****

**Self-Assessment**

An Inventory of Your Attitudes and Beliefs about Ethical and Professional Issues

For each question select the response that most clearly reflects your viewpoint at this time.

If a different option would be more suited to your thinking, add that on the blank lines provided (E).

**1. Fees**

**If I were working with a client who could no longer continue to pay my fees, I would most likely;**

1. see this person at no fee until their financial position changed
2. give my client the name of a local community clinic that provides low-cost treatment
3. suggest bartering of goods or services for therapy
4. lower my fee to whatever the client could afford
5. I have an adjustable scale of fees

**2. Therapy for therapists**

**For those who wish to become therapists, I believe personal psychotherapy;**

1. Should be required for licensure.
2. Is not an important factor in the ability to work with others?
3. should be encouraged but not required.
4. is needed only when the therapist has some form of psychological impairment

**3. Therapist effectiveness**

**To be an effective helper, I believe a therapist;**

1. must like the client
2. must be free of any personal conflicts il1 the area in which the client is working
3. needs to have experienced the same problem as the client
4. needs to have experienced feelings similar to those being experienced by the client

**4. Ethical decision making**

**If I were faced with an ethical dilemma, the first step I would take would be to;**

1. review the relevant ethics codes
2. consult with an attorney
3. identify the problem or dilemma
4. decide on what appears to be the best course of action

**5. Being ethical**

**For me, being an ethical practitioner mainly entails;**

1. acting in compliance with mandatory ethical standards
2. reflecting on the effects my interventions are likely to have on the welfare of my clients
3. avoiding obvious violations of my profession's ethics codes
4. thinking about the legal implications of everything I do
5. all

**6. Unethical supervisor**

**If I was an intern and was convinced that my supervisor was encouraging trainees to participate in unethical behaviour in an agency setting, I would;**

1. first discuss the matter with the supervisor
2. report the supervisor to the director of the agency
3. ignore the situation for fear of negative consequences
4. report the situation to the ethics committee of the state professional association

**7. Multicultural knowledge and skills**

**Practitioners who work cross-culturally without having multicultural knowledge and skills;**

1. may be insensitive to their clients
2. may be guilty of unethical behaviour
3. should realize the need for specialized training
4. may be acting illegally
5. all

**8. Feelings toward clients.**

**If I had strong feelings, positive or negative, toward a client, I would most likely;**

1. discuss the feelings with my client
2. keep my feelings to myself
3. discuss my feelings with a supervisor or colleague
4. accept my feelings unless they began to interfere with the counselling relationship

**9. Being ready.**

**l won't be ready to counsel others until;**

1. my own life is free of problems
2. I have experienced counselling as a client
3. I feel confident and know that I will be effective
4. I have developed the ability to examine my own life and relationships

**10. Client's feelings.**

**If a client expressed strong feelings of attraction or dislike for me, I would;**

1. help the client work through these feelings and understand them
2. enjoy these feelings if they were positive
3. refer my client if these feelings were negative
4. direct the sessions into less emotional areas

**11. Dealing with diversity.**

**Practitioners who counsel clients whose sex, race, age, social class, or sexual orientation is different from their own;**

1. will most likely not understand these clients fully
2. need to be sensitive to the differences between their clients and themselves
3. can practice unethically if they ignore diversity factors
4. will probably not be effective with such clients because of these differences

**12. Ethics versus law.**

**lf I were faced with a counselling situation where it appeared that there was a conflict between an ethical and legal course to follow, I would;**

1. immediately consult with an attorney
2. always choose the legal path first and foremost
3. strive to do what I believed to be ethical, even if it meant challenging a law
4. refer my client to another therapist

**13. Values.**

**In terms of appreciating and understanding the value systems of clients who are culturally different from me;**

1. I would not impose my cultural values on them
2. I would encourage them to accept the values of the dominant culture for survival purposes
3. I would attempt to modify my counselling procedures to fit their cultural values
4. I would familiarize myself with the specific cultural values of my clients

**14. Objectivity.**

**If a client came to me with a problem and I could see that I would not be objective because of my values, I would;**

1. accept the client because of the challenge to become more tolerant of diversity
2. tell the client at the outset about my fears concerning our conflicting values
3. refer the client to someone else
4. attempt to understand my need to impose my values

**15. End- of - life decisions.**

**With respect to a client's right to make their own end-of-life decisions, I would;**

1. always use the principle of a client's self-determination as the key in any dilemma of this sort
2. tell my client what I would do if I were in this situation
3. suggest that my client see a clergy person
4. encourage my client to find meaning in life, regardless of his or her psychological and physical condition

**16. When to refer.**

**I would tend to refer a client to another therapist;**

1. if I had a strong dislike for the client
2. if I did not have much experience working with the kind of problem the client presented
3. if I saw my own needs and problems getting in the way of helping the client
4. if I had strong value differences with my client

**17. Role of values.**

**My ethical position regarding the role of values in therapy is that, as a therapist, I should;**

1. never impose my values on a client
2. expose my values, without imposing them on the client
3. Challenge my clients to find other ways of viewing their situation
4. keep my values out of the counselling relationship

**18. Sexual orientation.**

**If I were to counsel clients with a different sexual orientation to mine, a major concern for me would be;**

1. maintaining objectivity
2. not knowing and understanding enough about their sexual orientation
3. establishing a positive therapeutic relationship
4. being limited by my own values

**19. Unethical behaviour.**

**Of the following, consider the most unethical form of therapist behaviour to be;**

1. promoting dependence in the client
2. becoming sexually involved with a client
3. breaking confidentiality without a good reason to do so
4. accepting a client who has a problem that goes beyond my competence

**20. Counselling friends.**

**Regarding the issue of counselling friends, I think that;**

1. it is seldom wise to accept a friend as a client
2. it should be done rarely, and only if it is clear that the friendship will not interfere with the therapeutic relationship
3. friendship and therapy should not be mixed
4. it should be done only when it is acceptable to both the client and the counsellor

**21. Confidentiality.**

**Regarding confidentiality, I believe it is ethical to;**

1. break confidence when there is reason to believe a client may do serious harm to him- or herself
2. break confidence when there is reason to believe that a client will do harm to someone else
3. break confidence when the parents of a client ask for certain information
4. inform the authorities when a client is breaking the law

**22. Termination.**

**A therapist should terminate therapy with a client when;**

1. the client decides to do so
2. the therapist judges that it is time to terminate
3. it is clear that the client is not benefiting from the therapy
4. the client reaches an impasse

**23. Sex in therapy.**

**A sexual relationship between a former client and a therapist is;**

1. ethical if the client initiates it
2. ethical only 5 years after termination of therapy
3. ethical only when client and therapist discuss the issue and agree to the relationship
4. never ethical, regardless of the time that has elapsed

**24. Touching.**

**Concerning the issue of physically touching a client, I think that touching;**

1. is unwise, because it could be misinterpreted by the client
2. should be done only when the therapist genuinely thinks it would be appropriate
3. is an important part of the therapeutic process
4. is ethical when the client requests it

**25. Sex in supervision.**

**A clinical supervisor has initiated sexual relationships with former trainees (students). He maintains that because he no longer has any professional responsibility to them this practice is acceptable. In my view, this behaviour is;**

1. clearly unethical, because he is using his position to initiate contacts with former students
2. not unethical, because the professional relationship has ended
3. not unethical but is unwise and inappropriate
4. somewhat unethical, because the supervisory relationship is similar to the therapeutic relationship

**26. Spirituality and religion.**

**Regarding the role of spiritual and religious values, as a counsellor I would be inclined to;**

1. ignore such values out of concern that I would impose my own beliefs on my clients
2. actively strive to get my clients to think about how spirituality or religion could enhance their lives
3. avoid bringing up the topic unless my client initiated such a discussion
4. conduct an assessment of any client's spiritual and religious beliefs during the intake session

**27. Family therapy.**

**In the practice of family therapy, I think the;**

1. therapist's primary responsibility is to the welfare of the family as a unit
2. therapist should focus primarily on the needs of individual members of the family
3. therapist should attend to the family’s needs and, at the same time, be sensitive to the needs of the individual members
4. therapist has an ethical obligation to state his or her bias and approach at the onset

**28. Managed care.**

**The practice of limiting the number of therapy sessions a client is entitled to under a managed care plan is;**

1. unethical as it can work against a client's best interests
2. a reality that I expect I will have to accept
3. an example of exploitation of a client's rights
4. wrong because it takes away the professional's judgment in many cases

**29. Gift-giving.**

**If a client were to offer me a gift, I would;**

1. accept it cheerfully
2. never accept it under any circumstances
3. discuss the matter with my client
4. attempt to figure out the motivations for the gift

**30. Bartering.**

**Regarding bartering with a client in exchange for therapy services, my position is that;**

1. it all depends on the circumstances of the individual case
2. I would consider this practice if the client had no way to pay for my services
3. the practice is unethical
4. before agreeing to bartering I would always seek consultation

**31. Diagnosis.**

**Concerning the role of diagnosis in counselling, I believe;**

1. diagnosis is essential for planning a treatment program
2. diagnosis is counterproductive for therapy, because it is based on an external view of the client
3. diagnosis can be harmful in that it tends to label people, who then ate limited by the label
4. the usefulness of diagnosis depends on the theoretical orientation and the kind of counselling a therapist does

**32. Testing.**

**Concerning the place of testing in counselling, I think that tests;**

1. generally interferes with the counselling process
2. can be valuable tools if they are used as adjuncts to counselling
3. are essential for people who are seriously disturbed
4. can be either used or abused in counselling

**33. Risks of group therapy.**

**Regarding the issue of psychological risks associated with participation in group therapy, my position is that;**

1. clients should be informed at the outset of possible risks
2. these risks should be minimized by careful screening
3. this issue is exaggerated because there are veryfew real risks
4. careful supervision will offset some of these risks

**34. Internet counselling.**

**Regarding the practice of counselling via the Internet, I believe;**

1. the practice is fraught with ethical and legal problems
2. this is a form of technology with real promise for many clients who would not, or could not, seek out face-to-face counselling
3. it is limited to dealing with simple problems because of the inability to intake an adequate assessment
4. I would never provide Internet counselling without having some personal contact with the client

**35. Inadequate supervision.**

**As an intern, if I thought my supervision was inadequate, I would;**

1. talk to my supervisor about it
2. continue to work without complaining
3. seek supervision elsewhere
4. question the commitment of the agency toward me

**36. Supervision.**

**My view of supervision is that it is;**

1. a place to find answers to difficult situations
2. an opportunity to increase my clinical skills
3. valuable to have when I reach an impasse with a client
4. a way for me to learn about myself and to get insights into how I work with clients

**37. Addressing diversity.**

**In working with clients from different ethnic groups, it is most important to;**

1. be aware of the socio-political forces that have influenced them
2. understand how language can be a barrier to effective multicultural counselling
3. refer these clients to some professional who shares their ethical and cultural background
4. help these clients modify their views so that they will feel more accepted

**38. Diversity competence.**

**To be effective in counselling clients from a different culture, a counsellor must;**

1. possess specific knowledge about the particular group they are counselling
2. be able to accurately "read" nonverbal messages
3. have had direct contact with this group
4. treat these clients no differently from clients from their own cultural background

**39. Community responsibility.**

**Concerning the mental health professional’s responsibility to the community, I believe;**

1. practitioners should educate the community concerning the nature of psychological services
2. professionals should attempt to change patterns that need changing
3. community involvement falls outside the proper scope of counselling
4. practitioners should empower clients in the use of the resources available in the community

**40. Role in community.**

**If I were working as a practitioner in the community, the major role I would expect to play would be;**

1. a change agent
2. an adviser
3. an educator or a consultant
4. an advocate