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Beliefs and Behaviors among CAPS Members Regarding Ethical Issues

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Abstract

A survey was conducted of the ethical beliefs and behaviors of 498 Christian counselors, using the same 88-item instrument used in previous surveys of psychologists (Pope, Tabachnick, & Keith-Spiegel, 1987) and counselors (Gibson & Pope, 1993). Seventy-seven of the respondents were members of the Christian Association for Psychological Studies (CAPS). Generally, CAPS members appear to have high regard for and high compliance with prevailing professional ethical standards. Response patterns from the overall sample were simplified with factor analyses, resulting in two scales of ethical beliefs and four scales of ethical behaviors. Scale scores were used to compare CAPS members with non-members and licensed therapists with unlicensed in a 2 x 2 analysis of variance. Similarly, scale scores were compared, based on CAPS membership and membership in other professional organizations, in a second 2 x 2 analysis of variance. Although CAPS members did not differ significantly from other Christian counselors, those with professional licenses and those belonging to non-religious professional mental health organizations were less inclined to report multiple role relationships and more inclined to report sexual countertransference feelings than other respondents. The implications of these findings and possibilities for future research are discussed.

A commitment to ethical standards is an important distinctive of all mental health professional organizations (American Association for Marriage and Family Therapy—AAMFT, 1991; American Counseling Association—ACA, 1988; American Psychological Association—APA, 1992; Christian Association for Psychological Studies—CAPS, 1992; National Association of Social Workers—NASW, 1993), and systematic research is an essential part of establishing ethical standards by which a profession regulates itself. Since 1987, three large-scale survey research projects have been reported which provide information about the specific ethical beliefs and behaviors of counselors. In 1987, Pope, Tabachnick, and Keith-Spiegel reported the results of a survey of professional psychologists. Four hundred fifty-six members of Division 29 (APA) responded to the 83-item survey. The results provided an important "real world" look at what psychologists think and do in the context of professional psychological services. Six years later, Gibson and Pope (1993) reported the results of a similar survey with a more diverse mental health population. They sampled 579 counselors certified by the National Board for Certified Counselors. Their results provided additional practical information about the beliefs and behaviors of mental health practitioners. McMinn and Meek (1996)

recently reported results of a similar survey of 498 members of the American Association of Christian Counselors (AACC). Of those 498 respondents, 77 were also members of the Christian Association for Psychological Studies (CAPS). In addition to these large-scale surveys, Oordt (1990) used the same survey instrument with a small sample of Christian psychologists.

AACC, an organization experiencing rapid and recent growth, has established a law and ethics committee and is in the process of developing an ethics code for its members, but most AACC members have not yet seen a preliminary version of the code. CAPS, in contrast, has had an ethics code in place since 1986. Thus, one might speculate that CAPS members are more aware of prevailing ethical standards and more cautious to adhere to those standards than AACC members. The purposes of the present study were to describe the ethical awareness of CAPS members, and to investigate the extent to which membership in an organization with a published code of ethics affects ethical beliefs and behaviors.

Method

Participants

Participants for the study were randomly selected from the 11,000 members of the AACC. Three hundred with doctoral degrees, three hundred with master's degrees, and three hundred with no graduate degree were selected. Of the 900 individuals to whom surveys were sent, 29 returned personal responses explaining why they could not complete the survey (e.g., retirement, not currently practicing), and five were undeliverable. Of the 866 who could have responded, 498 returned completed or partially completed surveys, resulting in a return rate of 58%.

Materials

The survey questionnaire was based upon the survey instrument used by Pope, Tabachnick, & Keith-Spiegel (1987), and was divided into three main sections. First, participants responded to a list of 88 behaviors by reporting how often they engaged in the behavior and whether or not they believed it was ethical. Pope et al.'s (1987) list included 82 behaviors, with one item being repeated to allow for a reliability check. Gibson and Pope (1993) added five behaviors at the end of the original 83 and replaced the repeated item, resulting in a total of 88 items. These same 88 items were used in this survey, except that we retained Pope et al.'s (1987) repeated item (#66 and #82: "Being sexually attracted to a client") rather than using Gibson and Pope's (1993) replacement item for #66 ("Advertising accurately your counseling techniques"). Frequency of engaging in the behavior was rated on a five-point scale: 1=never, 2=rarely, 3=sometimes, 4=fairly often, or 5=very often. Participants also had an option of reporting that a behavior was not applicable to their counseling practice. Beliefs about the ethics of the behavior were also rated on a five-point scale: 1=unquestionably not, 2=under rare circumstances, 3=don't know / not sure, 4=under many circumstances, and 5=unquestionably yes. A general analysis of the response patterns on these 88 items, including differences based on sex, age, highest degree, and professional license, is reported elsewhere (McMinn & Meek, 1996).

Second, participants evaluated the usefulness of 14 resources for providing direction and regulation of their practice. These included resources such as graduate training, internship, state ethics committees, and so on. Usefulness for each

was assessed on a five-point scale: 1=terrible, 2=poor, 3=adequate, 4=good, and 5=excellent. Participants also had the option of reporting that a resource was not applicable to their situation. Information from the second part of the survey is reported elsewhere (McMinn & Meek, in press).

Third, participants reported demographic and professional information including their sex, age, primary work setting, major theoretical orientation, organizational memberships, highest degree held, and number of professional journals received. They also rated the prevalence of several different psychiatric disorders among those for whom they provide services—information that was used as part of another study (McMinn & Wade, 1995).

Procedure

Surveys were mailed in March, 1994 with a cover letter describing the purpose of the study, and participants were asked to put their completed survey in an inner envelope which, in turn, was placed in an outer postage-paid envelope. The outer envelope was sent to a psychologist in Oregon who separated the inner and outer envelopes and then sent them to the primary investigators in Illinois. The outer envelopes had a code to identify who had returned the survey, but since the inner envelopes had been previously separated, none of the survey responses could be traced to individual respondents. This assured confidentiality for those completing the survey. Those who had not yet returned the survey after three weeks were sent a reminder postcard. After two additional weeks, they were sent another questionnaire packet.

Results

The demographic characteristics of the respondents are described in Table 1. Most respondents were male, had graduate degrees, were not licensed, worked in clinic or church settings, and were not members of CAPS.

The overall response pattern of all respondents, and of CAPS members is reported in the Appendix. To simplify interpretation of this large response set, we implemented a series of principle components factor analyses, using varimax rotation. Because what one believes sometimes differs from what one does, we computed separate analyses for belief and behavior ratings. Also, to confirm the factor structure, we randomly divided the sample into two subsets. The larger subset included 398 respondents and the smaller included the remaining 100 respondents. Thus, we computed four factors analyses: ethical beliefs—large sample (exploratory), ethical beliefs—small sample (confirmatory), ethical behaviors—large sample (exploratory), ethical behaviors—small sample (confirmatory). In each case we included only factors with eigen values of 1.5 or greater in order to simplify the numbers of factors produced. Items with factor loadings of .45 or greater were used to create factor scales.¹

Those factors that appeared in both the exploratory and confirmatory factor analyses were considered for subsequent analyses. Only items that loaded on the same factor for both samples were included in the scales. For ethical beliefs, two large scales emerged: blatant ethical violations and multiple roles. For ethical behaviors, four smaller scales emerged: Multiple roles, confidentiality, sexual countertransference, immoral violations. The final scales and their internal consistency (coefficient alpha) ratings are listed in Table 2.

Table 1
Demographic Information about Survey Respondents

Characteristic	Category	TOTAL SAMPLE		CAPS MEMBERS	
		N	%	N	%
Sex	Male	302	62.5	48	64.9
	Female	181	37.5	26	35.1
	Not reported	15		1	
Age	Under 30	8	1.6	2	2.7
	30-45	182	36.9	29	39.2
	46-60	217	44.0	33	44.6
	Over 60	86	17.4	10	13.5
	Not reported	5		1	
Degree	No grad degree	72	15.2	3	4.0
	Master's	229	48.4	35	46.7
	Doctorate	172	36.4	37	49.3
	Not reported	25		0	
Work Setting	Private Office	165	36.7	44	63.8
	Clinic	40	8.9	7	10.1
	Hospital	14	3.1	3	4.3
	University	13	2.9	3	4.3
	Church	149	33.2	7	10.1
	Other	68	15.1	5	7.2
	Not reported	49		6	
Licensure	No	345	69.3	35	46.7
	Yes	153	30.7	40	53.3

Next, we were interested in seeing the effects of professional identity on ethical beliefs and behaviors. Two series of analyses of variance (ANOVAS) were computed, with the dependent variables being the sum of ratings on the scales derived in the factor analyses. The first series of ANOVAS used CAPS membership and professional identity as independent variables in a 2 x 2 design. Those who reported being a psychiatrist, psychologist, licensed or registered social worker, or national certified counselor were considered to be licensed counselors, and others were considered to be non-licensed counselors. The average scale scores for each group are reported in Table 3. The main effects included the tendency for non-licensed counselors to engage in more multiple role behaviors than licensed (non-licensed were also more likely to believe multiple role relationships are acceptable), and the tendency for licensed counselors to report greater sexual countertransference than non-licensed counselors. There were no main effects for CAPS membership. A significant interaction emerged with multiple role behaviors. Non-licensed counselors were less cautious than licensed counselors in multiple role behaviors, but only among those who were not CAPS members. CAPS members, whether licensed counselors or not, appeared to be more cautious than non-licensed, non-CAPS members responding to the survey.

Perhaps this is due, at least in part, to the different membership requirements in AACC and CAPS (CAPS requires a graduate degree or professional certification and AACC does not).

The second series of ANOVAS used CAPS membership and membership in another professional organization as independent variables in a 2 x 2 design. Those who reported membership in the American Psychological Association (APA), the American Counseling Association (ACA), the National Association of Social Workers (NASW), or the American Association of Marriage and Family Therapy (AAMFT) were considered members of an organization with a professional ethics code. The average scale scores for each group are reported in Table 4. The same main effects were found, with members of professional organizations reporting greater caution regarding multiple role beliefs and behaviors, and greater sexual countertransference. There were no main effects for CAPS membership, and no interaction effects were found.

Discussion

Caution should be exercised in interpreting these survey results for several reasons. First, although the 58% return rate is good for survey research, it is possible that those not returning the survey differ from those who did. Second, the beliefs and behaviors of CAPS members who also belong to AACC may differ from other CAPS members who were not included in this survey. Third, the diversity of the sample, which reflects the various types of Christian counselors, make the results more difficult to interpret than the previous surveys of more homogeneous professionals (Gibson & Pope, 1993; Oordt, 1990; Pope, Tabachnick, & Keith-Spiegel, 1987). Fourth, one's reported behavior may not always be an accurate reflection or an objective appraisal of actual behavior.

Rare and Common Behaviors

A number of behaviors appear to be very rare for CAPS members. Fewer than 10% reported ever using sexual surrogates with clients, making custody evaluations without seeing the child, accepting a client's decision to commit suicide, leading nude therapy groups, becoming sexually involved with a current or former client, kissing a client, engaging in erotic activity with a client, giving a gift worth \$50 to a client, engaging in sex with a clinical supervisee, receiving payment for referring clients, going into business with a current or former client, allowing a client to disrobe or disrobing in the presence of a client, borrowing money from a client, discussing a client by name with friends, signing for hours a supervisee has not earned, doing therapy under the influence of alcohol, or disclosing the name of a client to a class. Other behaviors are very common, occurring at least occasionally among 90% or more of the CAPS respondents. These behaviors include hugging a client, using self-disclosure in therapy, breaking confidentiality to report child abuse, addressing a client by first name or having a client address the therapist by first name, accepting a gift worth less than \$5 from a client, and offering or accepting a handshake from a client. These rare and common behaviors are quite similar to those observed among psychologists (Pope, Tabachnick, & Keith-Spiegel,

Table 2
Final Scales Derived from Factor Analysis, and
Internal Consistency Ratings (Coefficient Alpha) for Each Scale

SCALE	ITEMS	RELIABILITY
ETHICS BELIEFS		
Blatant Errors	31, 39, 41, 47, 49, 50, 54, 55, 56, 58, 60, 61, 62, 67, 68, 69, 70, 71, 72, 74, 75, 78, 84, 85, 86	.97
Multiple Roles	1, 3, 21, 33, 37, 44, 51, 53, 57, 59, 61	.87
ETHICS BEHAVIORS		
Multiple Roles	1, 3, 33, 44, 53, 57, 59	.77
Confidentiality	18, 27, 32	.86
Sexual Counter- transference	66, 75, 82	.88
Immoral Violations	15, 39, 54	.83
<i>Note.</i> Scales are comprised of items that appeared in similar factors in both the exploratory and confirmatory factor analyses. Scales with fewer than three items were not considered.		

Table 3
Average Scale Ratings for CAPS and Non-CAPS Members,
Licensed and Non-Licensed Counselors

Scale	Scale Ratings			
	CAPS Members		Non-CAPS Members	
	Licensed N=33	Non-Licensed N=26	Licensed N=74	Non-Licensed N=56
BELIEFS				
Blatant Errors	31.29	35.50	31.73	31.26
Multiple Roles ^a	23.03	25.88	22.48	26.46
BEHAVIORS				
Multiple Roles ^{a,c}	12.06	11.92	11.08	13.81
Confidentiality	9.18	9.00	9.43	9.42
Sexual Counter- transference ^a	5.61	5.27	5.45	4.84
Immoral Violations	3.18	3.35	3.22	3.38
<i>Note.</i> a=main effect for licensed vs. non-licensed ($p < .05$) b=main effect for CAPS member vs. non-CAPS member ($p < .05$) c=interaction effect ($p < .05$)				

Table 4
Average Scale Ratings by CAPS Membership and
Organizational Membership in APA, ACA, NASW, or AAMFT

Scale	Scale Ratings			
	CAPS Members		Non-CAPS Members	
	Other Membership		Other Membership	
	Yes N=41	No N=18	Yes N=114	No N=116
BELIEFS				
Blatant Errors	34.64	29.80	31.54	31.28
Multiple Roles ^a	23.18	26.15	23.18	27.27
BEHAVIORS				
Multiple Roles ^a	11.44	13.28	11.59	14.25
Confidentiality	9.51	8.17	9.42	9.43
Sexual Counter- transference ^a	5.59	5.17	5.30	4.78
Immoral Violations	3.22	3.33	3.35	3.31
<i>Note.</i> a=main effect for other membership vs. no other membership ($p < .05$) b=main effect for CAPS member vs. non-CAPS member ($p < .05$) c=interaction effect ($p < .05$)				

1987), professional counselors (Gibson & Pope, 1993), and AACC members (McMinn & Meek, 1996).

Sexual Behavior

Questions regarding Christian counselors' sexual behavior have been raised in recent years. For example, Craig (1991) noted that only 10% of AAMFT members are clergy practitioners, yet 75% of those whose memberships are revoked are clergy practitioners. By implication, Craig suggests that these revocations are largely due to inappropriate sexual behavior. In this sample of Christian counselors, it appears that respondents are very sensitive to the importance of maintaining strict standards with regard to sexual contact with their clients. However, there is one finding that stands out and needs further investigation. Pope et al. (1987) reported that 11% of the psychologists in their survey believed being sexually attracted to a client was always unethical. Another 11% believed it was only ethical under rare circumstances. Gibson and Pope (1993) had only two options (Yes or No) rather than the 5-point scale used here and by Pope et al. (1987), and found 37% of counselors believed being sexually attracted to a client was unethical. In the present survey, however, we found (among the total sample of Christian counselors) a surprisingly high 54% who believed sexual attraction to a client to be unethical always. Another 13% believed it to be ethical only under rare circumstances. The difference is less striking among CAPS members, only 32% of whom believe sexual attraction to clients is always unethical (another 17% reported it to be ethical only under rare circumstances).

This can be viewed as encouraging or discouraging, depending on one's perspective. Looking at these differences positively, Christian counselors have differ-

ent values about sexual behavior than their secular counterparts. Though both groups avoid sexual contact with clients, Christians generally believe that sexual contact is only appropriate within heterosexual marriage. One way of adhering to this high standard of sexuality may be to closely monitor thoughts and feelings at every level. Jesus taught, "everyone who looks at a woman with lust has already committed adultery with her in his heart" (Matthew 5:28). From a more skeptical perspective, the different response patterns may reflect Christian counselors' tendency to deny inevitable feelings of sexual attraction toward their clients. Learning to manage sexual feelings is important, and denial of the feelings may inhibit their management (Pope & Bouhoutsos, 1986; Pope, Sonne, & Holroyd, 1993). Interestingly, CAPS members and those with doctoral training are more likely to accept sexual feelings as ethical, but no more likely to engage in sexual contact with clients. These differences deserve careful consideration and should be the topic of subsequent research.

Organizational Membership

We were also interested in knowing if membership in an organization with a published code of ethics affected Christian counselors' views on certain beliefs and behaviors. The factor analyses allowed us to simplify the 88 items into several scales which helped us address this research question. CAPS membership did not have a striking effect on any of the belief or behavior scales. However, those having a professional license (psychologist, social worker, or national certified counselor) or belonging to another professional counseling organization (APA, ACA, NASW, or AAMFT) differed from other respondents in two ways. First, licensed respondents and those with professional membership were more cautious about multiple-role relationships. This may reflect more training in the potential pitfalls of multiple-role relationships, or it may reflect the more permeable boundaries that face non-professional church-based therapists. It should be noted that these differences were more striking among the general sample of Christian counselors than among CAPS members, perhaps because most CAPS members are professionally trained in counseling. Second, licensed respondents and those with professional membership were more inclined than other respondents to admit sexual countertransference (i.e., being sexually attracted to a client and sexually fantasizing about a client). This could be interpreted as either a tendency for licensed counselors to have more sexually-conflicted feelings about clients, or as an indication that professional training prepares counselors to understand their conflicted feelings more than non-licensed counselors.

Conclusions and Recommendations

The results of this survey suggest that Christian counselors are generally aware of important ethical guidelines and report behaving ethically under most circumstances. The Christian counselors in this survey were at least as sensitive to relevant ethical standards as previously surveyed groups of psychologists and counselors. Despite this good news about Christian counseling in general, two of the response patterns deserve further investigation.

First, an issue for subsequent study has to do with maintaining adequate boundaries in counseling relationships. Christian counselors are often in situations which defy the traditional counselor-client roles, such as a pastor counseling a parishioner, a lay counselor meeting a friend at a restaurant for support, or a church staff member providing group counseling services to those attending the same church.

Rigid interpreters of professional standards might label these interventions useless or even harmful because they involve multiple-role relationships, ignoring the reality that this type of church-related helping has been happening for centuries. In the absence of practical, realistic standards regarding multiple-role relationships, Christian counselors are often left to define their own standards. Those who do not have professional licenses or do not belong to professional organizations appear to be defining their roles with clients more leniently than licensed professional counselors. The effects of these differences on counseling outcome are presently unknown. Unlike most professional counselors, many clergy counselors and lay counselors do not assume there is a "slippery slope" that predisposes those with more tolerant role boundaries to eventually exploit counseling clients. This assumption deserves careful consideration in future writing and research (see Geyer, 1994).

Second, it is surprising, and perhaps alarming, that such a high percentage of respondents believe sexual attraction to a client to be unethical. Although this may be an effective coping strategy for some, it may also cause some counselors to be unprepared for effectively managing attractions to clients when they occur. This may be less of a concern among CAPS members than among Christian counselors in general, because CAPS members were more inclined to acknowledge sexual attractions to clients. Fortunately, sexually exploitative relationships appear to be very rare among Christian counselors, and we have no evidence from this survey that Christian counselors are prone to act out sexually with their clients.

Note

1. Due to space limitations, the factor analyses could not be included. These analyses are available from the authors.

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Appendix

Percentage of Christian Counselors Responding in Each Category

Item	Rating									
	<u>Occurrence in your practice</u>					<u>Ethical?</u>				
	1	2	3	4	5	1	2	3	4	5
1. Becoming social friends with a former client										
TOTAL SAMPLE:	26	45	25	3	1	11	49	10	25	5
CAPS MEMBERS:	26	45	29	0	0	4	54	11	30	1
2. Charging a client no fee for therapy										
TOTAL SAMPLE:	15	31	28	9	18	4	34	8	22	31
CAPS MEMBERS:	14	60	19	4	3	7	49	7	16	22
3. Providing therapy to one of your friends										
TOTAL SAMPLE:	42	34	16	6	3	31	39	7	15	8
CAPS MEMBERS:	61	34	3	0	1	41	45	3	7	4
4. Advertising in newspapers or similar media										
TOTAL SAMPLE:	55	15	18	6	6	7	10	17	27	39
CAPS MEMBERS:	25	13	32	6	7	4	7	21	29	40
5. Limiting treatment notes to name, date, and fee										
TOTAL SAMPLE:	63	18	12	3	4	41	21	16	11	10
CAPS MEMBERS:	62	16	15	4	3	40	26	15	10	8
6. Filing an ethics complaint against a colleague										
TOTAL SAMPLE:	76	19	4	0	0	6	25	7	17	45
CAPS MEMBERS:	77	19	3	0	1	0	27	4	14	55
7. Telling a client you are angry at him or her										
TOTAL SAMPLE:	30	45	23	2	1	13	44	8	19	16
CAPS MEMBERS:	20	54	20	4	1	7	53	4	19	18
8. Using a computerized test interpretation service										
TOTAL SAMPLE:	30	18	28	15	9	4	8	12	30	46
CAPS MEMBERS:	20	15	31	18	15	1	9	8	27	54
9. Hugging a client										
TOTAL SAMPLE:	10	34	34	17	5	4	44	6	36	11
CAPS MEMBERS:	3	34	39	18	7	3	41	8	35	10
10. Terminating therapy if the client cannot pay										
TOTAL SAMPLE:	58	24	13	3	1	26	32	13	21	8
CAPS MEMBERS:	43	35	18	3	1	19	34	4	27	15
11. Accepting services from a client in lieu of fee										
TOTAL SAMPLE:	68	22	8	1	1	35	34	13	10	8
CAPS MEMBERS:	61	34	4	1	0	35	49	5	8	3
12. Seeing a minor client without parental consent										
TOTAL SAMPLE:	72	20	5	1	1	40	39	7	9	5
CAPS MEMBERS:	74	26	0	0	0	32	55	4	5	4

(Appendix continues next page)

Appendix (cont.)
Percentage of Christian Counselors Responding in Each Category

Item	Rating									
	<u>Occurrence in your practice</u>					<u>Ethical?</u>				
	1	2	3	4	5	1	2	3	4	5
13. Having clients take tests (e.g., MMPI) at home										
TOTAL SAMPLE:	59	20	13	4	3	32	26	19	16	7
CAPS MEMBERS:	51	26	14	4	4	26	38	14	16	7
14. Altering a diagnosis to meet insurance criteria										
TOTAL SAMPLE:	78	15	6	0	0	73	16	5	3	3
CAPS MEMBERS:	62	27	8	1	1	62	24	4	8	1
15. Telling client: I'm sexually attracted to you."										
TOTAL SAMPLE:	94	5	0	0	0	77	14	3	2	4
CAPS MEMBERS:	86	12	1	0	0	66	23	4	3	4
16. Refusing to let clients read their chart notes										
TOTAL SAMPLE:	48	18	15	7	13	23	28	19	16	14
CAPS MEMBERS:	46	18	15	8	11	26	32	11	12	19
17. Using a collection agency to collect late fees										
TOTAL SAMPLE:	72	14	11	2	1	18	24	21	17	19
CAPS MEMBERS:	63	16	16	4	0	8	24	15	22	31
18. Breaking confidentiality if client is homicidal										
TOTAL SAMPLE:	29	21	16	8	26	3	8	3	12	73
CAPS MEMBERS:	34	26	13	6	21	3	7	0	15	76
19. Performing forensic work for a contingency fee										
TOTAL SAMPLE:	86	7	6	0	1	18	7	53	8	15
CAPS MEMBERS:	82	12	6	0	0	22	11	45	6	16
20. Using self-disclosure as a therapy technique										
TOTAL SAMPLE:	6	22	45	18	9	2	26	8	40	23
CAPS MEMBERS:	0	16	52	26	5	0	16	8	42	33
21. Inviting clients to an office open house										
TOTAL SAMPLE:	70	10	14	3	2	22	16	27	18	16
CAPS MEMBERS:	78	13	6	2	2	29	21	22	10	18
22. Accepting a client's gift worth at least \$50										
TOTAL SAMPLE:	75	18	7	0	1	45	27	13	9	5
CAPS MEMBERS:	76	20	3	0	0	48	34	5	11	1
23. Working when too distressed to be effective										
TOTAL SAMPLE:	34	47	17	1	0	40	42	8	6	4
CAPS MEMBERS:	37	52	8	1	1	49	38	4	5	3

(Appendix continues next page)

Appendix (cont.)
Percentage of Christian Counselors Responding in Each Category

Item	Rating									
	<u>Occurrence in your practice</u>					<u>Ethical?</u>				
	1	2	3	4	5	1	2	3	4	5
24. Accepting only male or only female clients										
TOTAL SAMPLE:	78	8	8	3	3	19	19	19	21	23
CAPS MEMBERS:	87	3	4	3	3	10	16	21	19	34
25. Not allowing client access to testing report										
TOTAL SAMPLE:	53	21	15	6	5	25	32	13	18	12
CAPS MEMBERS:	43	25	16	7	7	19	32	10	24	15
26. Raising the fee during the course of therapy										
TOTAL SAMPLE:	67	23	9	1	0	40	28	9	14	9
CAPS MEMBERS:	41	37	20	1	0	23	28	7	30	12
27. Breaking confidentiality if client is suicidal										
TOTAL SAMPLE:	12	19	23	13	33	3	8	4	12	74
CAPS MEMBERS:	13	26	21	13	28	1	4	3	11	81
28. Not allowing client access to raw test data										
TOTAL SAMPLE:	45	15	10	9	21	16	17	21	18	28
CAPS MEMBERS:	45	15	6	10	24	10	14	17	19	40
29. Allowing a client to run up a large unpaid bill										
TOTAL SAMPLE:	36	39	21	3	2	22	40	19	12	7
CAPS MEMBERS:	21	61	17	1	0	14	58	11	10	8
30. Accepting goods (rather than money) as payment										
TOTAL SAMPLE:	67	24	8	1	1	26	36	15	13	9
CAPS MEMBERS:	64	33	3	0	0	23	46	9	12	9
31. Using sexual surrogates with clients										
TOTAL SAMPLE:	98	1	0	0	1	84	3	7	1	4
CAPS MEMBERS:	99	1	0	0	0	85	5	4	1	4
32. Breaking confidentiality to report child abuse										
TOTAL SAMPLE:	14	17	25	13	31	4	7	1	12	76
CAPS MEMBERS:	10	19	24	15	32	7	3	0	14	76
33. Inviting clients to a party or social event										
TOTAL SAMPLE:	68	19	9	3	1	46	29	8	9	7
CAPS MEMBERS:	75	19	6	0	0	51	36	4	5	4
34. Addressing your client by his or her first name										
TOTAL SAMPLE:	2	2	6	17	73	2	3	3	24	68
CAPS MEMBERS:	0	3	3	18	77	4	1	1	27	66

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Appendix (cont.)
Percentage of Christian Counselors Responding in Each Category

Item	Rating									
	<u>Occurrence in your practice</u>					<u>Ethical?</u>				
	1	2	3	4	5	1	2	3	4	5
35. Crying in the presence of a client										
TOTAL SAMPLE:	25	46	23	3	2	8	37	11	25	19
CAPS MEMBERS:	16	49	29	5	0	4	36	8	34	18
36. Earning a salary which is a % of client fees										
TOTAL SAMPLE:	55	6	12	5	21	10	7	30	20	33
CAPS MEMBERS:	45	4	16	6	29	4	3	26	22	44
37. Asking favors (e.g., a ride home) from clients										
TOTAL SAMPLE:	72	26	2	0	0	41	40	9	6	4
CAPS MEMBERS:	64	34	1	0	0	39	45	4	8	4
38. Making custody evaluations without seeing the child										
TOTAL SAMPLE:	92	6	1	0	0	70	17	7	1	4
CAPS MEMBERS:	94	6	0	0	0	76	13	7	1	3
39. Accepting a client's decision to commit suicide										
TOTAL SAMPLE:	94	3	2	0	1	83	8	3	1	5
CAPS MEMBERS:	99	1	0	0	0	86	5	4	0	4
40. Refusing to disclose a diagnosis to a client										
TOTAL SAMPLE:	55	29	12	2	2	31	41	13	10	5
CAPS MEMBERS:	55	32	7	4	1	27	49	8	9	7
41. Leading nude group therapy or "growth groups"										
TOTAL SAMPLE:	99	0	0	0	0	91	3	3	1	3
CAPS MEMBERS:	100	0	0	0	0	89	4	3	0	4
42. Telling clients of your disappointment in them										
TOTAL SAMPLE:	35	42	21	2	0	19	48	10	16	7
CAPS MEMBERS:	40	51	10	0	0	18	51	14	11	7
43. Discussing clients (without names) with friends										
TOTAL SAMPLE:	37	45	16	1	1	42	38	9	8	4
CAPS MEMBERS:	26	49	21	3	0	31	38	16	11	4
44. Providing therapy to your student or supervisee										
TOTAL SAMPLE:	61	23	13	2	1	41	30	14	9	6
CAPS MEMBERS:	67	18	0	0	0	47	32	12	4	5
45. Giving gifts to those who refer clients to you										
TOTAL SAMPLE:	90	6	2	1	1	65	13	14	5	4
CAPS MEMBERS:	80	14	3	0	3	63	18	8	4	7

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Appendix (cont.)
Percentage of Christian Counselors Responding in Each Category

Item	Rating									
	<u>Occurrence in your practice</u>					<u>Ethical?</u>				
	1	2	3	4	5	1	2	3	4	5
46. Using a law suit to collect fees from a client										
TOTAL SAMPLE:	90	7	2	0	0	34	29	22	5	10
CAPS MEMBERS:	89	9	2	0	0	26	39	12	7	16
47. Becoming sexually involved with a former client										
TOTAL SAMPLE:	98	0	0	0	0	87	7	2	0	3
CAPS MEMBERS:	97	3	0	0	0	82	10	1	0	7
48. Avoiding certain clients for fear of being sued										
TOTAL SAMPLE:	54	29	14	2	1	13	37	23	13	13
CAPS MEMBERS:	49	36	13	0	1	6	38	19	18	19
49. Doing custody evaluations without seeing both parents										
TOTAL SAMPLE:	82	14	4	0	0	59	24	10	4	4
CAPS MEMBERS:	79	15	6	0	0	57	25	7	6	6
50. Lending money to a client										
TOTAL SAMPLE:	85	13	2	0	0	68	21	7	2	2
CAPS MEMBERS:	86	14	0	0	0	72	16	7	3	3
51. Providing therapy to one of your employees										
TOTAL SAMPLE:	63	22	12	2	1	45	32	9	8	6
CAPS MEMBERS:	80	16	5	0	0	58	28	7	3	4
52. Having a client address you by your first name										
TOTAL SAMPLE:	5	10	17	17	51	4	9	9	22	55
CAPS MEMBERS:	3	3	18	18	59	4	7	3	28	58
53. Sending holiday greeting cards to your clients										
TOTAL SAMPLE:	43	17	21	10	10	12	15	22	22	29
CAPS MEMBERS:	49	14	20	7	10	18	11	20	26	26
54. Kissing a client										
TOTAL SAMPLE:	92	7	1	0	0	82	12	2	2	3
CAPS MEMBERS:	91	8	1	0	0	76	16	0	4	4
55. Engaging in erotic activity with a client										
TOTAL SAMPLE:	99	1	0	0	0	96	0	0	0	4
CAPS MEMBERS:	97	3	0	0	0	95	0	0	0	5
56. Giving a gift worth at least \$50 to a client										
TOTAL SAMPLE:	93	4	2	0	0	79	12	5	1	3
CAPS MEMBERS:	95	5	0	0	0	82	11	1	0	5

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Appendix (cont.)

Percentage of Christian Counselors Responding in Each Category

Item	Rating									
	<u>Occurrence in your practice</u>					<u>Ethical?</u>				
	1	2	3	4	5	1	2	3	4	5
57. Accepting a client's invitation to a party										
TOTAL SAMPLE:	60	29	9	1	0	37	43	9	5	5
CAPS MEMBERS:	66	28	5	0	0	36	49	8	3	4
58. Engaging in sex with a clinical supervisee										
TOTAL SAMPLE:	100	0	0	0	0	96	0	0	0	3
CAPS MEMBERS:	100	0	0	0	0	96	0	0	0	4
59. Going to client's special event (e.g., wedding)										
TOTAL SAMPLE:	20	62	29	6	3	5	46	10	24	16
CAPS MEMBERS:	16	58	22	4	0	4	54	5	27	9
60. Getting paid to refer clients to someone										
TOTAL SAMPLE:	96	2	2	0	0	77	7	9	2	4
CAPS MEMBERS:	97	1	0	1	0	78	9	5	4	3
61. Going into business with a client										
TOTAL SAMPLE:	95	5	0	0	0	74	14	8	2	3
CAPS MEMBERS:	95	5	0	0	0	80	14	0	4	3
62. Engaging in sexual contact with a client										
TOTAL SAMPLE:	98	2	0	0	0	95	1	0	0	3
CAPS MEMBERS:	97	3	0	0	0	96	0	0	0	4
63. Utilizing involuntary hospitalization										
TOTAL SAMPLE:	33	44	17	4	2	6	40	10	18	25
CAPS MEMBERS:	19	58	13	7	3	1	34	7	24	34
64. Selling goods to clients										
TOTAL SAMPLE:	79	14	5	1	2	56	25	8	7	4
CAPS MEMBERS:	71	19	7	1	1	55	26	1	10	8
65. Giving personal advice on radio, television, etc.										
TOTAL SAMPLE:	56	21	18	4	1	15	24	21	26	13
CAPS MEMBERS:	52	19	21	6	1	16	27	15	27	14
66. Being sexually attracted to a client										
TOTAL SAMPLE:	41	35	22	1	0	54	13	16	7	11
CAPS MEMBERS:	20	54	23	3	0	32	17	17	14	21
67. Unintentionally disclosing confidential data										
TOTAL SAMPLE:	44	53	3	0	0	77	15	4	1	3
CAPS MEMBERS:	39	61	0	0	0	81	13	3	0	4

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Appendix (cont.)

Percentage of Christian Counselors Responding in Each Category

Item	Rating									
	<u>Occurrence in your practice</u>					<u>Ethical?</u>				
	1	2	3	4	5	1	2	3	4	5
68. Allowing a client to disrobe										
TOTAL SAMPLE:	98	1	0	0	0	93	3	0	0	3
CAPS MEMBERS:	99	1	0	0	0	93	3	0	0	4
69. Borrowing money from a client										
TOTAL SAMPLE:	99	1	0	0	0	93	3	1	0	3
CAPS MEMBERS:	99	1	0	0	0	93	3	0	0	4
70. Discussing a client (by name) with friends										
TOTAL SAMPLE:	93	7	0	0	0	92	4	0	0	4
CAPS MEMBERS:	97	3	0	0	0	95	1	0	0	4
71. Providing services outside areas of competence										
TOTAL SAMPLE:	61	34	4	0	0	69	22	4	2	3
CAPS MEMBERS:	54	41	4	1	0	69	23	3	3	3
72. Signing for hours a supervisee has not earned										
TOTAL SAMPLE:	97	2	1	0	0	94	1	1	0	3
CAPS MEMBERS:	54	41	4	1	0	69	23	3	3	3
73. Treating homosexuality per se as pathological										
TOTAL SAMPLE:	48	13	14	9	15	31	11	23	15	21
CAPS MEMBERS:	22	23	20	15	20	17	11	19	27	26
74. Doing therapy while under the influence of alcohol										
TOTAL SAMPLE:	99	1	0	0	0	94	2	1	0	3
CAPS MEMBERS:	99	1	0	0	0	95	1	0	0	4
75. Engaging in sexual fantasy about a client										
TOTAL SAMPLE:	72	24	4	0	0	85	6	6	0	4
CAPS MEMBERS:	66	31	3	0	0	78	5	11	0	5
76. Accepting a gift worth less than \$5 from a client										
TOTAL SAMPLE:	28	35	30	4	3	19	34	13	23	11
CAPS MEMBERS:	8	38	38	11	4	10	29	7	38	16
77. Offering or accepting a handshake from a client										
TOTAL SAMPLE:	1	1	10	23	65	2	1	2	18	76
CAPS MEMBERS:	0	3	7	30	61	3	1	1	19	76
78. Disrobing in the presence of a client										
TOTAL SAMPLE:	100	0	0	0	0	96	0	0	0	3
CAPS MEMBERS:	100	0	0	0	0	93	0	0	1	5

(Appendix continues next page)

Percentage of Christian Counselors Responding in Each Category

Item	Occurrence in your practice					Rating				
						Ethical?				
	1	2	3	4	5	1	2	3	4	5
79. Charging for missed appointments										
TOTAL SAMPLE:	35	18	26	11	10	10	24	12	27	27
CAPS MEMBERS:	13	19	35	17	17	1	15	8	34	41
80. Going into business with a former client										
TOTAL SAMPLE:	91	7	1	0	0	48	30	15	3	5
CAPS MEMBERS:	92	8	0	0	0	51	32	10	1	6
81. Directly soliciting a person to be a client										
TOTAL SAMPLE:	72	18	9	0	0	46	28	13	7	6
CAPS MEMBERS:	73	22	5	0	0	49	29	12	3	7
82. Being sexually attracted to a client										
TOTAL SAMPLE:	44	38	18	1	0	53	14	16	6	11
CAPS MEMBERS:	25	53	22	0	0	28	21	19	13	19
83. Helping a client file a complaint re: a colleague										
TOTAL SAMPLE:	71	23	4	1	0	21	35	17	13	14
CAPS MEMBERS:	64	32	3	0	2	5	38	14	14	29
84. Not disclosing your fee structure to a client										
TOTAL SAMPLE:	90	6	2	0	2	80	8	5	1	6
CAPS MEMBERS:	86	9	1	0	3	74	12	4	1	8
85. Not telling a client of the limits of confidentiality										
TOTAL SAMPLE:	75	17	6	1	1	79	10	5	1	5
CAPS MEMBERS:	72	15	11	0	3	77	10	7	1	5
86. Disclosing a name of a client to a class you are teaching										
TOTAL SAMPLE:	99	0	0	0	0	94	2	0	1	3
CAPS MEMBERS:	100	0	0	0	0	93	0	0	1	5
87. Using an agency affiliation to recruit private clients										
TOTAL SAMPLE:	79	10	7	3	1	48	15	20	10	6
CAPS MEMBERS:	77	12	5	3	3	47	10	22	8	14
88. Joining a partnership that makes clear your specialty										
TOTAL SAMPLE:	45	10	18	9	17	6	4	12	19	59
CAPS MEMBERS:	44	7	20	11	18	6	0	6	21	68

Notes. Rows may not sum to 100% because of rounding. Percentages were computed after removing missing data. For occurrence in your practice?: 1=never, 2=rarely, 3=sometimes, 4=fairly often, and 5=very often. For ethical?: 1=unquestionably no, 2=under rare circumstances, 3=don't know / not sure, 4=under many circumstances, and 5=unquestionably yes.