on CEBP items directly related to TPCGA ethical codes, senior

counseling students responded in a manner that showed a statistically significant consistency with the TPCGA codes.

Table 6
CEBP Survey Answers based on items that are directly addressed by TPCGA Ethical Codes (Hypothesis 1)

	TPCGA Ethical	Fres	hmen	Ser	niors	<u> </u>		
	Codes answer		rrect		rrect			
<u>Items</u>	<u>Ethical /</u> <u>Unethical</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	χ^2	p^*	φ
2. Charging no fee for counseling	Unethical	58	42%	61	54%	4.036	0.045	0.127
3. Providing counseling to one of your friends	Unethical	43	31%	96	86%	75.570	< .001	0.552
4. Advertising in newspapers or similar media	Ethical	67	48%	60	54%	0.716	0.398	0.053
5. Not disclosing to a client the purpose of testing	Unethical	103	74%	95	85%	3.892	0.049	0.125
6. Filling an ethics complaint against a colleague	Ethical	101	73%	94	84%	4.542	0.033	0.135
8. Using computerized test interpretation service	Ethical	105	76%	97	87%	4.836	0.028	0.139
11. Accepting services from a client in lieu of fee	Unethical	60	43%	89	79%	33.250	< .001	0.365
13. Having clients take tests at home (e.g., MMPI)	Unethical	91	65%	89	79%	5.990	0.014	0.154
14. Altering diagnosis to meet insurance criteria	Unethical	107	77%	102	91%	10.012	0.002	0.2
15. Telling client, "I am sexually attracted to you"	Unethical	126	91%	90	80%	5.473	0.019	-0.15
18. Breaking confidentiality if client is homicidal	Ethical	118	85%	110	98%	13.225	< .001	0.23
23. Working when too distressed to be effective	Unethical	122	88%	107	96%	4.678	0.031	0.137
24. Accepting only male or female clients	Unethical	124	89%	106	95%	2.389	0.122	0.098
25. Not allowing client access to testing report	Unethical	97	70%	94	84%	7.600	0.006	0.174
27. Breaking confidentiality if client is suicidal	Ethical	112	81%	110	98%	17.275	< .001	0.263
28. Not allowing clients access to raw test data	Unethical	83	60%	86	77%	7.817	0.005	0.117
30. Accepting goods (rather than money) as payment	Unethical	60	43%	87	78%	29.850	< .001	0.346
35. Tape recording without client consent	Unethical	129	93%	110	98%	3.986	0.046	0.126
39. Accepting client's decision to commit suicide	Unethical	116	83%	87	78%	1.337	0.248	0.073
41. Telling clients that their values are incorrect	Unethical	104	75%	100	89%	8.528	0.003	0.184
43. Discussing clients without names with friends	Unethical	49	35%	40	36%	0.006	0.939	0.939

Note All items have 1 degree of freedom.

^{*}*p* < .05

Table 6 (continued)

CEBP Survey Answers based on items that are directly addressed by TPCGA Ethical Codes (Hypothesis 1)

	TPCGA Ethical	Fres	<u>hmen</u>	Ser	niors			
	Codes answer	Co	rrect	Co	rrect			
<u>Items</u>	<u>Ethical /</u> <u>Unethical</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	χ^2	p^*	φ
44. Providing counseling to student or supervisee	Unethical	34	24%	64	57%	27.837	< .001	0.333
49. Seeing a colleague's client without consulting her	Unethical	119	86%	98	88%	0.189	0.664	0.027
51. Providing counseling to one of your employees	Unethical	32	23%	74	66%	47.117	< .001	0.433
55. Engaging in erotic activity with a client	Unethical	117	84%	109	97%	11.957	0.001	0.218
58. Engaging in sex with a clinical supervisee	Unethical	110	79%	103	92%	7.944	0.005	0.178
61. Going into business with a client	Unethical	49	35%	104	93%	86.480	< .001	0.587
62. Engaging in sexual contact with a client	Unethical	112	81%	106	95%	10.749	0.001	0.207
66. Advertising accurately your counseling techniques	Ethical	105	76%	65	58%	8.694	0.003	-0.19
67. Unintentionally disclosing confidential data	Unethical	121	87%	97	87%	0.011	0.918	-0.01
68. Allowing a client to disrobe	Unethical	119	86%	100	89%	0.531	0.466	0.046
70. Discussing a client by name with friends	Unethical	115	83%	106	95%	8.359	0.004	-0.18
71. Providing services outside areas of competence	Unethical	75	54%	97	87%	30.657	< .001	0.349
72. Signing for hours a supervisee has not earned	Unethical	108	78%	101	90%	9.934	0.008	0.166
73. Treating homosexuality per se as pathological	Unethical	59	42%	92	82%	40.779	< .001	0.403
74. Do counseling while under the influence of alcohol	Unethical	132	95%	110	98%	1.895	0.169	0.087
78. Disrobing in the presence of a client	Unethical	129	93%	106	95%	0.792	0.374	0.056
85. Not telling a client of the limits of confidentiality	Unethical	127	91%	106	95%	1.000	0.317	0.063
86. Disclosing a name of a client to a class you are teaching	Unethical	130	94%	107	96%	0.476	0.49	0.044

Note. All items have 1 degree of freedom.

*p < .05

Hypothesis 2

Hypothesis 2: Freshman and senior counseling students will show a statistically significant difference in their responses to CEBP questionnaire items that are included in the TPCGA ethical codes, and

Chi-square tests were used to examine statistical significance between freshmen and seniors in their responses to CEBP questionnaire items included in the TPCGA ethical codes. A chi-square test indicated that statistically significant differences between freshmen and seniors occurred on 19 items at p < .05 (Table 7). If the frequency counts less than five, the Chi-Square approximation may be inaccurate; therefore, items with counts less than five were eliminated. As can be seen in Table 7, statistically significant results are as follows:

- (a) Compared to the freshmen students' "I don't know" responses, senior students were more likely to see an ethical violation in following items:
 - 2. Charging no fee for counseling,
 - 13. Having clients take tests at home (e.g., MMPI),
 - 14. Altering diagnosis to meet insurance criteria,
 - 25. Not allowing client access to testing report,
 - 28. Not allowing clients access to raw test data,
 - 66. Advertising accurately your counseling techniques, and
 - 70. Discussing a client by name with friends.
- (b) Compared to the freshmen students' "Yes" and "I don't know" responses, senior students were more likely to see an ethical violation in the following items:
 - 3. Providing counseling to one of your friends,
 - 11. Accepting services from a client in lieu of fee,

- 30. Accepting goods (rather than money) as payment,
- 41. Telling clients that their values are incorrect,
- 44. Providing counseling to student or supervisee,
- 51. Providing counseling to one of your employees,
- 61. Going into business with a client,
- 71. Providing services outside areas of competence, and
- 73. Treating homosexuality per se as pathological.
- (c) Compared to the senior students' "ethical" and "I don't know" responses, freshmen students were more likely to see an ethical violation in following items:
 - 15. Telling client, 'I am sexually attracted to you', and
 - 27. Breaking confidentiality if client is suicidal.
- (d) Compared to the senior students' "ethical" responses, freshmen students' responses were more likely to be "I don't know" in the following item:
 - 43. Discussing clients without names with friends.

Pallant (2010) recommends using Cramer's V to calculate effect size for surveys larger than 2-by-2 tables; therefore, Cramer's V was used to interpret the effect size of these 19 items. The effect size of statistically significant differences between college levels was large in six items, medium in six items, and small in seven items (Table 7). Consequently, hypothesis two was supported: There was a statistically significant difference between freshmen and seniors in their responses to CEBP questionnaire items included in the TPCGA ethical codes. Table 7 displays senior and freshmen students' responses with chi-square score, p-value, and Cramer's V for each CEBP survey item that directly related with the TPCGA ethical codes.

Table 7
CEBP Survey Items that are addressed specifically in TPCGA Ethical Codes based on College Levels (Hypothesis 2)

CEBT Survey tients that are				eshme					Senior		3	,			
<u>Items</u>	<u>Ethi</u>	<u>ical</u>	Unet	<u>hical</u>	Dor	't Know	<u>Ethi</u>	<u>cal</u>	Uneth	<u>ical</u>		on't now	χ^2	p	V
2. Charging no fee for counseling	29	21	58	42	52	37	25	22	61	54	26	23	6.206	0.045	0.157
3. Providing counseling to one of your friends	71	51	43	31	23	17	11	10	96	86	4	4	75.586	< .001	0.552
4. Advertising in newspapers or similar media	67	48	35	25	37	27	60	54	23	21	29	26	0.945	0.623	0.061
5. Not disclosing to a client the purpose of testing	24	17	103	74	11	8	14	13	95	85	3	3	4.875	0.087	0.140
Filling an ethics complaint against a colleague	101	73	11	8	27	19	94	84	7	6	11	10	5.031	0.081	0.142
8. Using computerized test interpretation service	105	76	16	12	18	13	97	87	8	7	7	6	4.977	0.083	0.141
11. Accepting services from a client in lieu of fee	19	14	60	43	59	42	2	2	89	79	21	19	35.132	< .001	0.375
13. Having clients take tests at home (e.g., MMPI)	17	12	91	65	31	22	15	13	89	79	8	7	10.933	< .001	0.209
14. Altering diagnosis to meet insurance criteria	9	6	107	77	23	17	3	3	102	91	6	5	10.076	0.006	0.201
15. Telling client, "I am sexually attracted to you"	3	2	126	91	10	7	10	9	90	80	12	11	7.129	0.028	0.169

Note. All items have 2 degrees of freedom.

^{*}*p* < .05

Table 7 (continued)

CEBP Survey Items that are addressed specifically in TPCGA Ethical Codes based on College Levels (Hypothesis 2)

			Fı	eshm	en				Senior	S					
<u>Items</u>	<u>Ethi</u>	<u>ical</u>	<u>Unet</u>	<u>hical</u>	<u>Dor</u>	n't Know	Ethic	<u>eal</u>	Uneth	<u>ical</u>		on't now	χ^2	<i>p</i> **	V
18. Breaking confidentiality if client is homicidal*	118	85	11	8	10	7	110	98	1	1	1	1	13.226	0.001	0.230
23. Working when too distressed to be effective*	4	3	122	88	13	9	1	1	107	96	4	4	4.697	0.096	0.137
24. Accepting only male or female clients*	9	6	124	89	6	4	4	4	106	95	2	2	2.456	0.293	0.004
25. Not allowing client access to testing report	13	9	97	70	29	21	12	11	94	84	5	4	14.069	0.001	0.237
27. Breaking confidentiality if client is suicidal	112	81	13	9	12	9	110	98	1	1	1	1	17.276	< .001	0.263
28. Not allowing clients access to raw test data	23	17	83	60	32	23	14	13	86	77	12	11	8.724	0.013	0.187
30. Accepting goods (rather than money) as payment	17	12	60	43	61	44	7	6	87	78	18	16	30.153	< .001	0.347
35. Tape recording without client consent*	6	4	129	93	4	3	2	2	110	98	0	0	4.660	0.097	0.136
39. Accepting client's decision to commit suicide*	5	4	116	83	18	13	6	5	87	78	19	17	1.372	0.504	0.074
41. Telling clients that their values are incorrect	9	6	10	7	26	19	5	4	100	89	7	6	9.365	0.009	0.193

Note. * The Chi-Square approximation may be inaccurate – expected frequency less than 5. All items have 2 degrees of freedom. **p < .05

Table 7 (continued)

CEBP Survey Items that are addressed specifically in TPCGA Ethical Codes based on College Levels (Hypothesis 2)

			Fı	reshm	en				Senior	S					_
<u>Items</u>	<u>Ethi</u>	<u>ical</u>	Unet	<u>hical</u>	Dor	't Know	<u>Ethic</u>	<u>cal</u>	<u>Uneth</u>	<u>ical</u>		on't now	χ^2	<i>p</i> **	V
43. Discussing clients without names with friends	61	44	49	35	29	21	65	58	40	36	7	6	11.713	0.003	0.216
44. Providing counseling to student or supervisee	41	29	34	24	64	46	21	19	64	57	27	24	28.100	< .001	0.335
49. Seeing a colleague's client without consulting her*	1	1	119	86	19	14	5	4	98	88	9	8	5.429	0.066	0.147
51. Providing counseling to one of your employees	74	53	32	23	33	24	22	20	74	66	16	14	48.361	< .001	0.439
55. Engaging in erotic activity with a client*	4	3	117	84	18	13	1	1	109	97	2	2	12.119	0.002	0.220
58. Engaging in sex with a clinical supervisee*	6	4	110	79	23	17	1	1	103	92	8	7	8.251	0.016	0.181
61. Going into business with a client	34	24	49	35	56	40	2	2	104	93	6	5	86.636	< .001	0.588
62. Engaging in sexual contact with a client*	6	4	112	81	21	15	3	3	106	95	3	3	11.898	0.003	0.218
66. Advertising accurately your counseling techniques	105	76	15	11	19	14	65	58	23	21	24	21	8.876	0.012	0.188
67. Unintentionally disclosing confidential data*	5	4	121	87	13	9	5	4	97	87	10	9	0.131	0.937	0.023

Note. * The Chi-Square approximation may be inaccurate – expected frequency less than 5. All items have 2 degrees of freedom. **p < .05

Table 7 (continued)

CEBP Survey Items that are addressed specifically in TPCGA Ethical Codes based on College Levels (Hypothesis 2)

OLDI Survey Items that are e				eshm					Senior				•••	•	
<u>Items</u>	Eth	<u>ical</u>	Unet	<u>hical</u>	<u>Don</u>	't Know	<u>Ethic</u>	<u>al</u>	Uneth	<u>ical</u>		on't now	χ^2	<i>p</i> **	V
68. Allowing a client to disrobe*	6	4	119	86	13	9	0	0	100	89	12	11	5.039	0.081	0.142
70. Discussing a client by name with friends	6	4	115	83	18	13	6	5	106	95	0	0	15.643	< .001	0.250
71. Providing services outside areas of competence	31	22	75	54	33	24	10	9	97	87	5	4	31.664	< .001	0.355
72. Signing for hours a supervisee has not earned*	6	4	108	78	25	18	3	3	101	90	8	7	7.171	0.028	0.169
73. Treating homosexuality per se as pathological	13	9	59	42	67	48	6	5	92	82	14	13	42.052	< .001	0.409
74. Doing counseling while under the influence of alcohol*	2	1	132	95	5	4	1	1	110	98	1	1	2.120	0.346	0.092
78. Disrobing in the presence of a client*	1	1	129	93	9	6	0	0	106	95	5	4	1.274	0.529	0.071
85. Not telling a client of the limits of confidentiality*	5	4	127	91	7	5	5	4	106	95	1	1	3.529	0.171	0.119
86. Disclosing a name of a client to a class you are teaching*	4	3	130	94	5	4	2	2	107	96	3	3	0.500	0.779	0.045

Note* The Chi-Square approximation may be inaccurate – expected frequency less than 5. All items have 2 degrees of freedom. **p < .05

Hypothesis 3

Hypothesis 3: There will be statistically significant differences between the mean of Turkish senior counseling students' answers on CEBP survey items and American mental health professionals' answers based on Gibson and Pope (1993) results on CEBP survey items.

Another chi-square test was used to examine statistically significant differences between the mean of Turkish senior counseling students' answers on CEBP survey items and American mental health professionals' answers based on Gibson and Pope (1993) results on CEBP survey items. Data analyses were based on the mean of the participants' "Ethical" answers on the CEBP survey, compared with Gibson and Pope's (1993) survey results that showed the mean of American participants' "Ethical" answers. Then, a chi-square formula was used (Table 8) to determine the statistically significant differences between Turkish and American samples at the p < .001 level.

Table 8
The Chi-Square Test Formula

$$C^{2} = \frac{\mathring{a}(O - E)^{2}}{E} \qquad \qquad \phi = \sqrt{\frac{x^{2}}{n}} \qquad \qquad df = N_{\text{categories}} - 1$$

Note. : \mathbb{C}^2 : The test of significance

φ: phi coefficient

df: degrees of freedom

A chi-square test indicated that statistically significant differences exist between Turkish and American samples on 25 items at p < .001 (see Table 9). I used a phi coefficient (ϕ) to interpret the effect size of these 25 items. Compared to the American mental health professionals in the Gibson and Pope (1993) study, Turkish counseling students are more likely to see an ethical violation in 24 items, and vice versa in one item. The effect size of statistically

significant difference between college levels was medium in 10 items, and small in 15 items.

Thus, hypothesis three is supported in that there was a statistically significant difference between the mean of Turkish counseling students' and American mental health professionals' answers on CEBP survey items.

$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Table 9									
1. Becoming a social friends with a former client+	Comparison of Turkish Counseling Students and Gibson and Pope (1993) Results									
1. Becoming a social friends with a former client+ 8 59 30.18 0 0.34 2. Charging no fee for counseling 22 79 22.17 0 0.27 3. Providing counseling to one of your friends 10 30 8.39 0.004 0.19 4. Advertising in newspapers or similar media 54 83 3.67 0.055 0.10 5. Not disclosing to a client the purpose of testing 13 3 5.80 0.016 0.16 6. Filling an ethics complaint against a colleague 84 96 0.42 0.516 0.03 7. Telling a client you are angry at him or her 73 83 0.36 0.548 0.03 8. Using computerized test interpretation service 87 96 0.23 0.631 0.02 9. Hugging a client 24 86 23.48 0 0.28 10. Terminating counseling if the client cannot pay 22 48 7.22 0.007 0.16 11. Accepting services from a client in lieu of fee+ 2 53 38.64 0 0.23 12. Seeing a minor client without a parental consent 21 <t< th=""><th></th><th></th><th>P</th><th>χ^2</th><th>p*</th><th>φ</th></t<>			P	χ^2	p*	φ				
2. Charging no fee for counseling 22 79 22.17 0 0.27 3. Providing counseling to one of your friends 10 30 8.39 0.004 0.19 4. Advertising in newspapers or similar media 54 83 3.67 0.055 0.10 5. Not disclosing to a client the purpose of testing 13 3 5.80 0.016 0.16 6. Filling an ethics complaint against a colleague 84 96 0.42 0.516 0.03 7. Telling a client you are angry at him or her 73 83 0.36 0.548 0.03 8. Using computerized test interpretation service 87 96 0.23 0.631 0.02 9. Hugging a client 24 86 23.48 0 0.28 10. Terminating counseling if the client cannot pay 22 48 7.22 0.007 0.16 11. Accepting services from a client in lieu of fee+ 2 53 38.64 0 0.23 12. Seeing a minor client without a parental consent 21 44 6.19 0.013 0.15 13. Having clients take tests at home (e.g., MMPI) 13				20.10						
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4. Advertising in newspapers or similar media 54 83 3.67 0.055 0.10 5. Not disclosing to a client the purpose of testing 6. Filling an ethics complaint against a colleague 7. Telling a client you are angry at him or her 73 83 0.36 0.548 0.03 8. Using computerized test interpretation service 87 96 0.23 0.631 0.02 9. Hugging a client 124 86 23.48 0 0.28 10. Terminating counseling if the client cannot pay 11. Accepting services from a client in lieu of fee+ 12 53 38.64 0 0.39 12. Seeing a minor client without a parental consent 13. Having clients take tests at home (e.g., MMPI) 13 26 3.64 0.057 0.12 14. Altering diagnosis to meet insurance criteria 3 6 0.96 0.328 0.07 15. Telling client, "I am sexually attracted to you" 9 17 2.18 0.140 0.10 16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 19. Performing work for a contingency fee 20. Using self-disclosure as counseling technique 21. Inviting clients to an office open house 22. Accepting a client's gift worth at least \$50 23. Working when too distressed to be effective 1 7 4.33 0.037 0.14 24. Accepting only male or female clients+ 4 64 41.59 0 0.39 25. Not allowing client access to testing report 11 24 4.12 0.042 0.13 26. Raising fee during the course of counseling+ 4 46 29.04 0 0.34 27. Breaking confidentiality if client is suicidal 28. Not allowing clients access to raw test data 29. Allowing clients to run up a large unpaid bill										
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6. Filling an ethics complaint against a colleague 84 96 0.42 0.516 0.03 7. Telling a client you are angry at him or her 73 83 0.36 0.548 0.03 8. Using computerized test interpretation service 87 96 0.23 0.631 0.02 9. Hugging a client 24 86 23.48 0 0.28 10. Terminating counseling if the client cannot pay 22 48 7.22 0.007 0.16 11. Accepting services from a client in lieu of fee+ 2 53 38.64 0 0.39 12. Seeing a minor client without a parental consent 21 44 6.19 0.013 0.15 13. Having clients take tests at home (e.g., MMPI) 13 26 3.64 0.057 0.12 14. Altering diagnosis to meet insurance criteria 3 6 0.96 0.328 0.07 15. Telling client, "I am sexually attracted to you" 9 17 2.18 0.140 0.10 16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients to an office open house 66 54 0.75 0.386 0.04 22. Accepting a client's gift worth at least \$50 5 21 8.76 0.003 0.20 23. Working when too distressed to be effective 1 7 4.33 0.037 0.14 24. Accepting only male or female clients+ 4 64 41.59 0 0.39 25. Not allowing client access to testing report 11 24 4.12 0.042 0.13 26. Raising fee during the course of counseling+ 4 46 29.04 0 0.34 27. Breaking confidentiality if client is suicidal 98 95 0.02 0.878 0.01 28. Not allowing clients access to raw test data 13 41 11.57 0.001 0.21 29. Allowing clients to run up a large unpaid bill 25 38 2.05 0.153 0.09										
7. Telling a client you are angry at him or her 73 83 0.36 0.548 0.03 8. Using computerized test interpretation service 87 96 0.23 0.631 0.02 9. Hugging a client 24 86 23.48 0 0.28 10. Terminating counseling if the client cannot pay 22 48 7.22 0.007 0.16 11. Accepting services from a client in lieu of fee+ 2 53 38.64 0 0.39 12. Seeing a minor client without a parental consent 21 44 6.19 0.013 0.15 13. Having clients take tests at home (e.g., MMPI) 13 26 3.64 0.057 0.12 14. Altering diagnosis to meet insurance criteria 3 6 0.96 0.328 0.07 15. Telling client, "I am sexually attracted to you" 9 17 2.18 0.140 0.10 16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal	5. Not disclosing to a client the purpose of testing	13	3	5.80						
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9. Hugging a client 24 86 23.48 0 0.28 10. Terminating counseling if the client cannot pay 12. Seeing a minor client without a parental consent 13. Having clients take tests at home (e.g., MMPI) 14. Altering diagnosis to meet insurance criteria 15. Telling client, "I am sexually attracted to you" 16. Refusing to let clients read their chart notes 17. Using a collection agency to collect late fees 18. Breaking confidentiality if client is homicidal 19. Performing work for a contingency fee 20. Using self-disclosure as counseling technique 21. Inviting clients to an office open house 23. Working when too distressed to be effective 24. 86 23.48 0 0.02 24. Raising fee during the course of counseling+ 24. 46 23.48 0 0.02 25. Not allowing clients access to raw test data 26. 23.48 0 0.02 28. Not allowing clients oun up a large unpaid bill 26. 23. 48 7.22 0.007 20. 0.34 20. 0.39 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 20. 0.34 21. 11.57 20. 0.01 21. 15. 10.001 22. 0.042 23. 0.042 24. 11.57 25. 0.061 26. 11.57 27. 0.001 28. Not allowing clients access to raw test data 29. Allowing clients to run up a large unpaid bill 25. 38 20.05 20. 0.25 20. 0.07 20. 0.28 20. 0.25 20. 0.27 2	7. Telling a client you are angry at him or her	73	83	0.36	0.548	0.03				
10. Terminating counseling if the client cannot pay 22 48 7.22 0.007 0.16 11. Accepting services from a client in lieu of fee+ 2 53 38.64 0 0.39 12. Seeing a minor client without a parental consent 21 44 6.19 0.013 0.15 13. Having clients take tests at home (e.g., MMPI) 13 26 3.64 0.057 0.12 14. Altering diagnosis to meet insurance criteria 3 6 0.96 0.328 0.07 15. Telling client, "I am sexually attracted to you" 9 17 2.18 0.140 0.10 16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients t	8. Using computerized test interpretation service	87	96	0.23	0.631	0.02				
11. Accepting services from a client in lieu of fee+ 2 53 38.64 0 0.39 12. Seeing a minor client without a parental consent 21 44 6.19 0.013 0.15 13. Having clients take tests at home (e.g., MMPI) 13 26 3.64 0.057 0.12 14. Altering diagnosis to meet insurance criteria 3 6 0.96 0.328 0.07 15. Telling client, "I am sexually attracted to you" 9 17 2.18 0.140 0.10 16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients to an office open house 66 54 0.75 0.386 0.04 22. Accepting a client's gift	9. Hugging a client	24	86	23.48	0	0.28				
12. Seeing a minor client without a parental consent 21 44 6.19 0.013 0.15 13. Having clients take tests at home (e.g., MMPI) 13 26 3.64 0.057 0.12 14. Altering diagnosis to meet insurance criteria 3 6 0.96 0.328 0.07 15. Telling client, "I am sexually attracted to you" 9 17 2.18 0.140 0.10 16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients to an office open house 66 54 0.75 0.386 0.04 22. Accepting a client's gift worth at least \$50 5 21 8.76 0.003 0.20 23. Working when too distresse	10. Terminating counseling if the client cannot pay	22	48	7.22	0.007	0.16				
13. Having clients take tests at home (e.g., MMPI) 13 26 3.64 0.057 0.12 14. Altering diagnosis to meet insurance criteria 3 6 0.96 0.328 0.07 15. Telling client, "I am sexually attracted to you" 9 17 2.18 0.140 0.10 16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients to an office open house 66 54 0.75 0.386 0.04 22. Accepting a client's gift worth at least \$50 5 21 8.76 0.003 0.20 23. Working when too distressed to be effective 1 7 4.33 0.037 0.14 24. Accepting only male or female cli	11. Accepting services from a client in lieu of fee+	2	53	38.64	0	0.39				
14. Altering diagnosis to meet insurance criteria 3 6 0.96 0.328 0.07 15. Telling client, "I am sexually attracted to you" 9 17 2.18 0.140 0.10 16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients to an office open house 66 54 0.75 0.386 0.04 22. Accepting a client's gift worth at least \$50 5 21 8.76 0.003 0.20 23. Working when too distressed to be effective 1 7 4.33 0.037 0.14 24. Accepting only male or female clients+ 4 64 41.59 0 0.39 25. Not allowing client access to testing report<	12. Seeing a minor client without a parental consent	21	44	6.19	0.013	0.15				
15. Telling client, "I am sexually attracted to you" 9 17 2.18 0.140 0.10 16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients to an office open house 66 54 0.75 0.386 0.04 22. Accepting a client's gift worth at least \$50 5 21 8.76 0.003 0.20 23. Working when too distressed to be effective 1 7 4.33 0.037 0.14 24. Accepting only male or female clients+ 4 64 41.59 0 0.39 25. Not allowing client access to testing report 11 24 4.12 0.042 0.13 26. Raising fee during the course of counseling+	13. Having clients take tests at home (e.g., MMPI)	13	26	3.64	0.057	0.12				
16. Refusing to let clients read their chart notes 38 49 0.97 0.325 0.06 17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients to an office open house 66 54 0.75 0.386 0.04 22. Accepting a client's gift worth at least \$50 5 21 8.76 0.003 0.20 23. Working when too distressed to be effective 1 7 4.33 0.037 0.14 24. Accepting only male or female clients+ 4 64 41.59 0 0.39 25. Not allowing client access to testing report 11 24 4.12 0.042 0.13 26. Raising fee during the course of counseling+ 4 46 29.04 0 0.34 27. Breaking confidentiality if client is suicidal	14. Altering diagnosis to meet insurance criteria	3	6	0.96	0.328	0.07				
17. Using a collection agency to collect late fees 36 81 11.14 0.001 0.19 18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients to an office open house 66 54 0.75 0.386 0.04 22. Accepting a client's gift worth at least \$50 5 21 8.76 0.003 0.20 23. Working when too distressed to be effective 1 7 4.33 0.037 0.14 24. Accepting only male or female clients+ 4 64 41.59 0 0.39 25. Not allowing client access to testing report 11 24 4.12 0.042 0.13 26. Raising fee during the course of counseling+ 4 46 29.04 0 0.34 27. Breaking confidentiality if client is suicidal 98 95 0.02 0.878 0.01 28. Not allowing clients to run up a large unpaid bill<	15. Telling client, "I am sexually attracted to you"	9	17	2.18	0.140	0.10				
18. Breaking confidentiality if client is homicidal 98 95 0.02 0.878 0.01 19. Performing work for a contingency fee 53 53 0.00 1.000 0.00 20. Using self-disclosure as counseling technique 96 92 0.04 0.834 0.01 21. Inviting clients to an office open house 66 54 0.75 0.386 0.04 22. Accepting a client's gift worth at least \$50 5 21 8.76 0.003 0.20 23. Working when too distressed to be effective 1 7 4.33 0.037 0.14 24. Accepting only male or female clients+ 4 64 41.59 0 0.39 25. Not allowing client access to testing report 11 24 4.12 0.042 0.13 26. Raising fee during the course of counseling+ 4 46 29.04 0 0.34 27. Breaking confidentiality if client is suicidal 98 95 0.02 0.878 0.01 28. Not allowing clients to run up a large unpaid bill 25 38 2.05 0.153 0.09	16. Refusing to let clients read their chart notes	38	49	0.97	0.325	0.06				
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22. Accepting a client's gift worth at least \$50 5 21 8.76 0.003 0.20 23. Working when too distressed to be effective 1 7 4.33 0.037 0.14 24. Accepting only male or female clients+ 4 64 41.59 0 0.39 25. Not allowing client access to testing report 11 24 4.12 0.042 0.13 26. Raising fee during the course of counseling+ 4 46 29.04 0 0.34 27. Breaking confidentiality if client is suicidal 98 95 0.02 0.878 0.01 28. Not allowing clients access to raw test data 13 41 11.57 0.001 0.21 29. Allowing clients to run up a large unpaid bill 25 38 2.05 0.153 0.09		66	54	0.75	0.386	0.04				
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28. Not allowing clients access to raw test data 13 41 11.57 0.001 0.21 29. Allowing clients to run up a large unpaid bill 25 38 2.05 0.153 0.09		98	95	0.02	0.878	0.01				
29. Allowing clients to run up a large unpaid bill 25 38 2.05 0.153 0.09	·									
	_									
	30. Accepting goods (rather than money) as payment+					0.37				

Note. TSCS: Turkish Counseling Students. P - G: Pope and Gibson Results (1993) All items have 1 degree of freedom. *p < .001

Table 9 (continued)

Comparison of Turkish Counseling Students and Gibson and Pope (1993) Results G & p* **TSCS** χ^2 φ P % % 0 17 15.77 0 0.27 31. Using sexual surrogates with clients 95 32. Breaking confidentiality to report child abuse 96 0.00 0.959 0.00 33. Inviting clients to a party or social event 3 21 12.13 0 0.23 83 34. Addressing client by his or her first name 97 0.57 0.449 0.04 2 0.567 35. Tape recording without client consent 1 0.33 0.04 8 55 27.54 0 36. Earning a fee that is a percentage of client's salary+ 0.32 7 37. Asking favors (e.g., a ride home) from clients 26 9.45 0.002 0.20 72 72 0.00 1 0.00 38. Charging all clients the same fee 5 39. Accepting client's decision to commit suicide 18 6.61 0.010 0.17 5 40. Not prescreening group members 18 6.61 0.010 0.17 4 22 11.10 0.001 0.22 41. Telling clients that their values are incorrect 42. Telling clients of your disappointment of them 61 66 0.12 0.729 0.02 58 22 43. Discussing clients without names with friends 11.77 0.001 0.21 19 44 0.006 44. Providing counseling to student or supervisee 7.61 0.174 20 9.57 0.002 0.21 45. Giving gifts to those who refer clients to you 49 67 1.77 0.183 0.17 46. Using a lawsuit to collect fees from client 47. Become sexually involved with a former client 4 23 11.86 0.001 0.23 11 64 28.29 0 0.32 48. Avoiding certain clients for fear of being sued+ 4 9 1.81 0.179 0.09 49. Seeing a colleague's client without consulting her 2 0.001 50. Lending money to a client 17 10.87 0.2220 40 0.023 51. Providing counseling to one of your employees 5.16 0.14 68 95 2.48 0.115 0.08 52. Having a client address you by your first name 23 0 53. Sending holiday greeting cards to your clients 81 22.08 0.27 54. Kissing a client 4 16 6.57 0.010 0.17 1 0.319 0.07 55. Engaging in erotic activity with a client 0 1.00 1 9 6.10 0.013 0.17 56. Giving a gift worth at least \$50 to a client 4 20.22 57. Accepting a client's invitation to a party 34 0 0.29 1 2 0.33 0.567 58. Engaging in sex with a clinical supervisee 0.04 31 86 16.82 0 0.23 59. Going to a client's special event (e.g. wedding) 0.064 8 3.43 0.13 60. Getting paid to refer clients to someone

Note. TSCS: Turkish Counseling Students. P - G: Pope and Gibson Results (1993) All items have 1 degree of freedom. *p < .001

Table 9 (continued)									
Comparison of Turkish Counseling Students and Gibson and Pope (1993) Results									
	TSCS	G-P	χ^2	p*	φ				
	%	%							
61. Going into business with a client	2	9	4.23	0.040	0.14				
62. Engaging in sexual contact with a client	3	0	2.96	0.086	0.12				
63. Utilizing involuntary hospitalization+	13	80	34.77	0	0.34				
64. Selling goods to clients	4	16	6.57	0.010	0.17				
65. Giving personal advice on radio, TV, etc.	36	64	5.27	0.022	0.13				
66. Advertising accurately your counseling techniques	58	90	4.01	0.045	0.11				
67. Unintentionally disclosing confidential data	4	13	4.40	0.036	0.14				
68. Allowing a client to disrobe	0	2	1.98	0.159	0.10				
69. Borrowing from a client	0	3	2.96	0.086	0.12				
70. Discussing a client by name with friends	5	1	2.59	0.108	0.11				
71. Providing services outside areas of competence	9	3	2.83	0.092	0.12				
72. Signing for hours a supervisee has not earned	3	1	0.98	0.322	0.07				
73. Treating homosexuality per se as pathological	5	14	3.90	0.048	0.13				
74. Doing counseling while under the influence of	1	1	0.00	1	0.00				
alcohol									
75. Engaging in sexual fantasy about a client	3	21	12.13	0	0.23				
76. Accepting a gift worth less than \$5 from a client	63	70	0.22	0.638	0.03				
77. Offering or accepting a handshake from client	86	99	0.48	0.491	0.04				
78. Disrobing in the presence of a client	0	0	0.00	1	0.00				
79. Charging for missed appointments	11	85	41.11	0	0.37				
80. Going into business with a former client+	4	46	29.04	0	0.34				
81. Directly soliciting a person to be a client	12	25	3.87	0.049	0.13				
82. Being sexually attracted to a client	14	63	23.24	0	0.29				
83. Helping a client file a complaint regarding a colleague	33	68	8.17	0.004	0.16				
84. Not disclosing your fee structure to a client	10	4	2.41	0.121	0.11				
85. Not telling a client of the limits of confidentiality	4	4	0.00	1	0.00				
86. Disclosing a name of a client to a class you are	2	0	1.98	0.159	0.10				
teaching									
87. Using an agency affiliation to recruit private clients	16	24	1.33	0.248	0.07				
88. Joining a partnership that makes clear your specialty	71	98	2.35	0.125	0.08				

Note. TSCS: Turkish Counseling Students. P - G: Pope and Gibson Results (1993) All items have 1 degree of freedom. *p < .001

Chapter 4: Discussion

Interpretation and Discussion of Findings

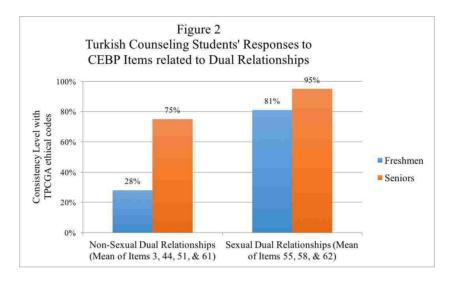
The main purpose of this study was to examine ethical judgments of Turkish senior counseling students, who are eligible to be counselors, and compare these with Turkish freshmen counseling students, based on TPCGA ethical codes, and with American mental health professionals according to Gibson and Pope's (1993) results. Furthermore, the influences of demography, especially gender, on counseling ethical judgments and senior students' sources of ethical information were investigated. The data indicated statistically significant findings based on the research questions and all three hypotheses were supported. The major findings of this study are consistent with previous research (Herliyh & Dufrene, 2011; Hill, 2004; Gibson & Pope, 1993; Milliken, Neukrug, & Walden, 2001; Even & Robinson, 2013; Sullivan, 2002; Neukrug & Milliken, 2011; Erdur-Baker & Çetinkaya, 2007; Somer & Saadon, 1999), and add new information to the counseling ethics literature. This chapter includes: (a) interpretation of the findings, (b) limitations of the study, and (c) recommendations based on the research findings.

Hypotheses 1 & 2

Hypotheses 1 and 2 were supported. Senior students' responses were mostly consistent with TPCGA ethical codes and significantly different from freshmen students' responses. This section looks more closely at senior students' patterns of consistency related to TPCGA ethical codes and differences from the freshmen students responses on ethical judgments related to dual relationships, multicultural counseling, competency, confidentiality, suicide prevention, fees and advertisement, and test administration.

Dual Relationships. Based on participants' responses related to dual relationships items, analyses focused on three distinct categories:

(a) Non-sexual and Sexual Dual Relationships. First, on the composite of three non-sexual dual relationship items, freshmen students displayed low consistency with the TPCGA ethical code (Figure 2). Even though seniors' responses are not overwhelmingly consistent with TPCGA ethical codes, the effect size of the statistical difference is large.

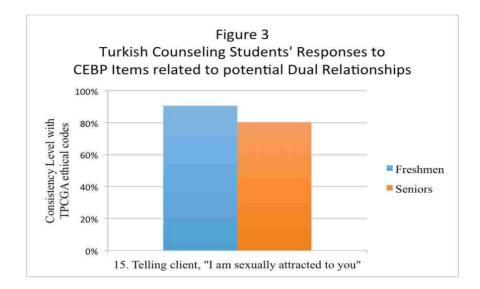


Second, although senior students responded in ways on the sexual dual relationship items that were significantly more consistent with the TPCGA code, the difference was small. This suggests that both freshman and senior students understand that sexual dual relationships are ethically unacceptable (Somer & Saadon, 1999).

Third, consistent with the Gibson and Pope study, senior counseling students were more accepting of non-sexual dual relationships. As Gibson and Pope suggested, this may be because of the young age range of students in this study.

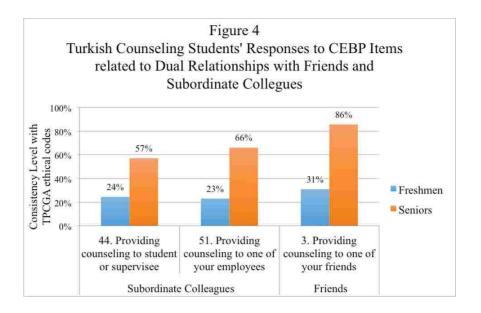
(b) Potential Dual Relationships. Interestingly, senior students' responses to one CEBP item on dual relationships were less consistent with TPCGA ethical codes than freshmen students' responses (Figure 3). Even though sexual relationships are seen by senior students as overwhelmingly in violation of ethical codes, 20% of senior students endorsed telling clients that

they are sexually attracted to them as ethical compared to only 10% of freshman students (Figure 3).



This may be because, as Gibson and Pope (1993) reported, mental health professionals with more education have more confidence in sharing their opinions to clients than do professionals with less education. Lin (1973) also claimed that higher confidence levels were associated with counselors expressing their feelings more in counseling. This could explain why more senior students than freshmen students responded that expressing their sexual attraction to a client is acceptable (Figure 3).

(c) Dual Relationships with Subordinate Workers and Friends. Close examination of the data indicates that the senior students' responses to having non-sexual dual relationships with subordinate colleagues were an area of concern. Apparently, having sexual dual relationships is not acceptable to seniors, but a significant minority considers dual relationships with subordinate workers and friends to be acceptable (Figure 4).



The power relationship between a counselor and a client is not one of equality, and as a result dual relationships could harm clients (Sommers-Flanagan & Sommers-Flanagan, 2007). TPCGA ethical codes don't allow dual relationships except if no other choice exists (TPCGA, 2011). Also, unprofessional dual relationships cause society to lose trust in the counseling profession, and this affects all counselors (Herlihy & Corey, 1997). Despite this, the literature shows that dual relationships are one of the most frequently violated codes in counseling ethics. Dual relationships in counseling constitute 31% of all ethical misconduct in the Milliken et. al (2001) study and 22% in the Even and Robinson (2013) study.

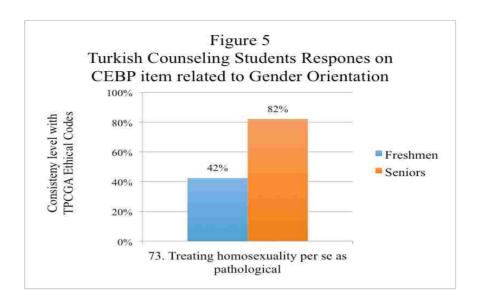
Overall, substantial numbers of senior students would provide counseling to their friends (14%), employees (34%), and student or supervisee (43%). These findings indicate that perhaps Turkish counseling students don't understand some of the problems inherent in relationships with power differentials (Sommers-Flanagan & Sommers-Flanagan, 2007). This is somewhat consistent with previous research that shows professionals in higher positions are less concerned about dual relationships than subordinate workers (Kolbert, Morgan, & Brendel, 2002). Kolbert,

Morgan, and Brendel's (2002) qualitative study showed this difference in views between students and faculty about the fear of dual relationships. Students have more fear than faculty members that dual relationships could negatively influence the faculty members' objectivity (Kolbert et al., 2002). In addition to Kolbert et al.' concerns, the large number of seniors who view providing counseling to subordinate workers as ethical is problematic because counselors:

(a) have ethical limitations in providing counseling to their colleagues, and (b) can "unconsciously treat clients differently" (p.176) in dual relationships (Sommers-Flanagan & Sommers-Flanagan, 2007). Although the consistency rate with TPCGA ethical codes is increased after students have nearly completed a counseling program in Turkey, problems continue to exist related to their views about providing counseling to subordinate employees, students, and supervisees.

Multicultural Counseling. The findings related to multicultural counseling show that culture can influence counseling students' ethical judgments. In this study, only 58% and 82% of freshmen and seniors respectively see homosexuality as not pathological (Figure 5).

Sensitivity to LGBTQ issues has had a difficult pathway in Turkey, and the discrimination against LGBTQ individuals sometimes becomes violent (Bereket & Adam, 2006). At the same time, LGBTQ rights get attention and support from some elements of Turkish society, especially by educated and intellectual people. Treating homosexuality as pathological is a long-standing problem. TPCGA ethical codes specifically mention that sexual orientation cannot be a reason for discrimination (TPCGA, 2011), and "it is important that counseling and related professionals have a strong base of knowledge, skills, and awareness in working with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex and Ally Individuals, groups, and communities" (Harper et al., 2013, p.3).

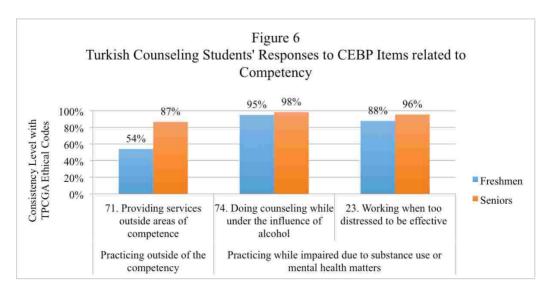


Responses to this item are important because seeing homosexuality as pathological cannot be a part of helping clients in the mental health professions. Furthermore, in the United States, multicultural counseling training focuses on people of color, women, and LGBTQ individuals (Hill, 2004). Also, dealing with diverse cultures is considered very important to the future of counseling (Herliyh & Dufrene, 2011). Nevertheless, the Turkish counseling literature, both intentionally and unintentionally, in my opinion, ignores diverse cultures. For example, I can find no research concerning LGBTQ individuals or Turkish ethnic minorities in counseling. The Turkish faculty and students' limited counseling competency skills with LGBTQ individuals can cause inexcusable ethical violations.

This pathologizing is also related to the counselor competency (ACA, 2014e); counselors cannot provide counseling in areas in which they are incompetent (TPCGA, 2011; ACA, 2014e). Counselors are responsible for applying awareness, skills, and knowledge of diverse cultures to provide counseling (Sue & Sue, 2003). These diverse cultures include those populations that are ignored by the local culture.

One of the benefits of importing ethical standards from developed countries is to acknowledge and address problems before they become crises in Turkey. As of 1995, the TPCGA added a gender orientation section that includes LGBTQ individuals' rights according to ACA ethical codes. This has helped counselors to include LGBTQ individuals in the context of diverse cultures. Eighty-two percent of senior students' responses show awareness of clients individual rights to nondiscrimination regarding sexual orientation. Even though 18 % of seniors responses are not consistent with TPCGA ethical codes, a large majority responses are consistent. It is also important to point that the effect size of the statistical significance of difference between freshmen and seniors is large, and senior students' responses are more consistent with TPCGA ethical codes. Students, multicultural awareness, skills, and knowledge become greater while studying in counseling programs.

Competency. Senior counseling students' responses related to competency in counseling include two important aspects: (a) providing counseling in areas outside of their competency, and (b) providing counseling when mental health problems or substance use related impairment (Figure 6).



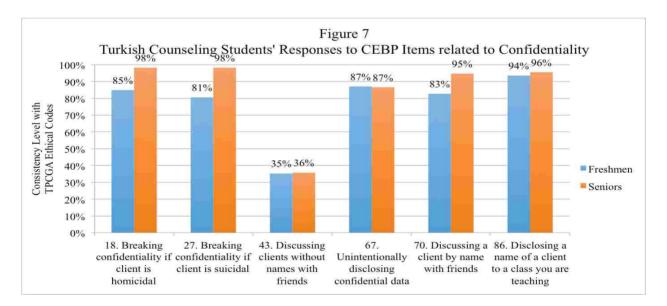
First, senior students' responses are consistent with TPCGA ethical codes. They report knowing when they are unable to perform their professional duties related to their personal circumstances, such as stress, alcohol use, etc. However, the effect size of the statistical difference between responses of seniors and freshmen is small, because freshmen students' consistency with TPCGA codes was also very high. This means that students' awareness of that they should not provide counseling while impaired is already high before entering their counseling programs.

Second, seniors' responses were consistent with TPCGA codes related to providing counseling only in areas of competence. However, the effect size of the statistical difference between freshmen and seniors is large. Hence, even though seniors were not completely consistent with the codes, they appear to have learned from their programs.

As a result, while findings show that not providing counseling while compromised because substance use or mental health matters is already known by freshmen students. It appears that they improve their consistency level with TPCGA ethical codes though their programs. However, the consistency level with TPCGA ethical codes and effect size between freshmen and seniors suggest that teaching about competency limitations in greater depth with counseling students is important. Of course, counselors cannot be fully competent in all areas with all techniques (Barnett & Johnson, 2015). However, it is unethical to counsel without competency according to the TPCGA ethical codes (TPCGA, 2011). Moreover, incompetency can harm clients, even though counselors do not do it intentionally (Herlihy & Corey, 2015). For example, approximately one fourth of reports of ethical violations in the Even and Robinson (2013) and Milliken et al. surveys were related to lack of competence among U.S. counselors. Importantly, the answer to the question of how can counselors be competent in new areas is: (a)

education and training, (b) self-monitoring, self-assessment, and self-reflection, and (c) peer consultation; all three under professional supervision (Herlihy & Corey, 2015; Milliken et al., 2001).

Confidentiality. Turkish counseling senior students' responses to most items related to confidentiality were consistent with TPCGA ethical codes. However, Turkish senior counseling students' responses concerning talking with friends about clients without naming them are not consistent with TPCGA ethical codes (Figure 7). According to TPCGA ethical codes, cases can be discussed without naming clients only for educational purposes and only with the client's informed consent. Still, only 36% of senior students endorsed these restrictions (Figure 7). In addition to senior students, freshmen students also view talking about cases without naming clients as ethical.

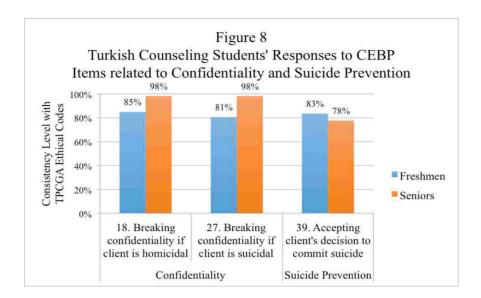


As one possible risk related to these findings, Erdur-Baker and Çetinkaya (2007) wrote that school staff do not respect confidentiality in counseling, and most Turkish counselors work in school settings (Poyrazli et al., 2013). If counselors feel comfortable sharing information

about clients, even without names, in school with those staff who disrespect confidentiality, it could become a significant problem. According to Erdur-Baker and Çetinkaya's (2007) research, talking about cases without naming clients could be more harmful to clients in schools than in private settings.

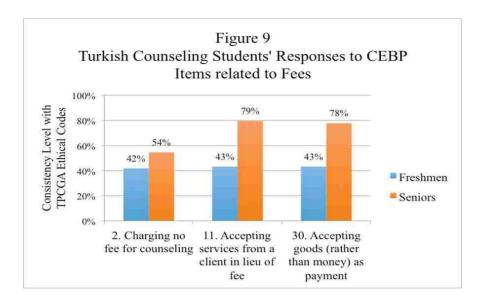
Confidentiality is also a hot topic among counseling researchers in recent decades. In Hill's (2004) study, confidentiality and informed consent were identified as the most common subjects in ethics education. Limitations of confidentiality occur in TPCGA ethical codes, but they are not as clear as in the ACA ethical codes. Furthermore, there is no specific law to protect clients' or counselors' rights in Turkey. Therefore, Turkish counselors must use their own judgment in ambiguous cases, according to ethical and legal codes; this increases the importance of informed consent. Clearly explaining limitations of counseling under legal and ethical norms by informed consent helps counselors reduce risks, especially in the Turkish counseling system.

Suicide Prevention. Results show an important finding that, 22% of senior students would view accepting clients' suicidal decisions as ethical (Figure 8). This could be explained by the following: (a) Turkish counseling programs specifically teach confidentiality in suicide and homicide cases, but they do not effectively teach suicide prevention (Erdur-Baker & Çetinkaya, 2007), and (b) Turkish counselors do not have power to hospitalize clients; hospitalization is the role of psychiatrists (Oktay, 2015). Therefore, Turkish counselors might think they do not have another choice other than accepting a client's decision to die by suicide.

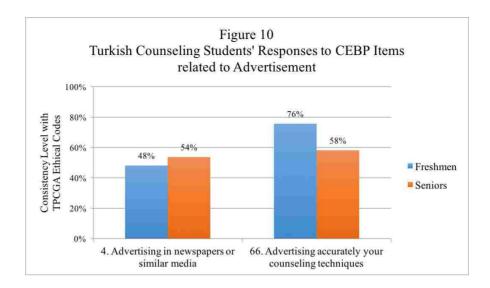


Fees and Advertisement. The responses about fees and advertisement items show that senior students' ethical judgments are less consistent with TPCGA ethical codes compared with their responses to other items.

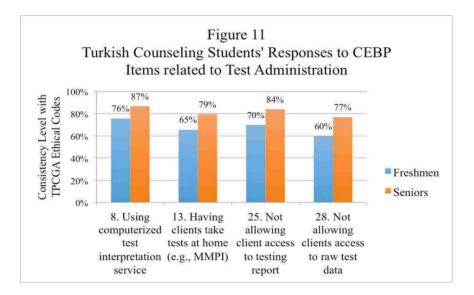
Charging no fee or accepting services or goods in lieu of counseling payment is unethical according to the TPCGA ethical codes (TPCGA, 2011). Counselors should refer potential clients to affordable mental health providers or free governmental departments, rather than providing free counseling. Moreover, private counseling in Turkey is limited; counseling services are mostly provided in schools and universities without extra cost (Poyrazlı et al., 2013). Dealing with fees is not taught in counseling programs because of those reasons. Thus, even though the statistical differences show a large effect size between seniors and freshmen about items related to types of payment, the consistency of seniors' responses with TPCGA ethical codes is not very high (Figure 9).



In addition, for similar reasons, limited availability of private counseling and free counseling services provided by governmental departments may affect senior students' ethical judgments related to advertisements. Even though TPCGA ethical codes allow advertisement of counseling services by counselors, nearly 50% of senior students view such behavior as unethical (Figure 10). Eventually, development of private counseling in Turkey will likely increase the need for ethical knowledge about fees and advertisement in counseling. For that reason, Turkish counseling programs should include information on fees and advertisement in their teaching content.



Test Administration. The CEBP survey includes several important items related to administering tests in counseling (Figure 11). Turkish senior students' responses to these items show that most students are aware of their ethical responsibilities concerning tests. However, these responses are not highly consistent with TPCGA ethical codes.



Turkish counselors work in school settings, especially high schools (Korkut-Owen, & Yerin Güneri, 2013). Testing is a significant component of school counseling (Yüksel-Şahin, 2008), because school counselors are the only mental health professionals in school settings. School counselors' roles include test administration. For example, in Yüksel-Şahin's (2008)

research, 55% of Turkish high school students expect assessment and guidance from counseling services. Furthermore, even though school counselors are not necessarily competent to administer tests, greater familiarity with ethical codes can improve their awareness of the need to obtain additional training. This could reduce potential harm to their clients/students.

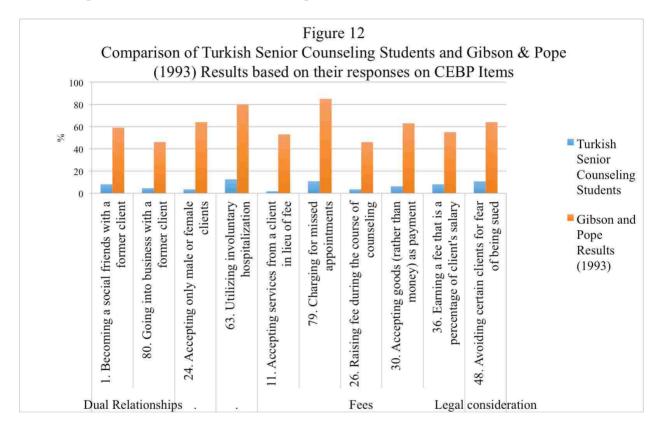
Hypothesis 3

The analyses of hypothesis three are discussed based on findings of differences between Turkish senior counseling students' responses and Gibson and Pope's (1993) results. The differences between Turkish counseling students and Gibson and Pope's (1993) results probably illustrate differences in professional roles and counseling structures in the two cultures. Because of the times of the surveys, professional levels of participants, and cultural differences between samples, only differences that have medium or large effect sizes will be discussed: (a) dual relationships, (b) accepting only a preferred gender as clients, (c) utilizing involuntary hospitalization, (d) fees, and (e) legal considerations (Figure 12).

Dual Relationships. More Turkish senior students than American counselors see dual relationships with former clients as ethical violations. Gibson and Pope's (1993) results show that more than 50% of their participants in the United States have no ethical concerns with business relationships or friendships with former clients. However, dual relationships can create issues for counselors and clients because: (a) the power differential cannot be changed very quickly between former clients and counselors, and (b) clients' opportunities to return to counseling with the same counselor will be closed (Herlihy & Corey, 2015).

There is no literature to examine dual relationships of Turkish counselors. On the other hand, dual relationships is an area that American counselors violate ethics codes more than others (Milliken, 2001; Even & Robinson, 2013). Hartley and Cartwright (2015) note that

avoiding sexual dual relationships in the ethical codes is clear, but avoiding non-sexual relationships is not. Therefore, counselors need professional judgments in dual relationships, especially with former clients. For example, TPCGA ethical codes do not address any potential dual relationships problems with former clients. ACA ethical codes require avoidance of only sexual dual relationships with former clients for five years and state that non-sexual dual relationships with former clients can be acceptable.



Accepting only preferred gender as clients. American counselors are more likely than Turkish counseling students to see accepting only male or females into counseling as ethical. In Turkey, the government and education system used to be very secular. Turkish participants might not be representative of Turkish counselors since they were students in particularly secular universities in western Turkey. Thus, one of the important reasons for the differences between

samples on the item related to accepting only male or female clients could be related to this particular sample of Turkish participants. Of course, there is a significant difference between specializing in "men's or women's issues" and therefore referring clients to a competent counselor in that specialty, and discriminating against a particular gender without acceptable competency reasons. Furthermore, the latest ACA ethical codes (2014) are very clear about gender discrimination, and American mental health professionals' ethical judgments in 1993 are not consistent with the latest ethical codes:

C.5. Nondiscrimination: Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/ partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law. (ACA, 2014, p. 9)

Utilizing Involuntary Hospitalization. Turkish counselors cannot hospitalize their clients. Psychiatrists, who have medical doctorate degrees, can force hospitalization. Turkish Medical Association ethical codes and Turkish law address the hospitalization process for psychiatrists (Oktay, 2015). Counselors, who work in the Ministry of Health, only assess students who may need special education (Korkut-Owen & Yerin Güneri, 2013). Therefore, it's likely that Turkish senior students have little education regarding involuntary hospitalization. On the other hand, counseling in Turkey is developing, and the Ministry of Health has hired more counselors compared to last decades. Hospitalization is an important process in the mental health field of which future Turkish counselors should be more aware.

Fees. There are major differences between the Turkish and American samples' responses on items related to fees. Private counseling is very limited in Turkey, and most of counseling sessions are provided under government departments, especially in school settings (Poyrazli et al., 2013). On the other hand, private counseling is unquestionably well developed in the United States, and ethics and laws related to fees are comprehensive and regulated by professional organizations and legal enforcement (Glosoff, 2013). Compared to the United States, dealing with counseling fees is very new for counselors in Turkey. Thus, the large differences in responses to fee-related items are likely related to developmental stages of counseling structures and procedures between the U.S. and Turkey.

Legal Considerations. This item shows that counselors in the United States, compared to Turkish counselor candidates, have a much higher fear of being sued. This likely results from differences in the two legal systems and may reflect the litigious nature of the United States.

Summary of Hypothesis 3. Statistically significant differences between Turkish senior counseling students and American mental health professionals based on Gibson and Pope (1993) results are mainly related to counseling structures and developmental stages:

- a) In Turkey, counseling occurs mainly in schools, and most counseling programs' curricula are specifically designed to prepare their for working in school settings (Korkut-Owen, & Yerin Güneri, 2013). In contrast, U.S. counselors specialize in several areas, and are not limited to school counseling (Glosoff, 2013).
- b) Hospitalization and fees are two significant aspects of counseling that exist in the United States, but not yet in Turkey.
- c) Differences in fear of being sued between American and Turkish samples are related to different legal cultures in the two countries.

- d) Even though there is literature concerning American counselors' dual relationships, literature about Turkish counselors is very limited. In this study, compared to American counselors in 1993, Turkish counseling senior students are more likely to view having dual relationships with former clients as an ethical violation. This also could be related to the fact that ACA changed its position on dual relationships, and compared to older revisions the latest ACA ethical codes (2014) are less flexible.
- e) Comparing results of this study with Gibson and Pope (1993) results shows that Turkish senior counseling students and American counselors are very consistent on some CEBP items. This could be because TPCGA ethical codes address most of these items, but two items are not addressed. Both samples see as ethical "Item 32. Breaking confidentiality to report child abuse" and unethical "Item 69. Borrowing from a client." These items should be considered to be added to future revisions of TPCGA ethical codes.

Research Question

Gender. Responses to the CEBP survey show several statistically significant differences based on gender. These differences also show characteristics of Turkish culture related to gender roles in Turkey. Even though the Turkish educational system is secular and integrated with values of the western world including gender equality, male dominance is still pervasive in Turkey. Thus, the interpretation of results is related to how the male-dominated culture influences ethical judgments of counseling students.

The results show that compared to female participants, male participants are more likely to continue counseling clients who have failed to pay for their services. Similarly, males are less likely to use the court system to collect from non-paying clients. Turkish culture demonstrates three cultural attributes to explain these results. First, Turkish parents unconsciously force their

children to feel that they are indebted to them (Polat, 2002). The parents influence their sons more than their daughters because males are responsible for taking care of their families, including taking care of their parents when they become elderly (Ersever, 2009). In fact, the major reason male college students seek counseling is for family and parental issues (Ersever, 2009).

Second, debt is one of the dynamics used in business by male bosses to control workers (White, 1999), and women are less likely to run a business in Turkey (Dirilen-Gümüş & Büyükşahin-Sunal, 2012). For example, a worker who is owed money by a boss will be reluctant to quit her job for fear of never being paid.

Third, discussing money and debts is not considered manly in Turkish culture. Because of the pressure of traditional masculine roles, Turkish men do not act in the same way with non-paying clients as Western men might, or as Turkish women do. Thus, these cultural backgrounds support the results that show differences between genders about CEBP items related to fees.

In Turkey, there is more social pressure on women than on men concerning their public behavior (Aliefendioglu & Ozbilgin, 2001). In addition to social pressure, Şentürk's (2012) research shows that even Turkish female faculty members think that women are not strong enough to compete with men because of men's ways of thinking and women's emotions.

Because of this dilemma, women typically allow men to lead. Women do not take management responsibilities because of the struggle of deciding between social expectations and their own wishes. Also, the major reason female Turkish college students seek counseling is self-control issues (Ersever, 2009). In my study, results show that in seven of eight items which show statistically significant differences, female participants' "I don't know" choice is higher than male participants.' In addition, female participants "I don't know" choice is higher than male

participants' in 65 of 88 CEBP items. This supports the idea that Turkish women try not to speak up because of their gender roles. This results in: (a) not being involved in management, (b) being conflicted between family and professional roles, and (c) feeling guilty about being a female professional "in a man's world" (Şentürk, 2012).

The answers of participants to research questions reflect how Turkish culture affects men and women differently. In my opinion, the experiences and responses of women have similar pathways with other countries as well as unique pathways. Similarly, Turkish women have been having experiences women had in Europe and North America around 50 years ago. Male dominance is still strong in Turkey, but with women's economic independence, women's voices have become stronger.

Moreover, there are differences between pathways of Turkish women and pathways of women in different times and countries. First, Turkish women see examples of the history of how other women received or took their freedom by (a) studying in Europe and North America, and (b) receiving news via the media showing developments of women's lives in western countries. Second, the current generation of women in Turkey received strong support from their parents for education which has improved their economic and social status.

But still, most women in Turkey are not certain about their rights. Beliefs based on tradition and religion can challenge women life styles. These include: (a) even if they have economic independence, their husbands can take their salaries, (b) even if they are expert in a particular area, they might not speak up, and (c) even though they are equal with men according to the constitution, they might still believe that they are not. To increase the professional identity of female counselors, equal rights between genders should be developed by: (a) creating a women's support program to help women understand their rights (Şentürk, 2012), (b) adding

courses to undergraduate programs specifically teaching gender equality in professional roles (Beidoglu & Batman, 2014), (c) researching reasons for women's behavior and acceptance of unequal gender roles (Aliefendioglu & Ozbilgin, 2001), and (d) creating affirmative action for women to get management positions.

Sources of Ethical Information. Senior students' responses for sources of ethical information include important points covered in this study: (a) counseling programs, (b) TPCGA ethical codes, and (c) textbooks and professional journals. The findings show that either Turkish senior students do not use existing sources for counseling ethics or they do not have access to them. Either way, there is a lack of using available sources. Sources of ethical information are quite limited in Turkey, compared to the United States.

First, 87.5% of senior students in this study mention their counseling program is one of the sources of their ethical knowledge. Surprisingly, however, 12.5 % of senior students do not consider their program to be one of the sources of their ethical knowledge. Maybe because of the rapid growth in counseling programs, this area is still developing in some training programs. Formal counseling undergraduate programs are the only official and practical places to learn ethics for counselors. There are no continuing education requirements or incentives for Turkish counselors, so attending workshops and conferences is not expected or common. Therefore, we can say one of eight counselor candidates does not take advantage of their only chance to learn counseling ethics.

Second, the findings support counselor educators' concerns about ensuring that counselors practice ethically and be familiar with ethical codes (Herlihy & Dufrene, 2011; Urofsky & Sowa, 2004). TPCGA ethical codes are the most significant ethical source in the Turkish counseling system. However, the results show that only 48% of senior students learned

ethics from TPCGA ethical codes. More than half of senior students do not consider TPCGA ethical codes as an educational source. On the other hand, in the United States, Hill's (2004) study shows that nearly all counselor educators, and Urofsky and Sowa's (2004) study shows 97% of counselor educators, used ACA ethical codes to teach ethics. Also, other ethical codes in addition to ACA ethical codes, such as specific ACA divisions' and other organizations' ethical codes are becoming more important and required teaching content in counseling programs in the United States. Even though there are other divisions and organizations with ethical codes, ACA ethical codes are still the main reference for American counselors. Because TPCGA ethical codes are the main ethical resource but many students do not study them, senior students' view of these codes as a source of ethical information is very low.

Third, ethical sources are either very limited or not trusted in Turkey. Only 60% of seniors consider their textbooks and professional journals as ethical sources. The reasons for this can be that (a) they are not introduced to ethics textbooks and journals in their counseling programs, and (b) there are limited textbooks and journals. There is no research study available to inform as to what Turkish counselor educators use to teach counseling ethics in their programs. Furthermore, in Turkey there are only three ethics books available in major online bookstores, and TPCGA and the Turkish Psychology Association Journals only publish professional journals in the Turkish language.

In summary, senior students' responses to sources of their ethical knowledge contain several important findings. Counseling students' access to ethical sources is not sufficient. The most dramatic number is only 48% of students considering TPCGA as an ethical source. These numbers become more important when compared to counseling literature in the United States. For example, American counselor educators have 33 different ethics textbook options to use, so

they feel that they have sufficient ethical sources (Hill, 2004; Urofsky & Sowa, 2004). In comparison, the sources of ethical knowledge are very limited in Turkey; therefore, using these available sources is crucial for senior students who soon will be counselors.

Other Demographic Questions. The results do not show any statistically significant differences based on either the participants' parents' educational level or the urban versus rural environments of where the participants grew up. Most participants (91.6%) defined themselves as middle class; therefore, comparing results based on socio-economic status is not meaningful.

The Importance of Findings: Accreditation, Certification, and Licensure Influences and American Influences on Turkish Counseling Ethics

The primary reason for conducting this study was to examine teaching ethics in the United States, and to create an indication of how these teaching standards are transferable to Turkey. Investigating teaching ethics in the United States led this study to a larger concept. I realized that teaching ethics depends on several dynamics, and ethical values are at the center of these dynamics. These dynamics control: (a) minimal standards of teaching ethics through accreditation, (b) sufficiency of ethical knowledge of counselors through licensure, and (c) continuity of ethical knowledge though certification. The effect of this control is strong because of power and control of non-profit and governmental organizations. Of course, this did not just happen. Therefore, my review of the literature focused on the history of American counseling and how developments in the field influenced counseling ethics. These high ethical standards were established step-by-step, but also with American researchers' foresight which led to current counseling ethical standards. Clearly, many areas need development, but the current standards in the United States provide standards for safe and ethical counseling for clients, and protect counselors' rights.

How do these developments affect Turkey? The developments in the United States are very important for the Turkish counseling field. For sure, internal dynamics also affect the speed of developments; however, external dynamics can serve as a role model to stimulate development. The speed of development in counseling training and ethics knowledge has been unpredictable, even though counseling has developed rapidly in Turkey. But a more important issue is the power of organizations to check and balance the counseling structure. One of the biggest factors that also impacts all differences, except cultural ones, is the power differential between the American and Turkish counseling organizations. Counselor educators and researchers in Turkey have very limited power to make important changes in the counseling field. One of the important findings of this study is in starting to ask beneficial questions.

First, what is most important in counseling? Second, what can counselor educators change? After all, literature shows that ethics is a fundamental element of counseling. ACA showed what is most important in counseling by creating an ethical committee just one year after its foundation, and continued by creating ethical codes and improving ethical standards. TPCGA similarly created an ethical committee in a year, but the counseling structure and power of governmental departments did not encourage them to go further. In this case, as an answer to the second question, one of the strongest and possible solutions available to educators is to teach ethical codes effectively in formal undergraduate counseling programs. Accreditation, certification, and licensure developments can be ongoing. Thus, counselor educators could use their strengths to improve future counselors' ethical standards.

For these reasons, I chose to investigate counseling students' ethical judgments. Turkish cultural behavior and developmental stages of the counseling field are observable in the results.

Developments in the counseling field positively affect senior counselor students' ethical

judgments, but Turkey still has a long way to go. Furthermore, the contribution of external dynamics from international sources, especially the United States, to Turkish counseling, is incontrovertible, despite the differences between cultures.

Of course, there are differences between counseling in Turkey and the United States. Some reasons for these differences are related to culture and also different designs of counseling. First, counseling is provided mostly free and by governmental departments in Turkey. Therefore, private counseling might not be needed as much as in the United States. Encouraging Turkish society to go to a private counseling system might not be useful. Instead of encouraging private counseling, trying to make current counseling opportunities more available and effective could be more beneficial for the Turkish counseling field. Second, ACA ethical codes are based on American culture and address ethical needs in the United States. Therefore, several codes might not fit into Turkish culture. For example, compared to American culture, Turkish culture is less oriented to the individual. The ACA code of ethics lists "autonomy, or fostering the right to control the direction of one's life;" as its first ethical principle (ACA, p. 3). Therefore, it is important to remember that some differences are necessary because of culture.

I mentioned my biases in the methodology section. It was important to minimize my biases to avoid failure of the possible variables and generate desired results. I tried to minimize my biases by (a) understanding the cultural differences between Turkey and the United States, (b) recognizing imperfections in the American counseling system, and (c) increasing my respect for other cultures including my own.

Turkish counseling will continue to develop rapidly. I strongly believe that ethics should irrevocably be at the core, and that Turkish minimal ethical standards expectations should be no

lower than existing international standards to provide Turkish clients the counseling they deserve.

Suggestions for the Future

Studies of counseling in Turkey are very limited. Researching ethical counseling standards among others is urgently needed to improve the counseling framework and structure in Turkey. One of the main purposes of this study is to improve ethical standards by examining current ethical judgments of counseling students in Turkey. Future studies should lead in four directions:

1. Improving TPCGA ethical codes

TPCGA ethical codes were published in 1995 and updated several times up to 2007. However, findings of this study show that TPCGA ethical codes need to further develop and refine based on Turkish culture and universal counseling standards. Vanek's (1990) unpublished dissertation created a view of the American counselor educators who teach ethics in counseling programs. Vanek's (1990) study could be duplicated to investigate Turkish counselor educators' ethical expectations of possible future standards of TPCGA ethical codes.

2. Improving ethics training

The literature review and my study's results show that increased training levels significantly improve ethical judgments of counselors. Future studies could focus on the differences in counselors' ethical judgments based on their level of formal education in Turkey. Additionally, future studies could compare (a) the level of faculty's ethical training with the level of their students' ethical judgments, and (b) the ethics training differences between newer and older counseling programs.

Improving teaching ethics effectively also includes teaching ethical decision-making models. In the United States, counselor educators are concerned with teaching ethical decision-making models (Herlihy & Dufrene, 2011), and most counselor educators teach and require their students to learn at least one ethical decision-making model (Hill, 2004). Even though the sources are limited in Turkey, for future researchers it will be important to study how to create a Turkish-oriented ethical decision-making model.

3. Improving Sources of Ethics Knowledge

Compared with other studies, this study's results show that counseling students' sources of ethics knowledge are very limited. Especially the number of textbooks should be increased. Short-term planning could include translating ethics textbooks from international sources, but creating culturally relevant and legally acceptable textbooks for the Turkish counseling field is necessary for long-term planning. It would be helpful to publish a book that clarifies TPCGA ethical codes with case examples. This could be similar to the ACA Ethical Standards Case Books that were published right after each edition since 1965 (Walden et al., 2003). Studies show that counseling programs make great use of these books to teach ethics (Hill, 2004; Urofsky & Sowa, 2004). The Turkish Counseling Association could collaborate with their Ethics Committee to publish a book to clarify TPCGA ethical codes.

4. Improving current counselors' ethical judgments

Results show that senior students still have some problematic ethical judgments after four years of counselor training. Of course, counselors cannot be fully competent in all areas (Barnett & Johnson, 2015), and competency is not a goal, it is only a process, which always should continue (Herlihy & Corey, 2015). Therefore, future studies could include the importance of continuing education regarding ethical competency for practicing counselors.

In summary, future studies and administrative actions should focus on how to improve counseling ethical codes, how to effectively teach counseling ethics in formal programs, and how to increase current counselors' ethical standards.

Limitation of the Study

Even though this study contributes important findings to the literature, there are several limitations that must be considered when discussing the meaning of the results.

1. Cross-Sectional Data

This quantitative study collected cross-sectional data. Cross-sectional data were collected at a particular time rather than collecting longitudinal data over time such as a panel data collection. Because of time limitations of the research study and the main purpose of the research (Hypothesis 1 and research questions), cross-sectional data were used. However, comparing seniors with freshmen students might limit the depth and generalizability of findings of Hypothesis 2. The cross-sectional design may not be perfect to examine one sample's developments by comparing them to the other sample (Büyüköztürk, Kılıç Çakmak, Erkan Akgün, Karadeniz, & Demirel, 2012).

2. Purposeful Sampling

The mains reason for using purposeful sampling is to find a sample to represent characteristics of the undergraduate level of Turkish counselor education (Steinberg, 2011). However, purposeful sampling could be misleading because of researcher bias, and could limit validity of generalization (Büyüköztürk et al., 2012).

3. Sample Size

A larger sample size may have increased the statistical validity and generalizability of the results. Only those students who were enrolled in the two universities' psychological counseling

and guidance programs were included. Some of the chi-square test scores were eliminated because the number of participants was fewer than five for a particular answer. Thus, a larger sample size could have improved the chi-square analyses.

4. The CEBP Survey

Even though the CEBP (1993) survey is matched with current TPCGA ethical codes, there are some limitations of the CEBP survey because of time and culture.

- a. The American survey and my Turkish survey were performed 22 years apart.

 Thus, the American survey does not account for developments in the field subsequent to

 1993. Therefore, if a 2014 American survey existed, it could show results, which differ from
 the 1993 survey in some respects.
- b. The CEBP survey may have limited utility in examining ethical judgments of Turkish senior counseling students because (a) some CEBP items are irrelevant to Turkish counseling, and (b) the CEBP survey does not cover some essential ethical judgments in the Turkish counseling field.

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Appendix A

Cronbach's Alpha Test of CEBP Survey

Item-Total Statistics

1		item i	otai Statistics		
				Squared	Cronbach's
	Scale Mean if	Scale Variance	Corrected Item-	Multiple	Alpha if Item
	Item Deleted	if Item Deleted	Total Correlation	Correlation	Deleted
item1	167.4367	262.405	.091		.895
item2	167.1179	260.052	.189		.894
item3	167.4236	263.105	.070		.895
item4	167.4672	255.145	.336		.893
item5	167.2926	264.734	.000		.895
item6	167.8734	258.708	.249		.893
item7	167.6245	258.534	.234		.894
item8	167.9258	260.464	.198		.894
item9	167.2009	259.319	.213		.894
item10	167.1616	260.838	.192		.894
item11	167.0000	257.096	.396		.892
item12	167.2271	258.027	.284		.893
item13	167.1965	258.641	.349		.893
item14	167.1528	262.086	.208		.894
item15	167.1834	264.747	.003		.895
item16	167.4454	258.424	.239		.894
item17	167.1485	255.609	.338		.893
item18	168.0873	260.764	.272		.893
item19	167.4323	253.992	.360		.892
item20	167.9301	258.188	.291		.893
item21	167.6812	255.744	.335		.893
item22	167.0699	258.127	.356		.892
item23	167.1659	262.683	.216		.894
item24	167.2314	263.152	.180		.894
item25	167.1790	261.227	.228		.893
item26	167.1659	262.297	.232		.893
item27	168.0699	261.092	.236		.893
item28	167.1878	259.732	.267		.893
item29	167.0437	255.586	.319		.893

item30	167.0087	256.482	.426		.892
item31	167.1659	264.674	.027		.894
item32	167.18865	262.829	.080	•	.895
item33	167.1354	256.161	.407	•	.892
item34	167.1334	258.980	.261	•	.893
item35	167.2271	263.992	.146	·	.894
item36	167.0218	258.820	.315	·	.893
item37	167.1659	257.876	.327	•	.893
item38	167.6769	258.114	.235	·	.894
item39	167.1092	263.124	.119		.894
item40	166.9301	259.021	.306		.893
item41	167.1528	261.262	.257		.893
item42	167.4323	256.325	.320		.893
item43	167.5852	258.717	.254		.893
item44	167.1135	255.899	.342		.892
item45	167.1092	258.317	.390		.892
item46	167.2358	253.716	.368		.892
item47	167.1266	258.567	.402		.892
item48	166.8952	255.831	.427		.892
item49	167.1397	261.708	.269		.893
item50	167.0218	256.065	.436		.892
item51	167.4061	255.742	.371		.892
item52	167.6594	253.875	.401		.892
item53	167.3930	256.941	.316		.893
item54	167.1135	258.706	.344		.893
item55	167.1528	262.235	.270		.893
item56	167.0961	258.578	.404		.892
item57	167.2140	255.186	.468		.891
item58	167.1310	261.027	.308		.893
item59	167.4934	256.260	.326		.893
item60	167.1092	261.624	.251		.893
item61	167.1092	256.106	.434		.892
item62	167.1572	261.563	.279		.893
item63	167.1572	257.335	.350		.892
item64	167.1092	258.791	.440		.892
item65	167.4061	256.865	.303		.893
item66	167.7467	258.988	.221		.894
item67	167.1659	261.709	.275		.893
item68	167.1397	261.498	.288		.893
item69	167.1485	259.267	.450		.892

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item70	167.1921	261.603	.282	.893
item71	167.2183	260.057	.259	.893
item72	167.1223	260.520	.322	.893
item73	166.9563	259.744	.263	.893
item74	167.2052	264.830	.010	.894
item75	167.1572	262.484	.207	.894
item76	167.4716	252.408	.439	.891
item77	167.9913	261.439	.171	.894
item78	167.1659	264.034	.115	.894
item79	167.0611	258.172	.361	.892
item80	167.1266	257.365	.348	.892
item81	167.0961	255.368	.449	.891
item82	167.1179	259.859	.269	.893
item83	167.2795	252.746	.441	.891
item84	167.2533	261.804	.246	.893
item85	167.2314	263.231	.182	.894
item86	167.2096	263.465	.207	.894
item87	167.1310	254.316	.447	.891
item88	167.9214	260.862	.181	.894

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
169.2183	264.917	16.27627	88

Appendix B

Demografik Information

Please circle your answer for each question or write your answer in the provided place.

Gender	() Female	() Male		
Your Age:	Üniversity Name: Level:			
Mother's Education Level	() Illiterate	() Primary School	() Middle School	
	() High School () University	() Master	() Doctorate	
Father's Education Level	() Illiterate	() Primary School	() Middle School	
	() High School () University	() Master	() Doctorate	
Social-Economic Status	() Low	() Middle	() High	
Population size of a place you grow up	() Village	() Town	() City	

Appendix C

Demografik Bilgiler (Turkish Translation of the Demografic Information)

Lutfen asagidaki sorulara uygun secenekleri isaretleyin veya bosluklari uygun bir sekilde doldurun.

Cinsiyetiniz	() Kadın	() Erkek	
Yaşınız:	Üniversite adi:	Sınıf:	
Annenizin Eğitim Durumu	() Okur-Yazar Değil	() İlkokul	() Ortaokul
	() Lise () Universite	() Y. Lisans	() Doktora
Babanızın Eğitim Durumu	() Okur-Yazar Değil	() İlkokul	() Ortaokul
	() Lise () Universite	() Y. Lisans	() Doktora
Sosyo-Ekonomik Düzeyiniz	() Alt	() Orta	() Yüksek
En uzun süre yaşadığınız yerleşim birimini	() Köy	() İlce	() İl

Appendix D

Sources of Ethics Information

	Sources of Ethics Information
()	Psychological Counseling and Guidance Program
()	Turkish P.Counseling and Guidance Association Codes of Ethics
()	Jobs
()	Faculty in your university
()	Conferances or Panels
()	Internship
()	Laws
()	Text books and Professional Journals
()	Media (TV, Radio, Social Media)
()	Others

Please chose one or more sources which you learned your counseling ethical knowledge.

Appendix E

Psikolojik Danışmada Etik Degerleri Ogrendiginiz Kaynaklar (Turkish Translation of the Sources of Ethics Information)

Lutfen piskolojik danismada etik degerleri ogrendiginiz kaynaklari, asagidakiler arasindan bir veya daha fazlasini isaretleyek seciniz.

	Psikolojik Danışmada Etik Degerleri Ogrendiginiz Kaynaklar
()	Okuduğunuz Üniversite Programı
()	Türk PDR Derneği Etik Kurallar Kitapçığı
()	Çalıştığınız Kurumlar
()	Üniversite Öğretim Görevlileri
()	Konferanslar veya Paneller
()	Yaptığınız Staj
()	Yasalar ve Kanunlar
()	Kitap ve diğer profesyonel yayınlar
()	Medya (TV, Radyo, Sosyal Medya)
	Diğer

Appendix F Counselors Ethical Belief and Practice Information (CEBP)

This Survey is developed by Pope, K.S. (1987) and updated by Gibson and Pope in 1993. Ümüt Arslan translated this survey with Pope's permission to examine ethical beliefs and practice judgments in Turkey. The results only will be used for education purposes. Participants of this survey should be voluntary and anonymous. Participants have rights to not answer any questions, which don't want, and leave anytime they would like to. Please answer the following items based on your counseling ethical information. If you think the item is ethical, please mark "Ethical". If you think the item is unethical, please mark "Unethical". If you don't know the item whether ethical or not, please mark "I don't know". Thanks for you participation.

	ITEMS	ETHICAL	NOT ETHICAL	I DON'T KNOW
1	Becoming a social friends with a former client			
2	Charging no fee for counseling			
3	Providing counseling to one of your friends			
4	Advertising in newspapers or similar media			
5	Not disclosing to a client the purpose of testing			
6	Filling an ethics complaint against a colleague			
7	Telling a client you are angry at him or her			
8	Using computerized test interpretation service			
9	Hugging a client			
10	Terminating counseling if the client cannot pay			
11	Accepting services from a client in lieu of fee			
12	Seeing a minor client without a parental consent			
13	Having clients take tests at home (e.g., MMPI)			
14	Altering diagnosis to meet insurance criteria			
15	Telling client, "I am sexually attracted to you"			
16	Refusing to let clients read their chart notes			
17	Using a collection agency to collect late fees			
18	Breaking confidentiality if client is homicidal			
19	Performing work for a contingency fee			
20	Using self-disclosure as counseling technique			
21	Inviting clients to an office open house			

	ITEMS	ETHICAL	NOT ETHICAL	I DON'T KNOW
22	Accepting a client's gift worth at least \$50			
23	Working when too distressed to be effective			
24	Accepting only male or female clients			
25	Not allowing client access to testing report			
26	Raising fee during the course of counseling			
27	Breaking confidentiality if client is suicidal			
28	Not allowing clients access to raw test data			
29	Allowing clients to run up a large unpaid bill			
30	Accepting goods (rather than money) as payment			
31	Using a sexual surrogates with clients			
32	Breaking confidentiality to report child abuse			
33	Inviting clients to a party or social event			
34	Addressing client by his or her first name			
35	Tape recording without client consent			
36	Earning a fee that is a percentage of client's salary			
37	Asking favors (e.g., a ride home) from clients			
38	Charging all clients the same fee			
39	Accepting client's decision to commit suicide			
40	Not prescreening group members			
41	Telling clients that their values are incorrect			
42	Telling clients of your disappointment of them			
43	Discussing clients without names with friends			
44	Providing counseling to student or supervisee			
45	Giving gifts to those who refer clients to you			
46	Using a lawsuit to collect fees from client			
47	Become sexually involved with a former client			
48	Avoiding certain clients for fear of being sued			

	ITEMS	ETHICAL	NOT ETHICAL	I DON'T KNOW
49	Seeing a colleague's client without consulting her			
50	Lending money to a client			
51	Providing counseling to one of your employees			
52	Having a client address you by your first name			
53	Sending holiday greeting cards to your clients			
54	Kissing a client			
55	Engaging in erotic activity with a client			
56	Giving a gift worth at least \$50 to a client			
57	Accepting a client's invitation to a party			
58	Engaging in sex with a clinical supervisee			
59	Going to a client's special event (e.g. wedding)			
60	Getting paid to refer clients to someone			
61	Going into business with a client			
62	Engaging in sexual contact with a client			
63	Utilizing involuntary hospitalization			
64	Selling goods to clients			
65	Giving personal advice on radio, TV, etc.			
66	Advertising accurately your counseling techniques			
67	Unintentionally disclosing confidential data			
68	Allowing a client to disrobe			
69	Borrowing from a client			
70	Discussing a client by name with friends			
71	Providing services outside areas of competence			
72	Signing for hours a supervisee has not earned			
73	Treating homosexuality per se as pathological			
74	Doing counseling while under the influence of alcohol			
75	Engaging in sexual fantasy about a client			

	ITEMS	ETHICAL	NOT ETHICAL	I DON'T KNOW
76	Accepting a gift worth less than \$5 from a client			
77	Offering or accepting a handshake from client			
78	Disrobing in the presence of a client			
79	Charging for missed appointments			
80	Going into business with a former client			
81	Directly soliciting a person to be a client			
82	Being sexually attracted to a client			
83	Helping a client file a complaint regarding a colleague			
84	Not disclosing your fee structure to a client			
85	Not telling a client of the limits of confidentiality			
86	Disclosing a name of a client to a class you are teaching			
87	Using an agency affiliation to recruit private clients			
88	Joining a partnership that makes clear your specialty			

Appendix G

Psikolojik Danışmanların Etik Değerleri ve Uygulamaları Anketi (Turkish Translation of CEBP)

Bu Anket Pope K.S. (1987) tarafından psikolojik danışmanların ve psikologların profesyonel hayatlarındaki davranışlarını danışma etiği açısından incelemek için tasarlanmıştır. 2014 yılında Ümüt Arslan tarafından, Pope'dan izin alınarak, Türkiye'de uygulamak için Türkçeye çevrilmiştir. Çalışmadan elde edilecek sonuçlar sadece bilimsel amaçlı olarak kullanılacaktır. Ankete katılım tamamen gönüllülük esasına dayanmaktadır. Çalışmada sizi rahatsız eden herhangi bir soruyla karşılaşırsanız ya da ankete devam etmek istemezseniz anketi yarıda bırakabilirsiniz.

Aşağıda yazılı olan durumların etik olduğunu düşünüyorsanız "**Etik**", etik olmadığını düşünüyorsanız "**Etik Değil**", bu konuda bilginizin olmadığını veya yeterli olmadığını düşünüyorsanız "**Bilmiyorum**" şıkkını işaretleyiniz. Katılımınız için teşekkür ederiz.

	MADDELER	ETIK	ETIK DEGIL	BILMI- YORUM
1	Eski danışanla arkadaş olmak			
2	Danışandan danışmanlık ücreti almamak			
3	Arkadaşına danışma servisi sunmak			
4	Medyada veya sosyal medyada reklam yayınlamak			
5	Danışana uygulanan testin amacını danışanın kendisiyle paylaşmamak			
6	Etik davranmayan meslektaşını şikayet etmek			
7	Danışana karşı sinirli olduğu onunla paylaşmak			
8	Test sonuçlarını yorumlamak için bilgisayar programı kullanmak			
9	Danışana sarılmak			
10	Danışanın ödeme yapamadığı durumlarda danışmaya son vermek			
11	Danışma karşılığında ödeme yerine başka bir servis kabul etmek			
12	Ebeveyn izni olmadan 18 yaşından küçük birine danışma yapmak			
13	Danışana psikolojik testleri evde yapması izin vermek (zeka testi gibi)			
14	Başka amaçlar için psikolojik teşhis de değişiklik yapmak			
15	Danışana "sizden cinsel olarak etkilendim" demek			
16	Danışma esnasında danışan hakkında yazılan taslak notları danışanın okumasına izin vermemek			
17	Gecikmiş ödemeleri almak için icra yollarına başvurmak			
18	Gizlilik kuralını danışanın başkasını öldürme tehlikesi varsa bozmak			

	MADDELER	ETIK	ETIK DEGIL	BILMI- YORUM
19	Olası bir ücret ödememe durumunda adli yollara başvurmak			
20	"Kendini açma'yı bir danışma tekniği olarak kullanma			
21	Danışma ofisini tanıtmak/göstermek için danışanları ofise çağırmak			
22	Danışandan değeri 100 liradan fazla olan bir hediye kabul etmek			
23	Etkili danışma yapamayacak kadar stresliyken danışma yapmak			
24	Cinsiyetine göre (sadece erkek veya kadın) danışan kabul etmek			
25	Danışanın test sonuçlarına ve değerlendirmelerine erişmesine izin vermemek			
26	Danışma esnasında ücretlendirmeyi arttırmak			
27	Gizlilik kuralını danışanın kendisini öldürme tehlikesi varsa bozmak			
28	Danışanın test sonuçlarının içeriğine ulaşmasına izin vermemek			
29	Danışma ücretinin birçoğu yatırılmamasına rağmen danışmaya devam etmek			
30	Danışma ücreti için ödeme yerine ürün kabul etmek			
31	Danismada cinsellik ogretici uzmani tutmak			
32	Çocuk istismarında gizlilik kuralını bozmak			
33	Danışanları partiye veya sosyal bir davete çağırmak			
34	Danışana ilk ismiyle hitap etmek			
35	Danışanın izni olmadan video kaydı yapmak			
36	Danışanın maaşından yüzdelik olarak danışma ücreti almak			
37	Danışanından ricada bulunmak (arabasıyla eve bırakmak gibi)			
38	Bütün danışanlara ayni ücretlendirmede bulunmak			
39	Danışanın intihar kararını vermesini kabullenmek			
40	Grup danışmasında ön izleme yapmadan danışan kabul etmek			
41	Danışana inandığı değerlerinin yanlış olduğunu söylemek			
42	Danışanla karşı duyulan hayal kırıklığını onunla paylaşmak			
43	Danışanın hakkında isim vermeden arkadaşlarla tartışmak			
44	Öğrencilerine veya supervizyon yaptığı kişilere danışma servisi teklifinde bulunmak			

	MADDELER	ETIK	ETIK DEGIL	BILMI- YORUM
45	Danışan yönlendirenlere hediye vermek			
46	Birikmiş ücretler için mahkemeye başvurmak			
47	Eski danışanla cinsel ilişkide bulunmak			
48	Sabit danışanını dava açılmasından korkulması nedeniyle danışmaya devamını reddetme			
49	Meslektaşınla istişare etmeden onun danışanına danışma yapmaya başlamak			
50	Danışana borç para vermek			
51	Çalışanlarından birine danışma servisi sunmak			
52	Danışmana ismiyle hitap edilmesine izin vermek			
53	Özel günlerde danışana kart yollamak			
54	Danışanı öpmek			
55	Danışanla erotik bir aktiviteye katılmak			
56	Danışana değeri 100 liradan fazla bir hediye vermek			
57	Danışanın parti davetini kabul etmek			
58	Supervizyon yaptığı kişiyle cinsel ilişkisi yaşama			
59	Danışanının özel bir davetine katılmak (evlilik, mezuniyet gibi)			
60	Başka danışmanlara yönlendirme karşılığında para almak			
61	Danışanıyla birlikte ortak iş kurmak			
62	Danışanıyla cinsel ilişkisi yaşamak			
63	Hastaneye yatırmayı seçeneğini danışan gönülsüz olsa bile kullanmak			
64	Danışanına mal satmak			
65	Televizyon veya radyo gibi medyada kişisel tavsiyelerde bulunmak			
66	Kullanılan danışma teknikleri hakkında dürüst ve gerçekçi reklam yapmak			
67	Farkında olmadan danışmanın gizli bilgilerini ifşa etmek			
68	Danışanın soyunmasına izin vermek			
69	Danışandan borç para almak			
70	Danışan hakkında isim vererek arkadaşlarla tartışmak			
71	Yeterli olunan alanlar dışında danışma servis sunmak			
72	Stajlarında hak etmedikleri halde PDR öğrencilerinin klinik saatlerini onaylamak			
73	Homoseksüelliği patoloji olarak ele almak			
74	Alkol etkisindeyken danışma yapmak			
75	Danışanın içinde olduğu bir fantezi hayal etmek			

	MADDELER	ETIK	ETIK DEGIL	BILMI- YORUM
76	Danışanından değeri 10 liradan az hediye kabul etmek			
77	Danışanla el sıkışmak veya danışanın el sıkışma isteğini kabul etmek			
78	Danışanın önünde soyunmak			
79	Gelinmeyen danışmaları da fatura etmek			
80	Eski danışanla birlikte ortak iş kurmak			
81	Birine direk olarak danışanın olması teklifinde bulunmak			
82	Danışandan cinsel olarak etkilenmek			
83	Danışmanını şikayet eden bir danışana yardım etmek			
84	Danışana ücretlendirme sistemini açıklamamak			
85	Danışanına gizlilik kuralının sınırlarını belirtmemek			
86	Öğrettiğiniz bir derste bir danışanın ismini ifşa etmek			
87	Daha çok danışan için bir ajansla anlaşmak			
88	Birden fazla danışmanla bir araya gelip, uzmanlık alanını ayrıntılı bir şekilde belirterek çalışmak			

Appendix H

The Source List of Codes of Ethics

American Counseling Association (2014) – 2014 ACA Codes of Ethics:

http://www.counseling.org/resources/aca-code-of-ethics.pdf

American Mental Health Counselors Association (2010) – AMHCA code of ethics:

https://www.amhca.org/assets/news/AMHCA Code of Ethics 2010 w pagination cxd 51110.pdf

American School Counselor Association (2010) – ASCA Ethical Standards for school counselors:

http://www.schoolcounselor.org/asca/media/asca/Resource%20Center/Legal%20and%20 Ethical%20Issues/Sample%20Documents/EthicalStandards2010.pdf

Commission on Rehabilitation Counselor Certification (2009) – CRCC Code of Professional Ethics for Rehabilitation Counselors:

http://www.crccertification.com/filebin/pdf/CRCCodeOfEthics.pdf

National Board for Certified Counselors (2012) – NBCC Codes of Ethics:

http://www.nbcc.org/assets/ethics/nbcc-codeofethics.pdf

Appendix I

UNIVERSITY A PSYCHOLOGICAL COUNSELING ANG GUIDANCE UNDERGRADUATE PROGRAM COURSES

http://www.deu.edu.tr/DEUWeb/English/Icerik/Icerik.php?KOD=7094

Semester I		
EBB 103	Introduction to Science of Education	404
PDR103	Introduction to Psychology	303
PDR 105	Introduction to Sociology	303
EBB 105	History of Education	303
PDR 109	Introduction to Philosophy	303
Aİ 101	Principles of Atatürk and History of Revolution	202
YD 101	Foreign Language I	404
BD/GS 101	Sports/Fine Arts I	101
TD 101	Turkish Language I	202
Semester II		
PDR 102	Educational Sociology	303
PDR 104	Educational Philosophy	303
PDR 106	Educational Psychology	303
EBB 102	Turkish Education System	303
Aİ 102	Principles of Atatürk and History of Revolution II	202
YD 102	Foreign Language II	404
BD/GS 102	Sports/Fine Arts II	101
TD 101	Turkish Language II	202
Semester III		
PDR201	Developmental Psychology (children)	303
EBB 203	Statistics for Education I	303

PDR 205	Introduction to Special Education	303
PDR 207	Social Psychology	303
EPÖ 201	General Teaching Methods	303
PDR 211	Public Education	303
PDR 213	Human Relations	303
PDR 215	Law for Children	202
Semester IV		
PDR 202	Developmental Psychology (Adolescence)	202
EPÖ 212	Educational Technology	303
EBB 204	Research Methods in Educational Science	303
EBB 206	Statistics for Education II	303
EPÖ 202	Curriculums of Education	303
PDR212	Physiology	202
PDR 218	Adult Psychology	202
İFN 222	Sexual Health Training (Elective)	202
Semester V		
PDR 301	Personality Psychology	303
PDR 303	Guidance in Education	404
PDR305	School Experience I	202
EBB 303	Measurement and Evaluation	404
PDR 309	Behavior Disorders	404
BTÖ 301	Computer I	223
PDR 313	Special Teaching Methods I	220
Semester VI		
PDR 302	Defective of Hearing and Lingual	303
PDR 304	Vocational Guidance	404

İOO 310	Preschool Education	202
PDR 316	Counseling Theories	303
PDR 310	Improving Tests	404
BTÖ 314	Computer II	223
PDR 318	Special Teaching Methods II	202
PDR 320	School Experience II	202
Semester VII		
PDR 401	Clinical Psychology	404
PDR 403	Group Guidance	404
PDR 405	Principles and Techniques of Psychological Counseling	202
PDR 407	Guidance and Counseling in High School I	202
PDR 409	Psychological Tests	202
EYD 401	Educational Administration	
PDR 413	Education of the Inharmonious Children	202
PDR 419	Learning Psychology	202
Semester VIII		
PDR 402	Education of The Mentally Defective Children's And Gifted Children's.	303
PDR 404	Practice of Clinical Psychology	121
PDR 406	Social Chancing	303
PDR 418	Guidance and Counseling in High School II	224
PDR 422	History of Psychology	303
PDR 412	Practice of Individual Counseling	123
PDR 424	The Education of Juvenile Delinquents	303
EPÖ 402	Comparative Education	303
PDR 418	Teaching Practice Seminars	202

Appendix J

UNIVERSITY B PSYCHOLOGICAL COUNSELING ANG GUIDANCE UNDERGRADUATE PROGRAM COURSES

http://www.pdr.hacettepe.edu.tr/lp.html

HI GUIDANCE AND PSYCHOLOGICAL COUNSELING PROGRAM LICENSE

FALL					SPRING					
COURSE CODE AND TITLE	Т	P	K	ECT S						
1ST SEMESTE	R				2ND SEMEST	rer	Ł			
REQUIRED COURS	ES	LIS	T		REQUIRED COUR	SES	S L	IST		
ANT203 SOCIAL / CULTURAL ANTHROPOLOGY	3	0	3	4	PDR114 PHYSIOLOGICAL PSYCHOLOGY	3	0	3	5	
PDR101 BASIC PSYCHOLOGY	3	0	3	3	PDR106 SOCIAL PROBLEMS	2	0	2	4	
AİT203 ATA. THE FIRST. AND DENIAL. TR. II	2	0	2	2	PDR100 LITERATURE AND REPORT WRITING	1	2	2	3	
TKD103 TURKISH LANGUAGE I	2	0	2	2	PDR122 DEVELOPMENTAL PSYCHOLOGY	3	0	3	4	
İNG127 BASIC ENGLISH I	2	2	3	3	TKD104 TURKISH LANGUAGE II	2	0	2	2	
BEB650 BASIC INFORMATION AND COMMUNICATION TECHNIQUES. USE	0	2	1	2	İNG128 BASIC ENGLISH II	2	2	3	3	
SOS104 INTRODUCTION TO SOCIOLOGY I	3	0	3	5	EKO120 GENERAL ECONOMICS	2	0	2	4	
EBB147 INTRODUCTION TO EDUCATIONAL SCIENCE	3	0	3	4	AİT204 ATA. THE FIRST.AND DENIAL. T II	2	0	2	2	
TOTAL REQUIRED COURSES				25	TOTAL REQUIRED COURSES				27	

LIST OF COURSES	Ī				LIST OF COURSES				
FEL110 INTRODUCTION TO PHILOSOPHY	3	0	3	5	PDR112 COMPUTER II	2	2	3	3
PDR111 COMPUTER I	2	2	3	5	EBB292 CLASSROOM MANAGEMENT	2	0	2	3
TOTAL COURSES				5	TOTAL COURSES				3
SEMESTER TOTAL				30	SEMESTER TOTAL				30
3. SEMESTER	R				4. SEMESTI	ER			
REQUIRED COURS	ES]	LIS	Т		REQUIRED COUR	SES	S L	IST	
PDR201 GUIDANCE AND PSI. DAN .	3	0	3	4	PDR246 SOCIAL PSI.	3	0	3	5
PDR211 HUMAN RELATIONS. AND COMMUNICATION	2	2	3	5	PDR227 OBSERVATION IN SCHOOLS	2	2	3	6
EBB278 ASSESSMENT	3	0	3	4	EBB206 STATISTICS II	3	0	3	5
PDR224 PSYCHOLOGY OF LEARNING	3	0	3	3	ÇGL282 SPECIAL EDUCATION	3	0	3	4
EBB205 STATISTICS	3	0	3	4					
TOTAL REQUIRED COURSES				20	TOTAL REQUIRED COURSES				20
LIST OF COURSES					LIST OF COURSES				
PDR223 DEVELOPMENTAL PSYCHOLOGY II	3	0	3	5	PDR234 NON-TEST TECHNIQUES ARE	2	2	3	5
PRIMARY PDR207 REH.	3	0	3	5	EBB268 PRINCIPLES AND TECHNIQUES	3	0	3	4
PSYCHOLOGICAL PDR391DAN . CONSULTAT ION	3	0	3	5	PDR317 LIFE AND VOTING PERIOD I PROBE.	3	0	3	5
					COMPUTER PDR378 DEST. PSYCHE. DAN . AND REHABILITATION.	2	2	3	5

TOTAL COURSES				10	TOTAL COURSES				10
SEMESTER TOTAL				30	SEMESTER TOTAL				30
5. SEMESTER	₹				6. SEMEST	ER			
REQUIRED COURSES LIST					REQUIRED COURSES LIST				
PDR353 PSI. DAN .PRINCIPLE. AND TECHNIQUES.	3	0	3	5	PDR362 BEHAVIOR DISORDERS IN	3	0	3	5
PROFESSIONAL PDR347 REH. AND DAN .	3	0	3	5	PDR356 CONSULT GROUP COUNSELING.	3	0	3	5
PDR325 THEORIES OF PERSONALITY	3	0	3	5	PSYCHOLOGICAL PDR352DAN . Theories	3	0	3	4
PDR303 PSYCHOLOGICAL TESTS	2	3	3	6	PROFESSIONAL PDR348 REH. AND DAN . PRAC.	1	4	3	5
					PDR449 COMMUNITY SERVICE APPLICATIONS	1	2	2	4
TOTAL REQUIRED COURSES				21	TOTAL REQUIRED COURSES				23
LIST OF COURSES					LIST OF COURSES				
PDR492 TRAUMA EXPERIENCES AND IN THE PDR.	3	0	3	4	PDR302 INCOMPATIBLE CHILDREN'S EDUCATION.	3	0	3	3
PDR301 MENTAL DISABILITIES.COC. EDUC ATION.	3	0	3	4	PDR350 GUIDANCE PROGRAM DEVELOPMENT	3	0	3	4
PDR315 FAMILY RELATIONS. AND EDUCATION	3	0	3	5	PDR392 CHILD ABUSE AND NEGLECT	3	0	3	4
TOTAL COURSES				9	TOTAL COURSES				7
SEMESTER TOTAL				30	SEMESTER TOTAL				30
7. Semester				8.Semester					

REQUIRED COURS	ES]	LIS	T		REQUIRED COURSES LIST					
PDR411 PSYCHOLOGICAL ASSESSMENT TOOL FOR DEVELOPMENT	2	2	3	6	PDR440 PROFESSIONAL ETHICS AND LEGAL ISSUES	2	2 0 2		4	
PDR407 RESEARCH DIRECTION.	3	0	3	5	PDR436 REH.PSI.DANSEMINAR	2	2	3	4	
PDR438 REH. AND PSI.CONSULT.AREA.PLAY.	1	4	3	6	PDR442 AGENCY EXPERIENCE	1	4	3	6	
					INDIVIDUAL PDR403 PSI.DAN.APPLICATION	1	4	3	7	
					PDR460 MARRIAGE AND FAMILY FROM .	3	0	3	5	
TOTAL REQUIRED COURSES				17	TOTAL REQUIRED COURSES				26	
LIST OF COURSES					LIST OF COURSES					
PDR405 LEARNING DIFFICULTIES	3	0	3	5	PSYCHOLOGICAL PDR458DAN . AND REHABILITATION.UPD ATED KON.	3	0	3	4	
PDR473 ADDICTION AND COUNSELING	3	0	3	5	PDR408 REH. AND PSI.DAN . AGE.	3	0	3	4	
PDR491 CRISIS AND CRISIS INTERVENTION	3	0	3	4						
PDR474 PCG. SUPER VISION	3	0	3	4						
TOTAL COURSES				13	TOTAL COURSES				4	
SEMESTER TOTAL				30	SEMESTER TOTAL				30	
GRAND TOTAL									240	
REQUIR	ED	CO	UR	SES LO	DAN AMOUNT				179	
					AMOUNT				61	
					NTAGE OF LOANS ERCENTAGE				74.6 25.4	
ELECT	1 4 T	, CI	XIVI.	11011	EKCEMIAGE				43. ₩	

Appendix K

Table 10 Differences between Female and Male

Differences bety	ween Fe	male an	d Male					
	χ^2	1.4	Tr	χ^2	1.32	Item 33	χ^2	6.18
Item 1	df	2	Item	df	2		df	2
	p	0.5	17	p	0.52		p	0.05
	χ^2	2.57		χ^2	1.54*	Item 34	χ^2	1.62
Item 2	df	2	Item	df	2	1011131	df	2
10111 2	p	0.28	18	p	0.46		p	0.44
	χ^2	4.44		χ^2	6.04	Item 35	χ^2	1.12*
Item 3	λ df	2	Item	λ df	2	HeIII 33	λ df	2
Item 5			19					
	p	0.11		p	0.06		p	0.57
₹. 4	χ^2	3.97	Item	χ^2	2.75*	T. 0.5	χ^2	1.35*
Item 4	df	2	20	df	2	Item 36	df	2
	p	0.14		p	0.25		p	0.51
	χ^2	5.14*	Item	χ^2	6.18		χ^2	4.3
Item 5	df	2	21	df	2	Item 37	df	2
	p	0.08	21	p	0.05		p	0.12
	χ^2	1.62*	Tr	χ^2	1.34		χ^2	7.49
Item 6	df	2	Item	df	2	Item 38	df	2
	p	0.44	22	p	0.51		p	0.02
	χ^2	3.36	_	χ^2	4.34*		χ^2	1.43*
Item 7	df	2	Item	df	2	Item 39	df	2
Tem 7	p	0.19	23	p	0.11	ricin 37	p	0.49
	χ^2	0.13		χ^2	3.30*		χ^2	3.80*
Itam 0	χ df	2	Item	χ df		Itam 40	χ df	2
Item 8			24		2	Item 40		
	p	0.94		p	0.19		p	0.15
-	χ^2	2.33	Item	χ^2	0.53		χ^2	3.83*
Item 9	df	2	25	df	2	Item 41	df	2
	p	0.31		p	0.77		p	0.15
	χ^2	0.13	Item	χ^2	0.75*		χ^2	4
Item 10	df	2	26	df	2	Item 42	df	2
	p	0.94	20	p	0.69		p	0.14
	χ^2	0.90*	T4	χ^2	1.93*		χ^2	5.15
Item 11	df	2	Item	df	2	Item 43	df	2
	p	0.64	27	p	0.38		p	0.08
	χ^2	0.12	_	χ^2	0.15		χ^2	2.92
Item 12	df	2	Item	df	2	Item 44	df	2
110111 12	p	0.94	28	p	0.93	Tterm 11	p	0.23
	χ^2			χ^2	13.89		χ^2	12.70*
Item 13	λ df	8 2	Item	λ df		Item 45	λ df	2
HeIII 13			29			HeIII 43		
	p	0.02		p	0		p	0
	χ^2	8.97*	Item	χ^2	5.68		χ^2	5.86
Item 14	df	2	30	df	2	Item 46	df	2
	p	0.01		p	0.06		p	0.05
	χ^2	2.21*	Item	χ^2	1.42*		χ^2	9.10*
Item 15	df	2	31	df	2	Item 47	df	2
	p	0.33	31	p	0.49		p	0.01
	χ^2	0.8	Termi	χ^2	0.72		χ^2	3.09
Item 16	df	2	Item	df	2	Item 48	df	2
	p	0.67	32	p	0.7		p	0.21
*Nata The Chi C	r 'anama	,	tion more le	г . :		4 - 1 £	r 	a than 5

^{*}Note: The Chi-Square approximation may be inaccurate - expected frequency less than 5 χ^2 : Chi Square, df; Degrees of Freedom, p:p value

Differences bet		emale an	d Male					
Item 49	χ^2	1.21*		χ^2	3.49		χ^2	0.64
Tterm 19	df	2	Item	df	2	Item 81	df	2
	p	0.55	65	p	0.17	item or	p	0.73
Item 50	χ^2	3.52		χ^2	0.17		χ^2	4.49
Item 30	λ df	2	Item	λ df	2	Item 82	λ df	2
			66		0.96	110111 62		
T4 51	p	0.17		p			p	0.11
Item 51	χ^2	3.91	Item	χ^2	0.60*	I4 02	χ^2	0.3
	df	2	67	df	2	Item 83	df	2
T. 50	p	0.14		p	0.74		p	0.86
Item 52	χ^2	2.61	Item	χ^2	4.22*	T: 0.4	χ^2	0.06*
	df	2	68	df	2	Item 84	df	2
	p	0.27		p	0.12		p	0.97
Item 53	χ^2	9.91	Item	χ^2	1.68*		χ^2	0.06*
	df	2	69	df	2	Item 85	df	2
	p	0.01	0)	p	0.43		p	0.97
Item 54	χ^2	2.45	Item	χ^2	5.96*		χ^2	3.92*
	df	2	70	df	2	Item 86	df	2
	p	0.29	70	p	0.05		p	0.14
Item 55	χ^2	4.53*	т.	χ^2	0.45		χ^2	1.65
	df	2	Item	df	2	Item 87	df	2
	p	0.1	71	p	0.8		p	0.44
Item 56	χ^2	0.85*	_	χ^2	5.95*		χ^2	0.56*
	df	2	Item	df	2	Item 88	df	2
	p	0.65	72	p	0.05	100111 00	p	0.76
Item 57	χ^2	9.75		χ^2	9.57*		Р	0.70
item 37	df	2	Item	df	2			
	p	0.01	73	p	0.01			
Item 58	χ^2	3.35*		χ^2	3.54*			
Helli 36	χ df		Item	χ df				
		2	74		2			
I 50	p	0.19		p ₂	0.17			
Item 59	χ^2	5.06	Item	χ^2	3.17*			
	df	2	75	df	2			
T	p	0.08		p	0.2			
Item 60	χ^2	3.66*	Item	χ^2	0.84			
	df	2	76	df	2			
	p	0.16	, 0	p	0.66			
Item 61	χ^2	3.07	Item	χ^2	1.17*			
	df	2	77	df	2			
	p	0.22	, ,	p	0.56			
Item 62	χ^2	5.30*	Item	χ^2	0.29*			
	df	2	78	df	2			
	p	0.07	78	p	0.87			
	χ^2	0.94	T4	χ^2	3.37*			
Item 63	df	2	Item	df	2			
	p	0.63	79	p	0.19			
	χ^2	3.87*	Τ.	χ^2	6.65			
Item 64	df	2	Item	df	2			
	p	0.14	80	p	0.04			
*Nata The Chi	r Canana a		tion more	г 1 :		sacted from	1.	saa than

^{*}Note: The Chi-Square approximation may be inaccurate - expected frequency less than 5 χ^2 : Chi Square, df; Degrees of Freedom, p:p value

Table 11 The differences based on demographic questions

The differences based on demographic questions																
	MEL	FEL	SEC	CITY			MEL	FEL	SEC	CITY			MEL	FEL	SEC	CITY
χ^2	6.11*	8.70*	0.79*	9.33	Itam	χ^2	10.71*	16.22*	2.35*	0.75*	Item	χ^2	10.73*	9.24*	5.23*	6.09
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	0.91	0.73	0.94	0.05	11	p	0.55	0.18	0.67	0.94	21	p	0.55	0.68	0.26	0.19
χ^2	11.65*	11.33*	2.45*	1.01	T4	χ^2	10.66*	9.60*	7.52*	4.55	T4	χ^2	5.07*	19.77*	2.02*	0.47
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	0.47	0.5	0.65	0.91	12	p	0.56	0.65	0.11	0.34	22	р	0.96	0.07	0.73	0.98
χ^2	4.64*	3.11*	2.20*	3.9	T4	χ^2	5.42*	13.41*	2.02*	1.72	T4	χ^2	7.80*	5.99*	15.41*	1.34*
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	0.97	0.99	0.7	0.42	13	p	0.94	0.34	0.73	0.79	23	р	0.8	0.92	0	0.86
	2.75*	8.31*	2.22*	3.08	T4	χ^2	6.09*	16.23*	2.37*	1.86*	Item		3.93*	23.00*	8.67*	4.37*
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	1	0.76	0.69	0.54	14	p	0.91	0.18	0.67	0.76	24	p	0.98	0.03	0.07	0.36
_	6.62*	4.22*	3.27*	2.48*	T4	χ^2	9.19*	13.78*	1.41*	6.20*	Item		9.76*	5.46*	5.84*	4.25
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	0.88	0.98	0.51	0.65	15	p	0.69	0.31	0.84	0.18	25	p	0.64	0.94	0.21	0.37
χ^2	5.81*	14.61*	2.67*	7.13*	Itam	χ^2	7.03*	7.32*	9.33*	0.41	Item 26	χ^2	5.00*	1.75*	6.49*	0.46*
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	0.93	0.26	0.62	0.13	10	p	0.86	0.84	0.05	0.98		p	0.96	1	0.17	0.98
χ^2	8.32*	3.52*	5.41*	1.05	Itam	χ^2	8.08*	12.41*	6.81*	2.11	Itam	χ^2	15.25*	15.36*	17.03*	7.80*
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	0.76	0.99	0.25	0.9	1 /	p	0.78	0.41	0.15	0.71	21	p	0.23	0.22	0	0.1
χ^2	11.97*	17.46*	1.12*	7.65*	Itam	χ^2	6.33*	11.09*	20.28*	7.73*	Itam	χ^2	3.50*	4.13*	2.43*	0.93
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	0.45	0.13	0.89	0.11	10	p	0.9	0.52	0	0.1	20	p	0.99	0.98	0.66	0.92
χ^2	8.82*	8.13*	1.45*	0.99	Itam	χ^2	6.79*	5.92*	3.46*	3.47	Itom	χ^2	8.06*	11.03*	0.85*	3.74
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	0.72	0.77	0.84	0.91	19	p	0.87	0.92	0.48	0.48	29	p	0.78	0.53	0.93	0.44
χ^2	8.89*	12.21*	0.90*	4.15	Itom	χ^2	11.57*	13.51*	4.11*	12.58*	Itom	χ^2	11.96*	9.43*	2.34*	4.56*
df	12	12	4	4		df	12	12	4	4		df	12	12	4	4
p	0.71	0.43	0.92	0.39	20	p	0.48	0.33	0.39	0.01	30	p	0.45	0.67	0.67	0.34
	χ^2 df p χ^2 df p χ^2 df p χ^2 df p χ^2 df p χ^2 df p χ^2 df p χ^2 df p χ^2 df p χ^2 df p χ^2 df p χ^2 df	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$

MEL: Mothers' education level, FEL: Fathers' education level, Sec: Socio-economic status, CITY: Size of a place you grow up
*Note: The Chi-Square approximation may be inaccurate - expected frequency less than 5, χ²: Chi Square, df; Degrees of Freedom, p: p value

(continued) Table 11

The dif	feren	ces based on c	demograpl	hic questi	ons												
Item	χ^2	1.90*	1.49*	1.22*	0.11*	Item	χ^2	5.40*	8.00*	3.37*	2.76*	Item	χ^2	6.32*	7.25*	2.34*	2.84
31	df	12	12	4	4	41	df	12	12	4	4	51	df	12	12	4	4
	p	1	1	0.87	1	41	p	0.94	0.79	0.5	0.6	31	p	0.9	0.84	0.67	0.59
Item 32	χ^2	3.66*	12.26*	6.13*	2.80*	Item	χ^2	13.43*	15.85*	5.58*	6.58	Item	χ^2	4.97*	9.95*	1.83*	1.37
	df	12	12	4	4	42	df	12	12	4	4	52	df	12	12	4	4
32	p	0.99	0.42	0.19	0.59	42	p	0.34	0.2	0.23	0.16	32	p	0.96	0.62	0.77	0.85
Item	χ^2	7.10*	4.99*	1.71*	1.46	Item	χ^2	7.37*	7.01*	3.01*	3.24	Item	χ^2	5.56*	14.45*	1.78*	4.4
33	df	12	12	4	4	43	df	12	12	4	4	53	df	12	12	4	4
33	p	0.85	0.96	0.79	0.83	73	p	0.83	0.86	0.56	0.52	33	p	0.94	0.27	0.78	0.35
Item	χ^2	4.60*	10.87*	3.26*	2.19	Item	χ^2	6.89*	7.64*	2.09*	1.94	Item	χ^2	4.94*	15.84*	5.19*	0.55*
34	df	12	12	4	4	44	df	12	12	4	4	54	df	12	12	4	4
34	p	0.97	0.54	0.51	0.7	77	p	0.87	0.81	0.72	0.75		p	0.96	0.2	0.27	0.97
	χ^2	4.43*	34.47*	3.44*	0.92*	Item	χ^2	9.78*	12.01*	11.12*	1.71*	Item 55	χ^2	11.21*	6.38*	1.69*	1.00*
	df	12	12	4	4	45	df	12	12	4	4		df	12	12	4	4
	p	0.97	0	0.49	0.92	15	p	0.63	0.45	0.03	0.79	33	p	0.51	0.9	0.79	0.91
Item	χ^2	6.83*	12.31*	12.68*	3.78*	Item	χ^2	7.47*	13.96*	1.86*	1.56	Item 56	χ^2	9.01*	24.81*	5.95*	3.64*
36	df	12	12	4	4	46	df	12	12	4	4		df	12	12	4	4
30	p	0.87	0.42	0.01	0.44	10	p	0.82	0.3	0.76	0.82		p	0.7	0.02	0.2	0.46
Item	χ^2	4.20*	10.40*	2.43*	2.2	Item	χ^2	18.01*	11.37*	3.19*	1.86*	Item	χ^2	13.67*	14.86*	2.58*	7.21
37	df	12	12	4	4	47	df	12	12	4	4	57	df	12	12	4	4
37	p	0.98	0.58	0.66	0.7	.,	p	0.12	0.5	0.53	0.76	57	p	0.32	0.25	0.63	0.13
Item	χ^2	6.25*	24.87*	5.05*	3.36	Item	χ^2	8.08*	10.56*	1.58*	3.18*	Item	χ^2	7.88*	3.77*	4.56*	2.62*
38	df	12	12	4	4	48	df	12	12	4	4	58	df	12	12	4	4
50	p	0.9	0.02	0.28	0.5	10	p	0.78	0.57	0.81	0.53	50	p	0.79	0.99	0.34	0.62
Item	χ^2	3.90*	8.96*	4.74*	1.83*	Item	χ^2	2.11*	1.85*	3.40*	5.55*	Item	χ^2	2.70*	8.24*	4.37*	3.36
39	df	12	12	4	4	49	df	12	12	4	4	59	df	12	12	4	4
	p	0.99	0.71	0.32	0.77	.,	p	1	1	0.49	0.24	0,	p	1	0.77	0.36	0.5
Item	χ^2	10.21*	3.43*	2.72*	2.24*	Item	χ^2	8.87*	6.41*	1.62*	3.69	Item	χ^2	12.88*	9.81*	3.31*	3.98*
40	df	12	12	4	4	50	df	12	12	4	4	60	df	12	12	4	4
- ∪	p	0.6	0.99	0.61	0.69		p	0.71	0.89	0.81	0.45	00	p	0.38	0.63	0.51	0.41

MEL: Mothers' education level, FEL: Fathers' education level, Sec: Socio-economic status, CITY: Size of a place you grow up
*Note: The Chi-Square approximation may be inaccurate - expected frequency less than 5, χ²: Chi Square, df; Degrees of Freedom, p: p value

Table 11 (continued)
The differences based on den

The dif	The differences based on demographic questions																
Item	$\frac{\chi^2}{df}$	4.81* 12	12.68* 12	2.77* 4	1.76 4	Item 71	$\frac{\chi^2}{df}$	12.74* 12	10.72* 12	4.31* 4	6.69 4	Item 81	$\frac{\chi^2}{df}$	2.16* 12	12.73* 12	2.77* 4	5.4 4
61	p	0.96	0.39	0.6	0.78	/ 1	p	0.39	0.55	0.37	0.15	81	p	1	0.39	0.6	0.25
Item 62	χ^2	6.43*	3.92*	9.84*	1.32*	Item	χ^2	10.43*	13.36*	8.56*	0.79*	Item	χ^2	9.64*	5.93*	7.59*	4.62
	df	12	12	4	4	72	df	12	12	4	4	82	df	12	12	4	4
	p	0.89	0.98	0.04	0.86	12	p	0.58	0.34	0.07	0.94	02	82 p	0.65	0.92	0.11	0.33
Item	χ^2	6.16*	15.70*	0.88*	8.49	Item	χ^2	7.88*	3.53*	2.16*	9.11*	Item	χ^2	7.77*	15.19*	4.77*	3.84
63	df	12	12	4	4	73	df	12	12	4	4	83	df	12	12	4	4
03	p	0.91	0.21	0.93	0.08	73	p	0.79	0.99	0.71	0.06	03	p	0.8	0.23	0.31	0.43
Item	χ^2	9.43*	12.61*	7.54*	1.97*	Item	χ^2	4.11*	8.76*	3.54*	1.47*	$ \begin{array}{cc} \text{Item} & \chi^2 \\ 84 & \text{df} \end{array} $		14.40*	11.80*	1.44*	3.28*
64	df	12	12	4	4	74	df	12	12	4	4		12	12	4	4	
	p	0.67	0.4	0.11	0.74		p	0.98	0.72	0.47	0.83		p	0.28	0.46	0.84	0.51
Item 65	χ^2	10.97*	16.25*	1.79*	0.34	Item 75 Item 76	χ^2	7.55*	14.59*	1.80*	3.79*		χ^2	6.88*	22.70*	3.17*	9.03*
	df	12	12 0.18	4	4 0.99		df	12	12	4	4	85	df	12	12	4	4
	p_{α^2}	0.53 2.91*	0.18 7.51*	0.77 0.90*	2.55		p_{α^2}	0.82 9.16*	0.26 12.84*	0.77 1.31*	0.43 2.12		p_{α^2}	0.87 4.22*	0.03 3.95*	0.53 6.50*	0.06 10.14*
Item	χ^2 df	12	12	4	2.33 4		χ² df	12	12.84	4	4	Item df 86 p	χ^2	12	12	4	4
66	р	12	0.82	0.92	0.63		p	0.69	0.38	0.86	0.71		0.98	0.98	0.17	0.04	
	χ^2	6.21*	9.56*	1.00*	5.64*		χ^2	3.26*	4.01*	2.62*	1.34*	$\begin{array}{cc} Item & \chi^2 \\ 87 & df \end{array}$		6.73*	11.79*	2.65*	3.69
Item	df	12	12	4	4	Item	df	12	12	4	4			12	12	4	4
67	p	0.91	0.65	0.91	0.23	77	p	0.99	0.98	0.62	0.85		p	0.87	0.46	0.62	0.45
.	χ^2	26.08*	14.45*	18.03*	8.13*	.	χ^2	6.41*	6.07*	0.80*	5.65*	Item χ^2		3.99*	3.07*	4.39*	2.47*
Item	df	12	12	4	4	Item	df	12	12	4	4		df	12	12	4	4
68	p	0.01	0.27	0	0.09	78	p	0.89	0.91	0.94	0.23	88	p	0.98	1	0.36	0.65
Itam	χ^2	5.19*	6.86*	1.55*	2.08*	Itam	χ^2	7.83*	17.59*	4.00*	8.29*		-				
Item 69	df	12	12	4	4	Item 79	df	12	12	4	4						
09	p	0.95	0.87	0.82	0.72	19	p	0.8	0.13	0.41	0.08						
Item	χ^2	4.38*	4.22*	2.03*	3.37*	Item	χ^2	10.94*	13.26*	9.36*	2.09						
70	df	12	12	4	4	80	df	12	12	4	4						
70	p	0.98	0.98	0.73	0.5		p	0.53	0.35	0.05	0.72						

MEL: Mothers' education level, FEL: Fathers' education level, Sec: Socio-economic status, CITY: Size of a place you grow up *Note: The Chi-Square approximation may be inaccurate - expected frequency less than 5, χ^2 : Chi Square, df; Degrees of Freedom, p: p value