The Influence of Race on Ethical Decision-Making Regarding Nonsexual Dual Relationships

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THE INFLUENCE OF RACE ON ETHICAL DECISION-MAKING REGARDING NONSEXUAL DUAL RELATIONSHIPS

by

Beatrice Antly Tatem

A Dissertation
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Faculty of The Graduate College
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Ethical decision-making is a crucial part of the daily practice of psychologists. Psychologists are faced with the challenge of developing ethical decision-making strategies that effectively address the dilemmas associated with dual relationships. *Nonsexual dual relationship* is defined in this research as a clinical professional relationship that occurs simultaneously with a nonsexual professional and/or personal relationship. Psychologists, regardless of the environment in which they work or the client population with whom they work, can experience a nonsexual dual relationship.

The current study investigated whether ethnographic therapist characteristics influence the interpretation and application of the APA Ethical Guidelines and thus psychologists’ decision-making regarding nonsexual dual relationships outside of therapy. The investigation was conducted through a national survey of 130 doctoral-level psychologists at 41 APA-accredited university-counseling centers. Specifically, the major purpose of the survey was to assess psychologists’ self-reported practices and behaviors with clients relative to nonsexual dual relationships. The participants were asked to respond to three research instruments: (1) a Demographic Information Form used to obtain demographic data about the psychologists’ training, years of practice in a university counseling center, location of practice, diversity of their clientele, and personal data; (2) the Inventory for Dual Relationship Judgments, which consisted of scenarios pertaining to nonsexual dual relationships outside of
therapy; and (3) the Ethical Beliefs and Behaviors of College Counseling Center Professionals (Sherry, Teschendorf, Anderson, & Guzman, 1991), which ascertained descriptive data about the respondents' practices and behaviors.

Two types of analysis were used in this study. One involved descriptive analysis, which was used in this research to describe the demographics of the participants. The second type of analysis allowed the researcher to address the five research questions that guided this study. The data were tested using the t test of independent samples, one-way analysis of variance, Scheffé multiple comparison test, and standard multiple regression.

The findings revealed that individual psychologists considered several factors when indicating their ethical behaviors and practices regarding nonsexual dual relationships. The findings revealed several factors that influenced individual psychologists' decision-making process when encountering a client in a potential nonsexual dual relationship.
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CHAPTER I

INTRODUCTION

Psychologists have become increasingly aware of the need to understand racial, ethnic, and cultural factors when providing psychological services. Intentionally shaping the quality of psychological services provided to ethnically and culturally diverse populations is, in part, a reaction to the rapid growth in political and social visibility of ethnically and culturally diverse groups, both in the American Psychological Association (APA) and in the larger society of the United States (Sonne, 1994). As a result of the physical presence of these groups, new sets of values, beliefs, and cultural expectations have been introduced into American educational, political, business, and mental health care systems (D’Andrea & Daniels, 1991).

The growing diversity in American society has important ethical implications for psychologists. Differences in racial, ethnic, or cultural backgrounds between clinician and client can create needless barriers to the delivery of effective services by clinicians who are ethically unaware or unprepared (Pope & Vasquez, 1991).

During the past two decades, psychologists have become increasingly convinced of the importance of training therapists for a pluralistic society (D’Andrea & Daniels, 1991). The impetus for this concern has been the profession’s awareness of the implications of the changing demographics in the United States, the growing numbers of minority people seeking counseling, and the under representation of minority group perspectives in counseling psychology. The ethical considerations that
arise from these circumstances have led to the decision to incorporate multicultural counseling in many professional-training programs (D’Andrea & Daniels, 1991). Additionally, there is recognition and acknowledgment that mental health services in the United States have generally overlooked the specific needs of persons coming from diverse backgrounds (D’Andrea & Daniels, 1991; Pedersen, Draguns, Lonner, & Trimble, 1996; Ponterotto, Casas, Suzuki, & Alexander, 1995). As a result, clients have been forced to accept the mental health professional’s view of the “helping” process (Sue, Arrendondo, & McDavis, 1992).

Background of the Problem

The problem studied in this research is the relationship between therapists’ race/ethnicity and work context and therapists’ judgments about various kinds of nonsexual dual relationships. Because human behavior is the focus of psychological study and users of their services, psychologists are continuously involved in problems of ethical importance (APA, 1961).

Counseling psychologists have a long tradition of providing services that take into account clients’ perspectives. More recently, multicultural training of therapists has developed to provide therapists with expertise in working with people of diverse backgrounds. Therapists are trained to be especially cognizant of their need to adjust to the client’s world-view, as opposed to forcing the client to adapt to the therapist’s frame of reference (Sue et al., 1992). Counseling psychologists need a sociopsychological framework to consider diversity of values, interactional styles, and cultural experiences and expectations in a systematic fashion when making ethical decisions (APA, 1993).
One ethical issue related to multicultural psychotherapy practice considerations is avoidance of dual relationships. The avoidance of nonsexual dual relationships in general and of client-therapist extra-therapeutic relations in particular has long been an important ethical responsibility for psychotherapists. Nonsexual dual relationship issues have evolved as an important consideration in applying the ethical proscription to “do no harm” to clients. It is the therapist’s responsibility to know which of behaviors are likely to harm or help clients. Since most human relationships involve overlapping roles yet do not typically involve ethical dilemmas or inherent problems (Keith-Spiegel & Koocher, 1985; Lerman & Porter, 1990; Ryder & Hepworth, 1990), it is often difficult for therapists to recognize when harm is likely to occur through nonsexual dual relationships. This difficulty can be inflated by the challenges of (a) recognizing the potential for harm in practice; (b) making decisions despite a lack of consensus on many aspects of the issue; and (c) having to decide whether duality of roles is a sufficient condition for harm to clients, and, if not, when and where nonsexual dual relationships constitute a potential harm to clients (Aikman, 1994).

Vasquez (1996) has suggested that the process of ethical decision-making concerning multicultural counseling situations can be aided by identifying the motivations, emotions, character, ideals, and moral habits of the clients and therapists involved within the context of the traditions and practices of a culture, group, or community. This would result in more sensitive ethical conduct in general and with multicultural populations in particular (Vasquez, 1996). When psychologists cannot refer to a specific ethical standard, they must rely more heavily on their own value systems and on their interpretations of the APA Ethical Standards. However, for the professional psychologist struggling daily to provide competent services to an
increasingly ethnically and culturally diverse population, relying on one’s current personal knowledge base can lead to improper assessments and interventions (Zayas & Solari, 1994).

Therapists need to make an effort to understand and accept clients who hold different sets of assumptions about life, and to avoid imposing their personal worldview onto their clients. Ideally, therapists should take time to explore the client’s perception of his or her life experiences, cultural heritage, and historical background, and use this information to modify their theoretical and ethical framework for working appropriately with the client. Realistically, this can be a long and involved process that requires commitment on the part of individual psychologists to obtain additional training, to be self-reflecting, and to examine their clinical styles and theoretical orientations. For some psychologists, this type of client- and self-exploration, which usually involves spending more therapy hours with the client than may otherwise be spent, may not be perceived as necessary or valuable to the therapeutic process. This is especially true in mental health delivery systems controlled by managed care organizations.

Because of their many ethical responsibilities, psychologists need to become scientifically literate, socially sensitive, culturally aware, and humanely oriented (Pederson, 1995). “It can manifest in these dimensions in the way it courts scientific and social laws, shapes and sanctions ethical guidelines, seeks and applies knowledge in its multiplicity of settings” (Tapp, 1986, pp. 3–4).

Definition of Terms

*Boundary Crossing*—Boundary crossing is said to be a departure from commonly accepted practice that might benefit the client. Crossings occur when a
boundary is altered in order to respond to the needs of a particular time based on a particular incident (Herlihy & Corey, 1997).

Culture—For the purpose of this study, culture will be conceptualized primarily as shared values, beliefs, attitudes, symbols, and perceptions as shaped by the influence of differing racial/ethnic groups.

Dual Relationship—A dual relationship is said to exist when a psychologist has either more than one professional relationship or both a professional and a personal relationship with a client, student, supervisee, or employee (Corey, Corey, & Callahan, 1993; Herlihy & Corey, 1992; Keith-Spiegel & Koocher, 1985). Specifically, a dual relationship in therapy occurs when the therapist is in a second relationship that is significantly different from a psychotherapy relationship with one of his or her clients. Most commonly, the second nontherapeutic role is social, financial, or professional. For the purpose of this study, dual relationships will refer to client-therapist relationships that occur concurrently with the therapy relationship outside of therapy. In this study, a dual relationship is used synonymously with nonsexual dual relationship and overlapping relationship.

Ethics Code—The Ethics Code provides articulation of the ethical values regarded as important in professional relationships. It is designed to represent the sentiments of psychologists as a profession.

Ethnicity—Ethnicity, which has no biological or genetic foundation, should not be confused with race (Atkinson, Morten, & Sue, 1979). For the purpose of this research, ethnicity will be held to connote a common cultural heritage and shared meanings among members of the various racial groups. The concept will be assumed to include certain shared feelings, thoughts, perceptions, expectations, and actions among the members of a group resulting from their shared historical experiences.
Majority Psychologists—Majority psychologists, as used in this study, will refer to psychologists who identify racially/ethnically as Caucasian. Majority persons is used frequently in the literature to represent those persons in mainstream American society that hold the dominant positions in politics, society, economics, and education (Paniagua, 1994).

Minority Psychologists—Minority psychologists, as used in this study, will refer to psychologists who identify racially/ethnically as African American, Alaskan Native, American Indian, Asian American, Hispanic/Latino(a)/Chicano(a), Pacific Islander, or Multiracial. Minority persons is often used to identify individuals who do not hold the political, social, educational, or economic dominance in mainstream American society, although they may represent large numbers of persons within the total population (Atkinson, Morten, & Sue; 1993; Paniagua, 1994).

Multicultural Counseling—Multicultural counseling, as used in this study, will refer to a therapeutic orientation that is grounded in professional knowledge, attitudes, and skills specifically related to the client’s race, ethnicity, and culture. It is based on the philosophy that therapeutic relationships should be examined for the influence of cultural differences between the therapist’s and client’s understanding of both presenting problems and options for improved client functioning. For the purpose of this dissertation, multicultural counseling will refer only to counseling with clients who are members of “Visible Racial Ethnic Minority Groups,” that is, African Americans, Asian Americans, American Indians, Hispanics, and Latinos (Sue et al., 1992), with an emphasis on racial, ethnic, and cultural differences between the therapist and client.

Multiple Relationships—Multiple relationships were recognized by the APA in the most recent revision of the Ethical Principles of Psychologists and Code of
Conduct, also referred to as the Ethics Code (APA, 1992), regarding the complexity of the problem presented by the many roles psychologists often hold. Dual relationships have become the common label for overlaps in psychologists' roles that may produce ethical dilemmas (Borys, 1992; Gottlieb, 1993; Keith-Spiegel & Koocher, 1985; Smith & Fitzpatrick, 1995; Sonne, 1994). For the purpose of this research, the term multiple relationship is used synonymously with the term dual relationship.

Nonsexual Dual Relationship—For the purpose of this research, nonsexual dual relationship will be defined as a clinical professional relationship that occurs simultaneously with a nonsexual professional relationship and/or personal relationship that occurs outside of therapy between a psychologist and client, such as providing therapy to a friend or family member, combining roles of teacher and therapist, or going into business with a client. Examples of practices that can create dual relationships include dining with clients, employing clients, socializing with clients, attending social events of a client or inviting a client to a social event, and accepting gifts from clients. Selected items on the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey measured this variable. These items were measured twice. The first rating measured the frequency of occurrence with which the psychologists had engaged in potential nonsexual dual relationships. The second rating regarded the degree to which the psychologists consider the 49 behaviors to be ethical.

Overlapping Relationships—Overlapping relationships is a term preferentially used by the Feminist Therapy Institute in place of dual relationships. According to the Institute, overlapping relationships are a fact of life and are more descriptive of reality—and always have been, including the therapeutic context.
(Lerman & Porter, 1990). For the purpose of this research, overlapping relationships is used synonymously with the term dual relationships (see “Dual Relationship”).

Race—Although there has been much discussion over the interpretation of the term race, for the purpose of this research, race will refer to a social construction for people based on overt physical characteristics such as skin color, hair texture, and facial features. The four major racial groups used in this definition are African American, Asian American, Native American, and Hispanic American.

The American Psychological Association Ethics Code—There is a lack of empirical studies documenting the harm or benefit to clients of nonsexual dual relationships with therapists. No consensus has been reached among psychologists that role overlap is either a necessary or a sufficient condition for client exploitation by therapists (APA, 1992; Brown, 1994; Gottlieb, 1993; Kitchener, 1988; Lerman & Porter, 1990; Pope & Vetter, 1992; Ryder & Hepworth, 1990; Sonne, 1994). Some authors argue that there may be theory-based reasons for engaging in nonsexual dual relationships, provided the therapist has taken the safeguards of consulting with a colleague and informing the client of potential risks (Adleman & Barrett, 1990; Berman, 1990; Gates & Speare, 1990; Lerman & Porter, 1990; Sears, 1990; Smith, 1990). In any case, it is the therapist who is responsible for establishing and maintaining appropriate and therapeutically sound relationships with his or her clients. The exercise of making this decision can be a difficult activity for the therapist sensitive and attentive to acknowledging race, ethnicity, and cultural factors. Many clients come from cultural or ethnic backgrounds in which psychological and/or physical boundaries differ from those of the therapist. These differences in racial or ethnic backgrounds among psychologists may lead to conflicting interpretations and applications of the APA Ethics Code.
In 1973 at the Vail conference, a resolution recognizing multicultural competencies as a therapeutic skill was made along with an examination of ethical issues (Korman, 1974). This conference served as a major force for the examination of ethics as they pertain to race and culture in psychology (Korman, 1974). This conference developed the first set of Ethical Guidelines related to cross-cultural counseling (Paradis, 1981). However, for many years, the APA Ethical Code reflected an exclusively Eurocentric cultural standard for provider behaviors (APA, 1981; Dana, 1998), thus resulting in a code that was ethnoculturally biased and inadequate as a responsible basis for practice with culturally diverse groups (Dana, 1998). During the 1980s, a series of both societal and professional events led to awareness among psychologists that necessary changes must be made to the APA Ethical Code (Dana, 1998). Pedersen and Marsella (1982) pointed out ethical concerns existing in multicultural counseling practice. Pedersen and Marsella addressed the continued exportation of mental health assumptions, interventions, and practices developed within the majority cultural context to clients of very different cultures without the empirical support to justify such action.

Societal changes, collective demands by visible racial/ethnic groups, and increased awareness on the part of psychologists regarding competencies or standards for services to multicultural clients (Pedersen & Marsella, 1982; Sue et al., 1992) resulted in the push for the preparation of new guidelines (APA, 1989). These guidelines impacted the preparation of a new ethical code (APA, 1992; Dana, 1998).

The 1992 revision of the APA Ethical Principles and Code of Conduct, hereinafter called the Ethics Code, helps to clarify the rationale for avoiding the exploitation of clients through dual relationships. However, little guidance is provided either for determining when these relationships may cause harm to clients or
for determining the manner by which psychologists ought to apply the Code (Gottlieb, 1993; Smith & Fitzpatrick, 1995; Sonne, 1994). For example, the Code provides no suggestions for resolution when a therapist engages in a nonsexual dual relationship with a client during the course of treatment.

The current APA Ethics Code appears to be based on the assumption that the client and therapist are of similar cultural backgrounds. For example, individualistic values are presumed to be universally valid in the code of ethics of the APA (Pedersen, 1997; Ponterotto et al., 1995). Parham (1997) stated:

Dual relationships not withstanding, I find it interesting to note that most ethical codes and standards are infused with particular cultural values and assumptions (primarily Eurocentric). If one accepts this observation, then perhaps we may invite ourselves to question whether certain ethical principles and standards for providers of service are sensitive to different cultural groups whose values and worldview (i.e., designs for living and patterns for interpreting reality) are markedly different from those of European American psychologists and counselors. I believe such is the case with the principles of dual relationships when applied to African American people and their community. (p. 110)

Furthermore, a mental health community set the guidelines whose practices and theoretical assumptions reflect the values of the dominant cultural group, which is generally Eurocentric. Although the values of the dominant culture have merit, therapists should also acknowledge the racial, ethnic, and cultural differences of their clients. A lack of such acknowledgment may lead to concerns about the appropriateness of practice based on the strict application of the dominant culture’s ethical guidelines.

Several writers (Casas & Thompson, 1991; Sue & Sue, 1990; Wrenn, 1962, 1985) have addressed in the literature the role of cultural pluralism in psychology. These authors in their various articles have suggested that if psychology as a field is committed to meeting the needs and interests of the community, and if it in fact
adheres to a code of ethics that allows for autonomous, economic self-rule, then it must value its primacy as a training ground for psychologists who serve culturally diverse client populations.

Most professional psychologists would agree that ethical guidelines are necessary and crucial for the delivery of psychological services. In addition, many psychologists would agree that ethical guidelines are not sufficient conditions for promoting ethical behaviors (Pederson, 2000). Ethical issues arise from interpersonal relationships. Thus, the nature and direction of the psychologist's professional relationships define areas where ethical problems are likely to occur. It is clear that ethical standards must emerge from day-to-day value commitments made by psychologists in the practice of their profession. Ethical guidelines are developed from an accumulation of experiences in which ethical decisions have been made and not from timeless abstract principles (Pedersen, 1997). The process of studying and implementing ethical standards in clinical practice is complex and must be a continuing one; occasional publications or attendance at seminars is not sufficient in the ongoing process of defining ethical standards for the culturally different client with whom many psychologists work.

The Ethics Code consists of guidelines or rules for professional behaviors designed to protect both consumers and providers. These codes provide a consensus statement regarding normative professional behaviors (Dana, 1998). The professional literature suggests that psychologists in general strive to adhere to the Ethics Code. Research literature suggests, however, that psychologists interpret and apply the APA Ethics Code from various perspectives, based on their own racial, ethnic, or cultural backgrounds and experiences. Psychologists do not always make decisions about ethical matters only by adhering to the professional code and standards or legal
mandates (Lakin, 1991). Their ethical decisions at times are largely influenced by other factors, such as personal values and biases, their moral standards and reasoning, therapeutic considerations, and the context and setting in which they practice (Lakin, 1991). African-American psychologists may be more inclined to reach out to clients in ways that could be perceived as constituting dual roles and unethical behavior. It is suspected that for psychologists outside the majority culture, a dilemma exists in the conflict between the desire to satisfy cultural values and the desire to stay within the framework of the APA guidelines (Casas & Thompson, 1991; Pedersen, 1997).

The APA Ethics Code (1992), which consists of the Introduction, Preamble, and six General Principles, was designed to serve as a set of inspirational goals to guide psychologists toward the highest ideals of psychology and the minimal standards of professional behavior, with which each psychologist must comply. Included as well are 102 enforceable Ethical Standards, which are intended to be specific enough to use as rules resulting in sanctions should the Ethics Code be violated (Keith-Spiegel, 1994; Koocher & Keith-Spiegel, 1998). Whereas the Preamble and General Principles are not enforceable rules, they are to be considered by psychologists in arriving at an ethical course of action and may be considered by the ethics body when interpreting the Ethical Standards (Corey et al., 1993). The Ethical Standards serve the purpose of informing psychologists about ethical conduct that must be obeyed (Canter, Bennett, Jones, & Nagy, 1994). This aspect of the Ethics Code addresses newly emerging areas and concerns not found in earlier versions. The Standards are designed to minimize misconceptions in understanding and application (Canter et al., 1994). Although the application of the Ethical Standards may vary depending on the context, most of the Ethical Standards are written broadly in order to be applicable to the professional and scientific activities of
all psychologists in their varied roles (Corey et al., 1993). Because all therapy is practiced within a particular social context, and ethical decisions are not “absolute” or “objective” but relative to the particular context in which they are made (Keith-Spiegel & Koocher, 1985; Lerman & Porter, 1990), accurate assessment of ethical decision-making requires consideration of the context in which the decision is made (Keith-Spiegel & Koocher, 1985; Lerman & Porter, 1990). For example, General Standard 2.04—Use of Assessment in General and With Special Populations of the Ethics Code specifies that:

(a) Psychologists who perform interventions or administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use; (b) Psychologists recognize limits to the certainty with which diagnoses, judgments, or predictions can be made about individuals; (c) Psychologists attempt to identify situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals’ gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status. (APA, 1992, p. 158; Canter et al., 1994, p. 68; Nagy, 2000, p. 580)

According to Zayas and Solari (1994), the APA made an effort to address the provision of competent services to an increasingly culturally and ethnically diverse population when including General Principle D in the 1992 revised Ethics Code. This principle focuses on psychologists’ awareness of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. It is intended to help psychologists in their efforts to eliminate biases and to avoid participating in or conducting unfair discrimination practices (APA, 1992, pp. 1159–1160). Ethical Standard 1.08 on human differences was added to ensure that psychologists receive adequate preparation to provide competent services or to make appropriate referrals when racial, ethnic, and cultural differences significantly affect
psychological practice (Zayas & Solari, 1994). Additionally, in a supplemental publication entitled “Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations” (APA, 1993), the APA urges practitioners to “understand the role that race/ethnicity and culture play in the sociopsychological development of diverse populations” (p. 45) and to “recognize ethnicity and culture as significant parameters in understanding the psychological processes” (p. 45). The implication is that psychologists should incorporate consideration of the client’s race and ethnic and cultural background into their practices. According to the APA, ethnically appropriate practice should be considered within the cultural context of the client (p. 46). This guideline, which was drafted by a committee formed by the Board of Ethnic Minority Affairs of the APA, emphasized the need for psychologists to be cognizant of their own attitudes, beliefs, values and biases, and cultural background. This guideline encourages psychologists to be willing to look outside their personal worldview in an effort to meet the needs of clients (Pedersen et al., 1996).

Despite a number of revisions over the years to the APA Ethical Guidelines and regulations, all of which reflect a growing sensitivity to the particular needs and treatment concerns related to protecting the welfare of minority individuals and groups, the question of whether the Ethics Code actually accomplishes these aims remains (Payton, 1994). Concerns have been raised that (a) the current ethical code is trivial, (b) it does not sufficiently address minority values and concerns, (c) the guidelines are extremely vague, and (d) it does not reflect adequate concern for clients (Pope & Vetter, 1992).
The weaknesses of the APA Ethical Guidelines are that they (a) do not identify their underlying philosophical principles, (b) assume a dominant culture perspective, and (c) generally minimize or trivialize the role of culture in ethical decision-making (Pederson, 1995). The Ethics Code is described in the Preamble as providing a common set of values upon which psychologists can build their professional work (Pederson, 1995). It is expected that each member of the APA will supplement without violating the Code's standards or principles, as he or she is guided by personal values, culture, and experience (Pederson, 1995). At the same time, both explicit examples and implicit assumptions from the guidelines have been identified as sources of bias and exclusionary judgment (Pederson, 1995). Principle D requires respect for people's rights, dignity, and worth, but although this principle urges psychologists to meet the needs of all clients, inclusively, there are no guidelines for how that might be done (Pederson, 1995). The second part of the Code reviews standards of behavior, restates the general principle, and implies that the same principle will be applied in the same manner regardless of the cultural context (Pederson, 1995). For example, Standard 1.08 on human differences states:

*Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language or socioeconomic status significantly affect psychologists’ work concerning particular individuals or groups, psychologists obtain the training, experience, consultation or supervision necessary to ensure the competence of their services or they are to make appropriate referrals.* (APA, 1992, p. 1601)

According to Pederson (1995), it is hard to imagine any psychological services or intervention in which these differences would not be significant. This standard minimizes the importance of documented differences in its "conditional" language about culture (Pederson, 1995). Standard 1.10 on nondiscrimination warns against "unfair discrimination" based on cultural membership, suggesting that
discrimination may not always be unfair (Pederson, 1995). For example, Standard 1.17 prohibiting multiple relationships demonstrates a disregard for cultural patterns with groups that are less individualistic than the dominant culture (Pederson, 1995), and Standard 1.18 prohibiting barter with clients also disregards cultural patterns of less money-driven groups (Pederson, 1995).

Several problems also exist with the APA Ethical Principles. First, in the absence of more specific guidelines, the ambiguously stated principles tend to protect the status quo (Ponterotto & Casas, 1991). A second problem lies with the appropriateness of the application of the principles in practice (Ponterotto & Casas, 1991). The guidelines fail to address the fundamental ethical issues of bias in the profession and rather are designed to protect the professional against the culturally different client (Pedersen, 1997). Third, where cultural groups are mentioned in the principles, there is a bias favoring an individualistic perspective, which would not be appropriate to collectivistic cultures (Ibrahim & Arrendondo, 1990; Meara, Schmidt, & Day, 1996). For instance, in collectivistic cultures it might be inappropriate to refuse a dual relationship because multiple relationships might be considered essential to appropriate care giving (Pederson, 1995). For example, clients who come from collectivist cultures or subcultures, such as Asian American, Native American, African American, or Hispanic American individuals, may actually select a specific therapist because of an overlap in social contact, common membership in a community, or similarities in values.

In summary, it is suggested that the APA Code of Ethics, although providing a useful set of ethical guidelines for psychological practice, does not sufficiently take into account cultural context when addressing ethical decision-making regarding nonsexual dual relationships.
Statement of the Problem

Psychologists today are faced with the problem of the APA Ethical Guidelines being broad and vague, particularly as they relate to ethical decision-making regarding nonsexual dual relationships outside of therapy. The guidelines are difficult to interpret and apply in a manner that is responsive to the needs of the racially, ethnically, and culturally different client. Psychologists must find ways to interpret and apply the guidelines in a manner that is beneficial when working with racial and ethnic minorities. LaFromboise, Foster, and James (1996) commented that dual role relationships with multicultural clients can be desirable even though the relationships are not reflective of the individualistic orientation of majority-culture values.

A major change in the 1992 Ethical Code is the exhortation to psychologists to assess whether dual relationships (General Standard 1.17) are harmful to the client. According to Herlihy and Corey (1992), a determination of harm is subject to varied interpretation, particularly in cases involving multicultural therapy. For psychologists of color, prohibitions against counseling a friend or acquaintance may be impossible (Pedersen et al., 1996). Pedersen et al. offer a scenario in which the only Hispanic/Spanish-speaking counselor at a university counseling center is known by a Hispanic/Spanish-speaking client very well. Pedersen et al. point out that the student/client may come to the center because of that connection. In addition, Pedersen et al. suggest that avoiding social relationships with clients may also be challenging in small ethnic communities. For example, the restriction against treating family members may be extremely problematic for the Native American Indian psychologist, whose reservation community is made up of extended family members and/or strong kinship ties. These examples, as cited by Pedersen et al. (1996), reflect a more collectivistic
orientation than that of the individualistic orientation of the APA Ethics Code (1992). In addition, these examples illustrate how the guidelines reflect the prevailing individualistic orientation (based on majority cultural values) to which most psychologists are exposed to during training.

The Ethics Code and standards of practice of the profession govern therapeutic practice. In the past, the APA did little to directly address issues of diversity or cultural encapsulation of the standards (Sue et al., 1998). Increasingly the profession has become sensitized to the need for change. The multicultural counseling and therapy movement has influenced many to consider that the psychologist’s role, standards of normality and abnormality, and what is considered therapy are culture-bound (Carter, 1995; Ridley, 1995; Sue & Sue, 1990). The degree to which the profession will operate from narrowly prescribed “therapeutic behaviors” and roles is not certain. For example, according to Sue et al. (1998), most psychologists are taught that therapists (a) do not offer advice and suggestions because it may create dependency, (b) do not take a teaching role, (c) do not self-disclose their feelings and thoughts and that doing so weakens therapists’ objectivity and allows for the therapists’ personal values to enter the session, (d) do not accept gifts from clients because it unduly obligates them, and (e) do not enter into dual or multiple relationships because establishing boundaries is crucial due to potential conflicts of interest. In general, clinical practice is defined as working for the therapeutic good of the client, in which the client is allowed to make his or her own decisions, without undue influence, while maintaining clear boundaries and maintaining objectivity (Sue et al., 1998).

Concepts of mental health, the roles psychologists play, and the therapeutic process stem from European American culture (Sue, 1996). Some mental health
professionals, according to Sue (1996), believe that multiple relationships based on nontraditional helping roles may be of more benefit than harm. For example, according to Asian culture, it is considered more appropriate for self-disclosure to occur with an intimate acquaintance. Often self-disclosing to an unknown individual such as a therapist is considered a taboo and a violation of familial and cultural values. Thus, certain Asian cultures may encourage a dual relationship in which the therapist is a close friend or relative (Sue, 1996). Often the Asian client's desires to have what is the more traditional counseling role evolve into a more personal one is perceived by European-American-trained psychologists as inappropriate (Sue, 1996). For example, gift-giving, which is a common practice in many Asian communities, is an expression of respect, gratitude, and the sealing of a relationship (Sue & Zane, 1987). Whereas such actions are considered culturally appropriate, to the psychologists unfamiliar with such practices it may feel inappropriate to accept a gift because it blurs boundaries, changes the relationship, and creates a conflict of interest. In an effort to protect the therapeutic relationship, the therapist might politely refuse the gift, unaware of the cultural meaning of their refusal for the giver (Sue, 1996).

Some behaviors and actions on the part of psychologists may have a potential for creating a dual relationship but are not, by themselves, a dual relationship (Herlihy & Corey, 1997), such as in accepting goods in exchange for money as payment from a client, embracing a client at the end of a particularly difficult session, accepting a client's invitation to a special event such as a wedding, or accepting a small gift from a client. Several authors (Gutheil & Gabbard, 1993; Simon, 1992; Smith & Fitzpatrick, 1995) have suggested that such occurrences could be considered boundary crossings as oppose to a boundary violation. According to Herlihy and
Corey (1997), interpersonal boundaries change over time as clients and therapists work together; seldom, if ever, do they remain static.

According to Parham (1997), often therapeutic taboos are influenced by Eurocentric assumptions and values. For example, when referring to African Americans, Parham emphasizes African-centered ethical codes that are influenced by human relations and the interconnectedness between the client and the psychologist. African-centered ethical codes begin and develop in a concern for the quality of human relations. A fundamental African principle states that human beings realize themselves only in moral relation to others.

Unlike Eurocentric ethical standards, which appear to be designed to control people’s behavior, African-centered ethics invite people to aspire to right ways of being. The African worldview fundamentally believes in the ontological principle of consubstantiation, that is, elements of the universe are of the same substance. (Parham, 1997, p. 110)

The African centered worldview acknowledges the holistic nature of the self. It also identifies that the group or collective is the most salient element of existence, more so than the individual. What is considered important for the client as a part of a community serves as the guiding principle for role definition of the professional. Parham expressed the opinion that developing and maintaining spiritual as well as emotional connectedness is facilitative. Moreover, the spiritual and emotional dimensions of a person’s life (including decision-making) are deemed just as valuable as the rational and behavioral ones.

Parham (cited in Sue et al., 1998) stated that the “application of an African-centered worldview will cause one to question the need for objectivity absent emotions, the need for distance rather than connectedness, and the need for dichotomous relationships rather than multiple roles.”
Dual relationships are not inherently unethical (Haas & Malouf, 1995). No code of ethical standards for the major mental health professions prohibits all dual relationships; however, each emphasizes the obligation of the individual professional to be cognizant of the potential harm that could be caused by dual relationships (Haas & Malouf, 1995). The Code of Ethics now recognizes that multiple relationships may be unavoidable, that not all dual relationships are harmful, and that under certain conditions they may be therapeutically beneficial (Sue, 1996). Some writers have expressed the belief that codes of ethics should be utilized as guidelines to practice rather than as rigid prescriptions, and that the professional’s judgment plays a crucial role (Herlihy & Corey, 1997). For example, Corey et al. (1993) suggested that professionals be mindful that the ethics codes are mere creations of humans, not divine decrees that contain universal truth. Corey et al. have indicated that they do not believe all dual relationships are always unethical, and that they encourage therapists to think critically, react carefully, and reflect honestly about the various issues and circumstances involved.

According to Sue (1996), the guidelines discouraging dual relationships are well intentioned and basically sound; however, the guidelines should not be rigidly applied to all situations. Sue cited examples of community characteristics, multicultural redefinitions of counseling roles, and cultural perceptions of helping practices as issues that need to be considered.

Hedges (1993), who drew from a psychoanalytic point of view, believed that essentially there is a dual relatedness in psychotherapy. Hedges pointed out that resistance, transference, and countertransference rest upon the existence of a dual relationship. When viewed in this light, Hedges encouraged therapists to consider that all beneficial aspects of therapy arise as a consequence of a dual relationship.
It has been noted by Bograd (1993) that some professionals celebrate multiple connections that cross boundaries among supervision, teaching, therapy, collegiality, and friendship. Bograd stated that often these helping professionals view multiple relationships as an inevitable and potentially beneficial complexity of interpersonal relationships rather than as evidence of professional indiscretion. Tomm (1993), for example, believed that when codes of ethics expect practitioners to maintain professional distance, they are in fact implying that all dual relationships are wrong. Tomm suggested that actively maintaining interpersonal distance emphasizes existing power differentials and promotes an objectification of the therapeutic relationship. According to Tomm, dual relating enhances greater authenticity and congruence from therapists and that, in fact, therapists’ judgment may be improved rather than impaired by dual relationships, which would make it more difficult to use manipulation or hide behind the protection of a professional role.

Tomm (1993) pointed out that it is not duality itself that constitutes the ethical dilemma, but instead the therapist’s tendency to exploit clients or misuse power. In Tomm’s (1993) opinion, avoiding multiple relationships does not prevent exploitation.

The limitations inherent in the APA Principles as related to multicultural ethical decision-making need professional attention. According to Hillerbrand (1987), psychologists should avoid trying to resolve ethical dilemmas by reasoning through principles alone. Hillerbrand encouraged the field of psychology to take a relational stance using the context of dialogue with the community when seeking to resolve ethical dilemmas.

Ivey (1987) recommended a relational view of ethics in which the profession moves from a discourse of power of the majority to a new form of dialectics between
professional organizations (e.g., APA) and individuals embedded in the community (but seldom in power). LaFromboise and Foster (1989) suggested a care perspective and a justice perspective into the Principles as they impact on and/or relate to multicultural ethical decision-making. Allison, Crawford, Echemenda, Robinson, and Kemp (1994) suggested goals and procedures that include alternative interventions before providing any services. According to Allison et al. (1994), informed choice is expected to occur only in a context in which treatment outcomes are discussed in terms of how they affect the family as well as how they impact the family and community. Emphasis has been placed on future directions encompassing a review of the diversity in moral understanding across cultures, particularly notable in differences between individualistic and collectivistic cultures (Allison et al., 1994).

Certainties are rare in the psychology profession. As with any complex ethical issue, total professional consensus will never be reached. Therefore, as professionals, psychologists must work towards clarifying and developing guidelines for practice, within the limits of ethical codes, current societal changes, and different opinions, values, and beliefs. The intent of this dissertation is to explore through a survey the ethical decision-making perspectives of psychologists at APA-accredited counseling centers in different sections of the country.

Only a few studies deal with therapist decision-making regarding cases specific to nonsexual dual relationships or take contextual factors into consideration. In addition, there appears to be little research as to what factors therapists use to determine acceptable practices regarding nonsexual dual relationships. Limited research has been published that addresses the influence race, ethnicity, and culture have on the practices and perceptions of the ethicality of nonsexual dual relationships outside of therapy. Therefore, more research is needed to investigate whether the
guidelines serve as an adequate guide for the therapist having to make ethical decisions for the client of a different cultural background.

Purpose of the Study

The purpose of this study was to investigate the influence race, ethnicity, and culture have on majority and minority psychologists’ interpretation and application of the APA Ethical Guidelines as it relates to perspectives on nonsexual dual relationships. The investigation was conducted through a survey of university counseling center psychologists at APA-accredited counseling centers. The psychologists surveyed represented various racial/ethnic backgrounds working clinically with clients of various racial/ethnic backgrounds across the different sections of the country. This study focused on the interpretation and application of General Standard 1.17—Multiple Relationships:

In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist’s objectivity or otherwise interfere with the psychologist’s effectively performing his or her functions as a psychologist, or might harm or exploit the other party.

Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when preexisting relationships would create a risk of such harm. If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the ethics code. (APA, 1992)

The results of this research provide new information about psychologists and the perceptions they have of nonsexual dual relationships outside of therapy.
Furthermore, the findings of the current study render additional information about (a) psychologists' perceptions of the Ethical Guidelines, cultural relevance, and sensitivity; (b) psychologists' perceptions of appropriate interactions with clients who are of different racial or cultural backgrounds from their own; and (c) whether there is a tendency for psychologists' race, ethnicity, or culture to influence their interpretations and applications of the Ethical Guidelines.

Theoretical Framework

This research is based on a quantitative analysis of responses to survey questions concerning the influence of race/ethnicity on psychologists' interpretation and application of the APA Ethical Guidelines pertaining to nonsexual dual relationships outside of therapy. This research explored the various perspectives of psychologists regarding the interpretation and application of the APA Ethical Guidelines, General Standard 1.17 on Multiple Relationships. The study focused on the interpretation and perception of ethical decisions pertaining to nonsexual dual relationships in the multicultural counseling relationship outside of therapy. The Ethical Guidelines were examined for references to practice involving racially and ethnically diverse clients and nonsexual dual relationships.

The problems addressed in this study were nonsexual dual relationships outside of therapy. The study involved data collection and analysis of five specific research questions. The research questions are as follows:

1. Do differences exist between minority psychologists’ (defined as African American, Asian American, Hispanic American, American Indian, and Multiracial) and majority (defined as Caucasian) psychologists’ perceptions regarding nonsexual dual relationship behaviors and judgments as measured by the Ethical Beliefs and
2. Do differences exist between the ethical beliefs of minority and majority psychologists as measured by the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey? (Sherry et al., 1991).

3. Do differences exist between the perceptions of psychologists regarding nonsexual relationships by gender and by geographical region (section of the country)?

4. Does a relationship exist between psychologists' degree of actual therapy experience with diverse populations and their perception of the ethicality of nonsexual dual relationships?

5. Does a relationship exist between minority and majority psychologists' ethical judgments and the context of nonsexual dual relationship behaviors as measured by the Inventory for Dual Relationship Judgments?

The Importance of the Study

This study is one of few studies that have investigated the influence of race, ethnicity, and culture on the interpretation and application of the APA Ethical Guidelines regarding nonsexual dual relationships outside of therapy. It is believed that this dissertation may contribute to psychologists' understanding of this complex matter. It is also believed that it will help fill a void in currently existing research on racial, ethnic, and cultural factors as they impact psychologists and their practice of psychotherapy.
Organization of the Study

Following the introductory chapter, Chapter II of this study provides a review of related literature. This review consists of sections on the Ethical Guidelines, dual relationships and ethical implications, the client-therapist relationship, nonsexual dual relationships, and ethical decision-making and the cultural context. Chapter III addresses the survey methods and procedures used in this study. This section will include the population surveyed, the instrumentation that was utilized, and methodological issues including data collection and analysis. In Chapter IV, results of the study and their possible implications are reported and discussed. Chapter V provides conclusions, implications from the findings, as well as suggestions for future research.
CHAPTER II

REVIEW OF THE LITERATURE

This chapter presents a review of the literature on psychologists’ decision-making regarding nonsexual dual relationships outside of therapy. The chapter presents a brief overview of the APA Ethical Guidelines. Attention is then directed to a discussion on ethical decision-making and cultural context, dual relationship ethical implications, nonsexual dual relationships, research on nonsexual dual relationships, ethnographic therapist characteristics and ethical decision-making, and cultural context and the client-therapist relationship. This chapter ends with a summarization of the chapter and with the intent of the present study.

It is crucial that psychologists clarify the boundaries of a therapeutic relationship with each client with whom they work so as to reduce the risk of causing harm that can accompany boundary violations. In the proposed study, nonsexual dual relationships outside of therapy are of specific interest. Achieving clarity in determining what constitutes a harmful nonsexual dual relationship with a client requires awareness and appreciation of racial, ethnic, cultural, and individual differences.

Training received by psychologists often does not include specific information about how to apply the Ethical Guidelines to situations that involve values that differ from those of the majority culture (McRae & Johnson, 1991). According to Pedersen (1997), much of the criticism of the professional Ethical Guidelines presumes that the principles are valid but poorly implemented due to the inadequate training and
inappropriate therapeutic interventions of majority therapists working with culturally diverse clients. In our society, race, ethnicity, culture, and other factors of "difference" are frequently emotion-laden concepts that may inhibit, distort, or diminish rather than enrich the caring and trust necessary for an effective therapeutic process (Pope & Vasquez, 1991). This review of the literature addresses the relevant topic areas of ethics, dual relationship ethical implications, nonsexual dual relationships, ethical decision-making and cultural context, ethnographic therapist characteristics, and client-therapist relationship. This review of the literature reveals a limited number of resources on these topics. It is believed that this study will make a contribution to the psychology literature and to the diverse people that psychologists serve.

The Ethical Guidelines: A Historical Overview

The American Psychological Association’s Ethical Guidelines were first established in 1953 as a means of ensuring that the integrity and welfare of those with whom psychologists work are protected (Canter et al., 1994; Nagy, 1993, 2000; Sonne, 1994). The Ethical Guidelines, even at that time, addressed the issue of therapeutic and nontherapeutic relationships. These ethics remained as written in 1953 until they were up-dated in 1981 (Nagy, 1993). The period between 1986 until 1992 reflected a period in which revisions were once again underway (Canter et al., 1994; Evans & Hearns, 1997). In August 1992, the Council of Representatives of the APA approved the revisions as presented in the current Ethics Code (Canter et al., 1994). The Code officially appeared in the American Psychologist in December 1992 (Evans & Hearns, 1997). The Ethics Code of the APA has always contained statements warning therapists about the dangers of treating persons with whom the
therapist has had a preexisting relationship. The term dual relationship first appeared in the 1953 Ethics Code. At this time, dual relationship applied only to "clinical relationships with members of the practitioner’s family, with intimate friends, or with individuals so close that the welfare might be jeopardized by the dual relationship" (APA, 1953b, p. 4, cited in Canter et al., 1994). The 1959 Ethics Code (Principle 8c under Client Relationship) broadened the prohibition with the change to "intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship" (APA, 1959, p. 281, cited in Canter et al., 1994). In 1963 the Ethics Code made the change from "clinical relationship" as found in the 1953 Ethics Code to "professional relationship" (Canter et al., 1994). In 1977, the Ethics Code placed dual relationship in a broader context by adding the concept of "psychologists" and expanded the nonexclusive list to include "treating employees, supervisees, close friends, or relatives." The 1977 revision marked the first time "sexual intimacies with clients" appeared in the Ethics Code (Canter et al., 1994). In 1981, many additional changes were made to once again broaden prohibition. Despite the history of attention to this matter, the ethical issues inherent in dual relationships continue to plague the profession (Sonne, 1994). Sonne (1994) argues that the newest Code (APA, 1992) neither defines the problem of multiple relationships satisfactorily nor provides sufficient guidelines for decision-making in these cases.

In the current code, the APA has revised Ethical Standard 1.17, which addresses multiple relationships, in an attempt to clarify the ethical issues and to suggest appropriate conduct for psychologists. The Ethical Principles of Psychologists and Code of Conduct recognizes that not all dual or multiple role relationships are avoidable or unethical. Pope and Vetter (1992) have suggested that the Ethics Code offer more clarity and specificity in deciding if and when nonsexual
dual role relationships are ever therapeutically indicated or acceptable. This position further suggests that it is not clear that nonsexual dual relationships can be ruled as always unethical and avoidable in every circumstance (Stockman, 1990). Several authors have argued that nonsexual dual or multiple relationships are almost inevitable for most practitioners (Bader, 1994; Gottlieb, 1993; Lerman & Rigby, 1990; Youngren & Skorka, 1992). The general consensus that appears to remain among psychologists is that dual relationships are to be avoided, but that not all are avoidable (Belvins-Knabe, 1992; Herlihy & Corey, 1997).

Ethical Decision-making and Cultural Context

The growth in interest in multicultural counseling has brought about an interest in ethical principles as they apply to the ethical decisions made in multicultural counseling. Many have criticized the General Principles of the Ethics Code as outlined by the profession as being culturally encapsulated (LaFromboise & Foster, 1989; Pedersen & Marsella, 1982). The debate as to the broad perspective versus the narrow perspective lends credence to the questions as to (a) whether any one set of General Principles and Ethical Standards can be applied across the boundaries of ethnographic, affiliation, status, or demographic differences when those differences become culturally salient; (b) whether the General Principles and Ethical Standards should be based on the different perspectives of each cultural group; and (c) whether the General Principles and Ethical Standards should be based on the human and intuitive presumption that all people are in some way alike (Pedersen, 1989). Efforts for the General Principles and Ethical Standards to be interpreted and applied to specific cases have been met with the issue of bias favoring the dominant culture, which inhibits the appropriate adaptation of general principles to different
minority groups (Pedersen, 1994). It is likely that the General Principles and Ethical Standards that are precisely appropriate to one culture are not apt to fit the requirements of another very different culture (Pedersen, 1994).

As a collective group, racial/ethnic minority populations in the United States—including African Americans, Asian Americans, Native Americans, and Hispanics—are growing at a faster rate than the Caucasian majority populations (Ponterotto & Casas, 1991; Sue & Sue, 1990; Pope-Davis & Coleman, 1997). As minority groups continue to grow in numbers, their concurrent mental health needs will expand, and mental health professionals increasingly will be called upon to provide culturally relevant services (Serafica, Schwebel, Russell, Isaac, & Myers, 1990). Proponents of multicultural counseling have suggested over the years that when psychology embraces the reality that there have been demographic shifts, psychology will also begin to embrace the reality that race, ethnicity, and culture are important issues that impact therapeutic relationships, not only with ethnic minorities but also with every person (Pope-Davis & Coleman, 1997; Essandoh, 1996; Pedersen, 1997; Ponterotto & Casas, 1991; Sue et al., 1992; Sue & Sue, 1990).

Psychologists working in multicultural settings sometimes have to decide whether they will follow the prescribed Ethics Code of the profession or modify the Ethical Guidelines to make them culturally relevant (Pedersen, 1997). According to Pedersen (1994), the Ethical Guidelines continue to support the perspective of the dominant culture, despite the fact that all professional mental health associations with a code of ethics emphasize the therapists’ responsibility to know their clients’ cultural values when rendering services to them. General principles and ethical standards generated in one cultural context cannot be applied automatically to other substantially different cultural contexts without modification (Pedersen, 1997).
According to Pedersen (1997), a significant problem in the Ethical Guidelines is the assumptive overtone that psychologists can extrapolate automatically from the General Principles and Ethical Standards to respond appropriately and competently to racial/ethnic minorities.

The current Ethics Code (APA, 1992) consists of two parts, General Principles and Ethical Standards, reflecting revisions made in an effort to address issues of ethical concern relevant to therapy with ethnic minorities. Implicitly, this seems to raise the issue of whether what is deemed as ethical according to the guidelines is ethical in the diverse cultural contexts in which the therapists are required to make relationship decisions. According to Payton (1994), many of the revisions appear to reflect sensitivity to the specific needs and treatment that should be given to minorities. However, the question remains as to whether the Code as a whole lives up to the stated primary goal of protecting the welfare of those with whom psychologists work when these individuals and groups are drawn from diverse populations (Payton, 1994).

Standards as to socially acceptable or ethical behavior are derived in a cultural context. Whereas each culture shares similarities with other cultures, each culture is also distinctively different (Pedersen, 1997). Thus, when making ethical decisions, it is essential to understand the reasoning within the cultural context where the behavior being judged occurs. Failure to do so could result in inappropriate judgments, inaccurate assessments, poor decision-making, and ineffective interventions.

Ivey (1987) pushed for a relational view as a means of negotiating between the client and the therapist and the cultural context. Such a stance, according to Ivey, would allow for the interpretation of standards of ethical behavior according to the consequences as well as the intention. Thus, each ethical standard would be applied
and interpreted differently in each cultural context, although it would be the same principle. Absolute standards that impose one viewpoint on all others are unacceptable. This relational alternative recognizes the importance of absolute but abstract ethical principles, yet also the multiplicity of applications in complex and dynamic cultural contexts that simultaneously reflect cultural similarities and differences (Ivey, 1987).

The APA (1993) Ethics Code provides a sociocultural framework that specifies both the core abilities and the research-based understanding essential to ethical decision-making. The research-based issues consist of the impact of cultural similarity, utilization of counseling, the role of cultural values in treatment, effectiveness of counseling style, appropriate counseling and therapy models, and competency in working with different cultures (Pedersen, 1997). Core abilities include recognizing cultural diversity, being cognizant of the socioeconomic and psychological roles of culture, understanding how socioeconomic and political factors influence cultural groups, achieving self-awareness of sociocultural identity, and understanding how culture shapes behavior (Pedersen, 1997).

The Ethical Guidelines emphasize that psychologists maintain acceptable standards of ethical practice when serving their clients. In doing so, therapists must be ever cognizant of their behavior, the client-therapist relationship, and their personal theory of ethics by which they make ethical decisions. However, Sonne (1994) found that when psychologists work with some minority groups, they continue to overlook the impact of their own culture on their interpretation and perception of appropriateness in clinical relationships and in potential dual relationships with those clients. Experiences associated with race, ethnicity, and
culture of psychologists are believed to have influence on their interpretation and application of the guidelines as they relate to nonsexual dual relationships.

Dual Relationship Ethical Implications

Psychology as a field has become increasingly concerned about dual relationships as an ethical issue. Therapists enter into a dual relationship whenever they are in another significantly different professional or nonprofessional relationship with a client or clients (Herlihy & Corey, 1992; Pope, 1991; Sonne, 1994; Valentich & Gripton, 1992; Youngren & Skorka, 1992). As stated earlier in this study, dual relationship has been defined as occurring concurrently with the therapy relationship outside of therapy. It has been debated by several authors that a dual relationship can occur following termination since even with the completion of therapy certain professional obligations and influences continue (Bader, 1994; Kagle & Giebelhausen, 1994; Pope, 1991; Sonne, 1994). Whenever psychologists are involved in a dual role, the potential exists for a conflict of interest, blurred boundaries, and exploitation of those who seek their help (APA, 1992).

The concern for the ethical practice of multicultural psychotherapy in the field of psychology is on the rise. Evidence of this growing concern is seen in research and literature addressing the many ethical issues and dilemmas psychologists possibly face and the responsibility they have in providing psychological services to diverse populations. These issues, which at some point are experienced by most clinicians, are crucial and relevant to the practice of multicultural psychotherapy. This concern has been demonstrated in the several revisions (APA, 1981, 1990, 1992) made to the Ethics Code. Dual roles have been addressed repeatedly by the Ethics Code (APA,
1981, 1990, 1992) due to the importance of establishing and maintaining appropriate boundaries in the therapy relationship.

It has been suggested by Pope (1991) that practitioners often find themselves in dual relationships because of the suddenness with which they can arise and the subtle way in which they develop. In an article authored by Gutheil and Gabbard (1993) regarding the functioning of the therapist and the concept of boundaries, it was suggested that some therapist behaviors might not take on the appearance of therapy. Gutheil and Gabbard offered the examples of therapy sessions during lunch as a regularly occurring blurring of boundaries that clinicians can regard as therapy taking place, but which may not "look like therapy" to a client. Pope (1991) emphasizes the need for all psychologists to be mindful of their practices and to be prepared to deal with potential dual relationships should they occur. Pope, along with Vasquez (1991), asserts that therapists that engage in various nonsexual behaviors are frequently rationalizing their behavior that in the end lacks true commitment to the clients' well-being. Their sentiments are consistent with Kitchener (1988) and Sonne (1994), who suggest that psychologists and other mental health professionals cannot always be accurate in predicting the degree to which their capacity to practice competently will be impaired, or the harm that may come to a client as their relationship progresses. Both Kitchener and Sonne contend that generally speaking most dual relationships represent "undue risks" and should be avoided. Because preventing harm has been identified as an important professional value and the fact that harm cannot always be foreseen, these writers argue that commitment to the clients' welfare dictates that the therapist should almost always avoid dual relationships.
This view is challenged by the more liberal stance of other writers (Corey et al., 1993; Herlihy & Corey, 1992, 1997) who suggest that ethical decision-making regarding dual relationships must be made on a case-by-case basis. Writers taking a more liberal position view a more rigid posture against nonsexual relationships as impractical. It is argued that prohibiting dual relationships may reduce the therapist's opportunity to work in the best interest of the client. In addition, proponents of this position emphasize the role of the community and cultural contextual variables in determining whether a dual relationship is ethical (Welfel, 1998).

Regardless of the position a therapist takes when making an ethical decision about a dual relationship, it is the consensus of the profession that the individual therapists should monitor their behavior, reevaluate and reassess their own practices, consult with colleagues, and seek supervision. It remains the goal of the profession for psychologists to work effectively, in an appropriate manner with the welfare of the client at the heart of their work.

An earlier report of the Ethics Committee of the American Psychological Association (1996) cited dual relationships as a major source of 46% of the cases of ethics violations occurring in 1995. Bader (1994) reported that dual relationships were the major cause for disciplinary hearings, ethics complaints against practitioners, and the largest financial losses in malpractice suits in the United States. This conclusion was based in part on the data on complaints provided by APA (1993, 1994, 1996). Dual relationships not only constituted the largest proportion of cases opened by the committee in 1995 but also reflected an increase of 23% since 1988 (Bader, 1994; Lear, 1997). In addition, decisions involving dual relationship dilemmas were the second most frequent issue reported by psychologists in a national
survey (Pope & Vetter, 1992). These data clearly attest to the challenges psychologists have in the area of dual relationships.

It has been determined that, in conjunction with the disproportionate number of ethics complaints involving dual role violations, many psychologists have found compliance with the Ethical Principles to be difficult (Borys & Pope, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987, 1988). Even though the Ethics Code recommends the avoidance of dual role relationships because they “impair professional judgment and increase the risk of exploitation” (APA, 1981), psychologists report engaging in numerous dual relationships and incidental contacts. For example, although the code (APA, 1981) clearly urges that psychologists avoid treating students, close friends, relatives, supervisees, and employees, Pope et al. (1987) found in their study that 155 of the respondents provided therapy to at least one of their employees, 30% to one of their students, and 28% to at least one of their friends. In addition, Pope et al. found that some psychologists not only engage in nonsexual dual role relationships with clients, but many psychologists do not regard such practices as unethical.

Within the broad range of ethical issues receiving increased attention is the issue of dual role relationships, particularly sexual dual relationships. Dual relationships involving sexual misconduct are considered to be one of the more severe psychotherapy violations. It has received a disproportionate amount of attention and scrutiny in the literature (Aikman, 1994; Lear, 1997; Theo-Steelman, 1993).

Discussion on sexual dual relationships is often included in reviews when addressing nonsexual relationships because of the extent to which findings can be generalized to nonsexual dual relationships. For example, several authors have argued
for treating sexual and nonsexual dual relationships together in response to observations that a sequence of nonsexual dual relationships often precedes a sexual dual relationship (Gutheil & Gabbard, 1993; Kagle & Giebelhausen, 1994; Malley, Gallagher, & Brown, 1992; Simon, 1992). Borys (1988) found that a set of nonsexual dual relationships "accurately predicted" practitioners who became sexually intimate with their clients in 78% of the cases reviewed in her study. This is not to suggest that psychologists entering into a nonsexual dual relationship will engage in a sexual dual relationship with a client (Greene, 1994; Gutheil & Gabbard, 1993), but to acknowledge findings that sexual misconduct is usually preceded by less harmful violations (Gutheil & Gabbard, 1993).

Borys (1988) has suggested as a result of her examination of dual roles that it is important to establish the relationship between sexual and nonsexual dual relationships. In addition, Borys (1988) has indicated that establishment of this relationship could impact attention given to nonsexual dual relationships. In support of this view, several authors have stated that the current focus on sexual dual relationships has led to the assumption that clients may be at risk for exploitation from nonsexual dual relationships as well (Keith-Spiegel & Koocher, 1985; Kitchener, 1988).

The literature indicates there has been a tendency to study sexual and nonsexual dual relationships separately (Evans & Hearns, 1997). As reviewed above, the current research on nonsexual dual roles has been limited in scope. Research has mostly investigated the occurrence of nonsexual dual roles with only minimal credence given to the factors associated with these practices or the context of the therapy relationship.
Research on Nonsexual Dual Relationships

It is appropriate for research to examine more closely specific types of nonsexual dual relationships. Several studies are particularly relevant to this dissertation because they address ethical concerns associated specifically with nonsexual dual relationships. These studies are Aikman, 1994; Borys and Pope, 1989; Lear, 1997; Pope et al., 1987, 1988; Sherry et al., 1991; Tallman, 1981; and Theoe Steelman, 1993. A summary of these studies follows.

Aikman's (1994) study investigated social nonsexual dual relationships with former clients. This study entailed a randomly selected group of clinicians from the APA membership list. The study examined three primary areas. The areas investigated the relationship between personal and demographic therapist variables and clinicians' willingness to engage in friendship relationships with former clients. In addition, the study examined the relationship between clinicians' decisions to engage in friendships with former clients and the rate of occurrence at which the clinicians engaged in other dual role practices and incidental contacts. This study also attempted to identify the factors that could have influenced whether clinicians decided to enter into a friendship relationship with former clients.

One purpose of this study was to assess whether the participants who reported having engaged in friendship relationships with former clients responded in a different manner based on personal and demographic characteristics. The personal and demographic information gathered for the study included therapist’s age, gender, race, degree, years of experience providing psychotherapy, type of clinical setting, geographical setting, theoretical orientation, and marital status. It was found, according to Aikman (1994), that no significant results were found between the two
clinician groups based on the personal and demographic variables: race, degree, marital status, specialty, practice setting, and the number of adult clients treated in the time span of 2 years. Aikman cited little variability within some of the variables as a possible reason for the lack of significance. For example, the majority of the respondents were Caucasian (97%), were married (79%), had a Ph.D. degree (88%), and were clinical psychologists (72%).

The findings of this study indicated that the majority of the clinicians participating in the study had not established friendship relationships with their former clients (Aikman, 1994). Aikman reported that the results indicated that, although they had not established this type of relationship, a substantial percentage of the participants would not dismiss the possibility of engaging in this practice.

Based on the findings, Aikman (1994) suggested that because nonsexual dual roles, particularly friendship relationships with former clients, may take on various forms, it may not be reasonable to expect the Ethical Guidelines to provide therapists with specific standards for the array of friendships that exist. Aikman indicated that these findings, coupled with the varied reasons as to why a therapist may be inclined to establish these relationships, point to issues for future research. Aikman has recommended that the factors influencing the various types of friendships and the impact they have on the former client should be determined. Aikman has further suggested that the information gathered from such research be implemented in a manner that could educate clinicians and work towards building specificity to the Ethical Guidelines.

The second study relevant to the current research was Borys and Pope (1989). This study proved significant due to the number of psychologists, psychiatrists, and social workers randomly selected to receive the survey (4,800).
Participants were surveyed to examine their attitudes and practices regarding dual role relationships, incidental contact, and social and financial involvement with clients. The survey was divided into two forms, one addressing the ethicality of 18 different behaviors, and the other a survey of the frequency with which participants engaged in the 18 different practices. Each of the instruments was sent to half of the participants, with a total return rate of 2,332, or 49% completed surveys.

Borys and Pope (1989) requested that respondents provide personal and demographic information, including their gender, profession, years of experiences providing psychotherapy, age, region of residence, theoretical orientation, practice setting, and marital status. Borys and Pope sought this information in order to examine the relationship between participants' characteristics and therapists' reported attitudes and behaviors regarding dual roles. For the purpose of this study, professional dual roles were defined as simultaneously taking on two different roles (i.e., teacher and therapist) with a client.

Borys and Pope's (1989) results regarding professional dual roles varied significantly based on theoretical orientations and the gender of the therapist. It was found that female therapists and those who identified themselves as dynamically oriented therapists reported engaging in professional dual roles less frequently than male therapists and therapists identifying with other orientations. Incidental contact was defined as exceptional boundary alterations that occurred one time. Incidental contact was initiated by the client and accepted by the therapist. Borys and Pope indicated that although this type of contact does not constitute a dual role, it was considered in the study because it creates questions of potential conflict of interest.

Borys and Pope (1989) found that the occurrence of incidental involvement varied significantly by gender, practice setting, and profession. Results indicated that
psychologists, female therapists, and private practitioners reported having engaged in incidental contacts with clients at a higher rate than male therapists, psychiatrists, social workers, and therapists from other practice settings combined. Social and financial arrangements were assessed as two specific types of dual roles used in the study. Social contacts were reported as occurring less frequently among female therapists and psychodynamically oriented therapists than among male therapists and respondents of other theoretical orientations. Results of the occurrence of financial involvement indicated that clients varied greatly by theoretical orientation and location of practice. For example, respondents who provided services in the same small town in which they worked reported engaging in financial involvement with a greater proportion of clients than respondents in other locations.

The third relevant research, conducted by Lear (1997), was designed to examine the extent to which eight factors determined therapists' decisions about engaging in nonsexual dual relationships. The eight factors examined were: potential harm to client welfare, conflict of interest, adverse effect of therapist power, availability of alternatives to the dual relationship, client vulnerability, degree of role overlap, length and intensity of the therapy relationship, and potential harm to the therapist's objectivity. This study utilized a contextual approach as part of the survey completed by therapists. Each therapist was presented four vignettes, which described an ethical dilemma involving a nonsexual dual relationship. Participants were asked to rate their likelihood of engaging in the dual relationships, as well as to identify which of the eight factors was present in the vignette. The primary focus of the study was to explore the process by which therapists make ethical decisions about nonsexual dual relationships (Lear, 1997). Particular emphasis was placed on the extent to which the eight decision-making factors were used.
Results of the Lear study indicated that therapist decisions about engaging in a nonsexual dual relationship varied according to context. It was found that the process by which the decision was made was also varied. In addition, it was found that, although therapists used six of the eight variables when making decisions, often the therapists considered the effect on client welfare and the degree to which conflict would occur when deciding whether a nonsexual dual relationship was acceptable.

According to Lear (1997), it was found that rural therapists were more likely than nonrural therapists to consider a wider variety of factors when making their decisions. Along gender lines, both male and female participants expressed similar decisions regarding whether to engage in dual relationships; however, the process through which they arrived at a decision about the scenarios was slightly different. This study provided the suggestion that a contextual approach and a focus on exploitation as opposed to duality as factors were to be considered when researching ethical decisions regarding nonsexual dual relationships.

Another pertinent study conducted by Pope et al. (1987) was significant in scope in that this survey was sent to 1,000 APA Division 29 psychologists. Pope et al. received 456 completed surveys, representing a 45.6% return rate. In the survey, psychologists were asked questions regarding their beliefs about and compliance with various Ethical Principles (APA, 1981). Participants were asked to respond to a list of 83 different situations that were identified as frequently arising between clinicians and their clients, supervisees, students, and colleagues that are considered potential ethical problems. Included in this list were dual role situations and incidental contacts with clients. A significant component of this study asked respondents to rate the extent to which they engaged in the behaviors and the extent to which they considered the behaviors to be ethical. The findings of this study revealed that the
male respondents, in comparison to the women participants, engaged more frequently in "treating homosexuality per se as psychological, engaging in sexual fantasy about a client, verbalizing to a client 'I'm sexually attracted to you,' and directly soliciting a person to be a client." Females reported a higher rate of "hugging a client and having a client address you by your first name."

Pope et al. (1988), in addition to earlier findings, assessed the relationship between ratings of good and poor practice and therapists' characteristics. It was found that the majority of respondents indicated that most nonsexual dual relationships are less than favorable under most conditions. However, the respondents indicated that they believe dual roles are not universally poor practice. In addition, a sizable minority indicated that some nonsexual dual roles "are good under most conditions."

The fifth study was conducted by Sherry et al. (1991). The format of this survey instrument was adapted from the extensive study by Pope et al. (1988). Sherry et al. (1991) conducted a national survey of counseling centers in which participants were asked to identify the frequency and perceived ethicality of 49 commonly encountered professional behaviors and situations. The instrument included items considering ethnic diversity or underrepresented groups. This instrument was utilized in the current study with approval from Dr. Patrick Sherry (see Appendix D).

The findings of the Sherry et al. (1991) study indicated that many therapists were practicing in an ethical manner. Results showed that many participants expressed concern and are most compliant in regards to the welfare of the clients, avoidance of exploitative relationships with clients or persons under supervision, regard and protection of client confidentiality, avoidance of sexual intimacy, and competence when providing services. Recommendations were made for those
individuals in the sample who appeared not to be practicing in an ethical manner. The suggestions were that (a) they be encouraged to explore their own issues; and (b) they be provided assistance, training, and group discussions to clarify their issues.

Tallman (1981, cited in Keith-Spiegel & Koocher, 1985) conducted perhaps the earliest empirical study of nonsexual dual role relationships. This empirical study on socialization examined the relationship between therapists’ characteristics and therapists’ willingness to engage in a friendship or social relationship with on-going psychotherapy clients. The study consisted of a survey involving 38 psychologists with an equal distribution of male and female respondents. Approximately 33% of these respondents reported having established a social relationship with at least one client. All of the respondents who reported becoming involved in a social relationship with a former client were male. The respondents justified the social relationships on various therapeutic grounds, such as providing additional support for the client as well as strengthening the client-therapist rapport. An additional noteworthy finding was that one third of the respondents, primarily women, indicated that in the past they had attended “special events” (i.e., weddings and Bar Mitzvahs) in clients’ lives. Attendance at these events was not considered as two-way socializing but viewed as single and isolated events of special meaning to their clients. The remaining third of the respondents did not engage in any contact with clients outside of therapy for fear of losing therapeutic objectivity, blurring boundaries, reinforcing dependency, and contaminating the therapeutic process.

The final research relevant to this current study on nonsexual dual relationships was an exploratory study by Theo-Steelman (1993). This study was designed to address the practices of psychologists based on their self-reports regarding clients in overlapping relationships. This study sought information from
psychologists practicing psychotherapy in the New England states who were members of APA and who had not been studied systematically as to their behaviors with clients and their actions regarding nonsexual dual relationships. This study looked at the impact of behaviors relative to where the psychologist worked and lived, the size of the community, as well other demographic data regarding the impact on secondary relationships. In addition, this study addressed the extent of psychologists' role-consistency when multiple roles exist with clients.

The findings resulting from the responses in this study indicated a large majority of psychologists practice psychotherapy in an ethical and cautious manner. It was suggested that a focus on education in ethics be provided for those who were not practicing in an ethical manner. Some significant differences were found among practitioners who lived and worked in smaller communities and, as a result, have made frequent contacts. Additional differences were found in the practice between male and female psychologists, and older and younger psychologists, as well as differences relative to the number of years since obtaining professional training.

The seven studies reviewed above are a few of the limited number of research studies which have investigated the relationship between therapists' characteristics and therapists' willingness to engage in dual roles (Borys & Pope, 1989; Pope et al., 1987, 1988). These studies have revealed that not only do some psychologists engage in nonsexual dual role relationships with clients, but also many psychologists do not consider these practices as unethical. In addition, the findings of these studies reflect the many different viewpoints that psychologists have about different practices and the apparent confusion regarding the ethicality of them. Pope et al. (1987) and Borys and Pope (1989) suggested that differences in practice and views might be related to therapists' age, work setting, gender, and theoretical orientation. Some of the
research supported the hypotheses and belief that differences in behaviors and views are related to differences in therapists' marital status, gender, personal orientation, years of experience, practice setting and locale, and clients' gender (Schoener, Milgrom, Gonsiorek, Luepker, & Conroe, 1989).

These studies do not provide information specific to the influence of ethnographic therapist characteristics on the interpretation and application of APA Ethical Guidelines regarding nonsexual dual relationships. A limited number of studies explore therapists' demographics in regard to ethical decision-making. The majority of these studies have examined therapist demographics and their involvement in a more general category of nonsexual dual relationships between the client and therapist.

Given the scarcity of existing literature and research exploring whether there is a relationship between these variables and a psychologist's engaging in a nonsexual dual relationship, therapist ethnographic characteristics were explored in the current study.

Nonsexual Dual Relationships

Nonsexual dual relationships are behaviors that occur in a number of contexts. Given the culturally learned expectation of the therapist and the cultural context of the therapeutic relationship, the same nonsexual dual relationship may be perceived as harmful in one context and acceptable in another. The APA Ethical Principles were defined and outlined according to the values of the dominant culture. Behaviors such as nonsexual dual relationships are primarily judged within the dominant culture's context. When general principles are imposed, however, there is an implicit bias favoring the dominant culture that inhibits the appropriate adaptation
of general principles to different minority groups (Pedersen, 1994). Ethical principles that are precisely appropriate to one culture are not likely to fit the requirements of another very different culture (Pedersen, 1994).

In spite of the lack of evidence that nonsexual dual relationships are uniformly harmful to clients, the APA Code recommends that psychologists avoid them except in cases where this is impossible (APA, 1992). Whereas this generalized imposition of the Ethical Principles could serve as appropriate in favoring one culture, it could be considered as inappropriate to another group.

Although nonsexual dual relationships are increasingly being studied, the thrust of the literature has been limited in scope. Emphasis has been mainly placed on the prevalence of nonsexual dual roles without considering the development or evolution of dual roles within the multicultural context of the therapy relationship. Pedersen (1994) suggested that the Ethical Principles, which are steeped in values in keeping with the dominant culture, be revised so as not to assume only a single standard of normal, healthy, and ethical behavior, but to reflect a variety of culturally defined alternatives.

Nonsexual dual relationships can be exceedingly complex for therapists and clients, and such relationships have received significantly less professional attention and study than sexual dual relationships. This has been true despite the fact that the occurrence of nonsexual dual relationships has greatly exceeded that of sexual dual relationships (Borys & Pope, 1989; Pope et al., 1987). Over the years, there has been an increase in the number of incidents reported to licensing boards and ethics committees involving nonsexual dual relationships (Borys, 1992; Ethics Committee of the American Psychological Association, 1988, 1993, 1996; Gottlieb, Sell, & Schoenfield, 1988; Pope, 1991). In response to this increase, in 1993 the APA began
recording ethics violations that pertained to nonsexual dual relationships separately from those involving sexual relations (Ethics Committee of the American Psychological Association, 1996). Despite this record keeping, very few studies are dedicated to examining the potential harm to clients from nonsexual dual relationships.

Nonsexual dual relationships can be said to exist between a therapist and a client in a number of ways. For the purposes of the current study, nonsexual dual relationship has been defined in Chapter I. Examples of practices that can create nonsexual dual relationships include dining with clients, socializing with clients, attending social events of a client or inviting a client to a social event, and accepting gifts from clients. There is a lack of consensus as to whether duality of roles is a necessary or sufficient condition for harm to clients. In addition, the difficulty one may have in recognizing the nonsexual dual relationship in practice could contribute to the recurrent problems persisting in decision-making regarding nonsexual dual relationships. As observed by Sonne (1994), the most recent revision of the APA Code has not resolved the problem of defining potentially problematic overlaps in roles. Psychologists can look for guidance regarding nonsexual dual relationships but may find conflicting advice. As a result, clinicians must rely on their own clinical judgment, seek supervision, discuss with colleagues, and consult with professional ethics committees to determine how best to respond when ethical dilemmas occur.

The literature on the occurrence of nonsexual dual relationships swells with examples of potentially problematic situations, yet fails to answer when nonsexual dual relationships with clients are an acceptable practice and on what basis a psychologist can decide on dual relationship acceptability. For what appears to be an infinite amount of possibilities for role overlap (Keith-Spiegel & Koocher, 1985;
Kitchener, 1988), it is unrealistic to expect the Ethics Code to provide a definitive answer for all nonsexual dual relationships. However, the research (Pope & Vetter, 1992) indicates that suggestions have been offered toward strengthening the Ethics Code so that it can more adequately serve as a resource and guide for psychologists dealing with potential nonsexual dual relationships. In fact, some authors suggest that, with proper consultation and client preparation of potential problems, there may be reasons for engaging in nonsexual dual relationships (Adleman & Barrett, 1990; Berman, 1990; Gates & Speare, 1990; Lerman & Porter, 1990; Sears, 1990; Smith, 1990). For example, racial/ethnic minority clients of a particular group or subculture may select a therapist because of the overlap in social contact, shared values, or membership in the same culture.

Only a few studies have investigated nonsexual dual relationships (Borys & Pope, 1989; Pope et al., 1987, 1988). Also, a limited amount of research has examined therapists’ characteristics and the influence they have had on decision-making regarding nonsexual dual relationships with clients (Borys & Pope, 1989; Horst, 1989). Of the limited studies done, it has been found that gender, size of practice, and locale (rural vs. urban) had an influence on therapists’ decisions (Borys & Pope, 1989; Lear, 1997; Pope et al., 1988). It has also been reported that rural therapists were significantly more likely than therapists from other demographic areas to engage in nonsexual dual relationships (Horst, 1989). These findings suggest that therapist characteristics may indeed influence both the decision-making process as well as the psychologist’s decision as to whether to engage in a nonsexual dual relationship.

The purpose of this study is to determine whether ethnographic therapist characteristics have influence on the interpretation and application of the APA
Guidelines and thus decision-making regarding nonsexual dual relationships outside of therapy. This study examines this aspect of dual relationships for several important reasons. First, studies point towards psychologists' increased awareness of the occurrence of nonsexual dual relationships, yet there remains a scarcity of research devoted to the study of nonsexual dual relationships. Second, the study investigated whether clinicians responded differently based on a variety of personal and demographic characteristics. Third, even with the profession’s emphasis on multicultural competency and the suggestion to focus on a specific dual relationship context (Aikman, 1994), there is scant literature provided on the topic.

Ethnographic Therapist Characteristics

Contemporary literature addresses multicultural counseling and the need for multicultural training and competency for psychologists to effectively work with clients of culturally different groups. Much of the literature regarding multicultural counseling and cross-cultural counseling addresses client characteristics and the impact they may have on the therapeutic relationship. Emphasis has been placed on client ethnographic characteristics and the need for the therapist to be aware of and sensitive to these differences. Less emphasis has been placed on the ethnographic characteristics of the therapists and how such characteristics may influence therapist ethical decisions. Whereas attention has been given to the cultural context of the client-therapist relationship interaction, less attention has been given to the therapist’s cultural background and how this could impact the client-therapist relationship and decision-making, implementing of interventions, and the therapeutic process.

Ethics involving multiculturalism often entails therapist competency as it relates to knowledge of diversity of the client. For example, multicultural
competencies are designed to examine the clients’ individual cultural and racial/ethnic background within the “context” into which the client was born, in an effort to evaluate a client’s experience in its proper context. Less often is consideration given to therapists and the impact of their cultural backgrounds on their attitudes, values, and biases about the psychological process.

The Client-Therapist Relationship

A significant aspect in the therapeutic process is the relationship that exists between the client and the therapist. Within the psychotherapy literature, scholars consistently mention the therapeutic relationship as a vital element that is present across all psychotherapies in all cultures (Fischer, Jome, & Atkinson, 1998). Despite the stature given to the client-therapist relationship, the literature on the definition and essential components of this relationship is scarce (Gelso & Carter, 1994). The client-therapist relationship operates as a microcosm of the larger American social structure. It has, over time, reflected the beliefs, stratification, tensions, and injustices that exist in American society (Cayleff, 1986). According to Casas, Ponterotto, and Gutierrez (1986), the important role of racial and ethnic minority variables within the counseling process was recognized more than 30 years ago. Actual research or training relative to these variables began during the late 1960s.

The client-therapist relationship is significant whenever the client and therapist engage in the therapeutic process. The therapy relationship has been found to have the most significant impact on successful client outcome (Sexton & Whiston, 1994). As with any therapeutic relationship, when working cross-culturally, it is important for therapists to keep in mind their own culture, the culture of the client, and the culture of psychology as a field. Due to the fact that each therapeutic
relationship consists of at least two people, similarities and differences will occur. The chance of any client finding a therapist who is of the same racial, ethnic, and cultural background is unlikely. It is more likely that both the therapist and client will bring their respective cultures, which, in turn, will shape the cultural context of their therapeutic relationship.

The degree to which the relationship is deemed vital to the success of therapy varies. For example, some psychotherapy practitioners and theoreticians believe that the client-therapist relationship is the essence of effective intervention and treatment (Gelso & Carter, 1994), whereas some consider the relationship to be the most important factor resulting in change, given that certain conditions exist. In order to promote client change, some therapists view the client-therapist relationship as important for the implementation of therapist techniques. On the other hand, some therapists see the therapeutic relationship as unimportant (Gelso & Carter, 1994).

Whether the clinician takes the position that the relationship is the essential ingredient of therapy or a means to an end, there is strong agreement that the client-therapist relationship plays an important role in treatment (Gelso & Carter, 1985; Highlen & Hill, 1984).

The importance of the client-therapist relationship seems to be viewed as paramount with all multicultural groups (Ho, 1992; Sue & Sue, 1990). For the most part, multicultural counseling has placed primary emphasis on the equity of the relationship, placing the responsibility for a balance of power for cultural competency in the hands of the counselor, while valuing the experiences of the client (Arrendondo, 1998). Many would agree that a universal element fundamental to most therapeutic relationships is the nature of the interpersonal relationship, which is established and maintained between the client and therapist (Trembley, 1996; Wohl,
It is often this relationship that helps to bring about a client’s desired change (Trembley, 1996; Wohl, 1989). It is likely, and even probable, that the constituent elements (e.g., specific techniques) of the “good relationship” will differ from one culture to another (Wohl, 1989). For example, what might be consistent with and valued by the norms of one culture might be unfamiliar to another. Wohl (1989) raises a question about the extent to which the general Western conception of the good therapeutic relationship is universally valid. Although most people in most cultures respond to “genuine actions,” “respect,” “acceptance,” “care,” and “wish to help,” Wohl (1989) suggests that the question remains as to whether the outsider can convey, deliver, and express these in a manner that is understandable and acceptable to the client. This could be in question, particularly when a psychologist conducts therapy with a client outside of his or her culture.

Certain aspects of therapy are frequently taken for granted when both parties share the same culture (e.g., ways of communicating). The participants in any therapeutic relationship primarily interact through conversation. The effectiveness of their communication serves as a major variable in determining the results of therapy. According to Pope-Davis and Coleman (1997), the assumptions that counseling techniques can be applied universally are indicative of a therapist’s cultural encapsulation and denial of cultural differences. Although basic counseling skills have utility for monitoring clients, the assumption of universality has been challenged as a viable approach to counseling members of racial and ethnic minority groups.

The therapeutic relationship will experience disparity between the participants. Part of the therapeutic work can be the learning and sharing of differences and the negotiation of them. Ridley (1995) suggested that therapists and clients have unique expertise and should work collaboratively in setting therapeutic
goals. Counselors have expert knowledge concerning psychological theory and therapeutic interventions, and clients are experts on their own problems, life circumstances, and worldviews. According to Ridley (1995), collaboration takes on particular importance in multicultural counseling.

With each client-therapist relationship, a special human quality exists. Each relationship is characteristic of unique qualities on which the therapist can draw to provide a therapeutic experience meaningful to the client.

Summary

This chapter reviewed the literature that is relevant and pertinent to the present study. A review of the literature reflects that dual relationship and psychologists' decision-making regarding their practices and behaviors in response to a situation in which it has occurred continues to be greatly debated. Although the literature indicates that there has been more emphasis placed on sexual dual relationships by psychologists and the profession, the interest in nonsexual dual relationships continues to grow.

The Present Study

The intent of the present study was to add to the literature on nonsexual dual relationships by surveying practicing psychologists at APA-approved counseling centers. This is an exploratory study that looks at the influence race and ethnicity has on psychologists' decision-making with regard to nonsexual dual relationships. In this study, three instruments have been employed to assess psychologists' self-report of their behaviors and practices when faced with a nonsexual dual relationship. The first instrument was used to obtain demographic data about the psychologists' training,
years of practice, location of practice, the diversity of their clientele, and personal data. The second instrument, designed especially for this study, provides a contextual backdrop in which the participants are to provide responses to scenarios of potential dual relationships that could be experienced by a psychologist working at a university counseling center. The third instrument, developed and previously used by Sherry et al. (1991), ascertains descriptive data about the respondents' practices and behaviors. The data and findings of the study indicate factors that influence individual psychologists' decision-making process when encountering a client in a potentially nonsexual dual relationship.
CHAPTER III

METHOD

This chapter describes the method used to conduct this study, the population sampled, the instruments employed, and the research questions investigated in this study. The purpose of this study was to investigate the influence of race on ethical decision-making regarding nonsexual dual relationships. Nonsexual dual role behaviors and situations were examined through self-reported responses of psychologists. The survey focused on university counseling center psychologists' judgments about nonsexual dual relationships. The psychologists willing to participate were asked to respond to three research instruments: (1) the Demographic Information Form, (2) the Inventory for Dual Relationship Judgments, and (3) the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey (Sherry et al., 1991).

Population

The population in this study was doctoral-level psychologists at APA-accredited university counseling centers. Based on demographics and characteristics obtained from the Association of Psychology Postdoctoral and Internship Centers (APPIC) Directory and APA, counseling centers in four sections of the country were sampled. The sections of the country were defined for this study as North, East, South, and West. Seventy-three APA-approved university counseling centers were identified (APPIC, 1999; APA, 1999), which were taken from a sample.
Sample

The cluster random sampling procedure was used in this study. This procedure allowed each of the 73 centers an equal chance to participate in the study. First, the researcher identified all of the university counseling centers using the APPIC Directory. Once identified, the researcher contacted the directors of the centers and asked for permission to use their center in the study. Counseling center directors were then asked permission as to whether they were willing to distribute surveys to their staff. To be an accredited counseling center, time must be allotted for intern training, practice and supervision regarding ethics, and attending to and measuring competency when working with diverse populations. According to the Guidelines and Principles for Accreditation of Programs in Professional Psychology—Domain D: Cultural and Individual Differences and Diversity:

The program has made systematic, coherent, and long-term efforts to attract and retain interns and staff from differing ethnic, racial, and personal backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of diverse individuals and the provision of training opportunities for a wide spectrum of individuals. Further, the program avoids any actions that would restrict program on grounds that are irrelevant to success in internship training or a career in professional psychology.

The program has a thoughtful and coherent plan to provide interns with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. It engages in positive efforts designed to ensure that interns will have opportunities to learn about cultural and individual diversity as they relate to the practice of psychology. The avenues by which these goals are achieved are to be developed by the program. (APA, 1996, p. 15)

All university counseling centers meeting APA accreditation must demonstrate that they possess resources of appropriate quality and sufficiency to achieve its training goals and objectives. In addition, all APA-accredited university counseling centers have doctoral-level psychologists that are appropriately
credentialed and trained to carry out professional services offered by their respective sites. The dual role situations examined in this study are relevant to the practice of therapy with adult clients in the university setting. Surveys and cover letters were sent to a total of 332 psychologists at sites where the director granted permission to have the survey conducted. Of the 73 APA-accredited sites, directors at 41 sites granted permission to have surveys forwarded to them. Of the 41 sites granting permission to the researcher to forward surveys, 33 had one or more respondents. One hundred and thirty-seven of the 332 surveys mailed were completed and returned by the respondents. One hundred and thirty of the surveys were considered usable. This represents a usable return rate of 39%. Demographic characteristics of respondents are summarized in the first six tables in Chapter IV. Of the 130 respondents, 53.8% were female (n = 70), and 46.2% were male (n = 60). The age range of the respondents was from 25 to 65 years of age. The respondents' racial/ethnic identification was diverse. Twenty-five (19.2%) of the respondents described their identity as African American; 4 (3.1%) described themselves as Asian American. Eighty-eight (67.7%) of the respondents reported that they were Caucasian/White (non-Hispanic), 6 (4.6%) were Hispanic/Latino(a)/Chicano(a), and another 6 (4.6%) of the respondents identified as multiracial. One individual (.8%) identified racially/ethnically as a Pacific Islander. There were no Alaskan Native or American Indian psychologists, or psychologists identifying as "other" in the sample. As requested in the criteria, all respondents were doctoral-level psychologists. Seventy psychologists (54%) reported an average of 10 years or less experience, 34 (26.1%) indicated that they had worked 11 to 20 years, and 26 (19.1%) reported that they had practiced psychology in a university counseling center 21 or more years. The majority of the psychologists indicated that they graduated from an APA-approved doctoral
program and that they completed their internship at an APA-approved site. A large majority or 83.1% (n = 108) of the respondents indicated that they received professional ethics training during the internship year as compared to 16.9% (n = 22) who reported that they did not receive ethics training during the internship year. Surveys were returned from psychologists in four sections of the country (defined as North, East, South, and West). Most of the psychologist (37.7%, n = 49) described the demographic area in which they provide psychotherapy services as the North. Twenty-five (19.2%) were from the East, 33 (25.4%) practiced in the South, and 23 (17.7%) practiced in the West.

Instrumentation

Three instruments were employed in this research. The Demographic Information Form (Appendix A), constructed especially for use in this dissertation, consists of 12 questions about demographic and background items pertaining to the participant's age, gender, racial/ethnic background, and educational training. The Demographic Information Form also consists of questions pertaining to the respondent's professional training, years of experience providing psychotherapy, and experience as a psychologist working with racially, ethnically, and culturally diverse clients.

The second instrument in this research was the Inventory for Dual Relationship Judgments (see Appendix B). This instrument consists of scenarios pertaining to nonsexual interactions outside of therapy. Several studies examining the general issue of ethical decision-making have utilized scenarios of actual therapist experiences as a way to provide a context for respondents' decisions (Bernard & Jara, 1986; Bernard, Murphy, & Little, 1987; Haas, Malouf, & Mayerson, 1986).
However, these studies have focused on ethical decision-making in general and have
omitted decisions specific to dual relationships or practice in university counseling
centers or with underrepresented populations.

Each of the scenarios used in this research was written especially for this
study and described a clinical situation in which a nonsexual dual relationship arose.
The scenarios used are potential ethical problems faced by psychologists in university
counseling centers. The respondents were asked to respond to four questions for
each scenario:

1. Respondents were asked to indicate whether they would respond to the
clinical situation by checking yes or no.

2. Respondents were asked to rate each scenario, on the basis of a 5-point
Likert scale, as to what level of APA ethics violation risk they perceived the behavior
to represent. Scenario risk responses included: (1) very high risk, (2) high risk, (3)
moderate risk, (4) little risk, and (5) very low risk.

3. Respondents were asked to indicate for each scenario, on the basis of a 4-
point Likert scale, the therapy relationship implications that might occur as a result of
their decision. Possible responses included: (1) counseling relationship is weakened,
(2) counseling relationship is not changed, (3) counseling relationship is strengthened,
(4) effect on counseling relationship is uncertain.

4. Respondents were given the opportunity to list factors that influenced their
decision.

The results of the responses made to the scenarios were compared to the
specific responses found in the lists of beliefs and endorsed behaviors. This
information was used to help determine if contextual factors make a difference in the
therapists’ decisions as to whether they enter into what could be considered a nonsexual dual relationship.

The third instrument used was the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey (Sherry et al., 1991; see Appendix C). This survey was selected due to its particular relevance for practitioners in the college counseling setting and for those who work with ethnically diverse or underrepresented groups (Sherry et al., 1991). Sherry et al. report no reliability and validity for the Ethical Beliefs and Behaviors of College Counseling Center Professionals. The survey consists of 49 questions regarding various professional behaviors, including supervision and issues involving ethnic minorities. Respondents rated each of the 49 items twice. The first rating was the absolute frequency with which they have engaged in the 49 behaviors during the previous year. Participants were asked to indicate the frequency of occurrence of each behavior on a 5-point Likert scale, with 1 = never, 2 = rarely, 3 = sometimes, 4 = fairly often, and 5 = very often. The second rating concerned the degree to which respondents considered the behavior to be ethical. A 5-point Likert scale was used, with the following responses: 1 = questionably unethical, 2 = under rare circumstances ethical, 3 = don’t know/aren’t sure, 4 = under many circumstances ethical, and 5 = unquestionably ethical.

Permission to use the Ethical Beliefs and Behaviors of College Counseling Center Professionals instrument was granted by Dr. Sherry (see Appendix D). The format of the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey was adapted from a previously cited study by Pope et al. (1987), in which a list of 83 dual roles was used. This study has been widely cited and has been frequently modified as a basis for other studies focusing on ethics of practice. It too is an initial study that awaits attempt at replication.
Measures and Procedures

The Expert Panel

Prior to the distribution of the Inventory of Dual Relationship Judgments and the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey (Appendices B and C) used in the primary research project, an expert panel of professionals within the field of psychology convened to review the survey. The purpose of the expert panel was to provide feedback and impressions regarding whether there were too many or too few scenarios to achieve diversification in responses; readability; amount of time it took to complete the inventory; and suggestions as to item deletions, changes, or additions. The panel was asked to review in particular Section II: Inventory for Dual Relationship Judgments, which consists of scenarios designed for this study. The panel checked for realism and to ascertain whether the questions being asked would allow the researcher to measure racial/ethnic differences regarding ethical decision-making. The panel consisted of three experienced psychologists. The first person was a licensed psychologist and former director of an APA-accredited university counseling center and is currently an assistant vice president for student affairs. The second individual was a professor from an APA-accredited university counseling psychology program and was a researcher of multicultural issues in counseling psychology. The third panel member was a licensed psychologist employed at an APA-accredited university counseling center. The panel met during March 1999, with a review deadline date of March 31, 1999. Each panel member received a packet containing cover letters (see Appendix E), and the inventories, as they were to be distributed during the actual survey. The researcher met with each member of the panel to discuss feedback, recommendations,
or suggestions. Based upon the feedback received, modifications were made to the Demographic Information Form, and the Inventory of Dual Relationship Judgments.

The Study

There is a scarcity of empirical research devoted to the study of nonsexual dual relationships, and the research that does exist consists solely of descriptive studies. The empirical studies have surveyed mainly therapists' attitudes and behaviors regarding specific nonsexual dual role practices (Borys & Pope, 1989; Pope et al., 1987, 1988). Only a limited amount of research exists on specific aspects of nonsexual dual relationships. Some of these studies have examined the relationship between psychologists' personal characteristics and their reported attitudes and behaviors. Due to the variability in therapists' attitudes and behaviors regarding nonsexual dual relationships, researchers have attempted to determine which therapists engage in dual relationships with clients. Several surveys cited in the literature have examined the relationship between dual role situations and various personal and demographic characteristics. Consequently, some evidence exists that suggests certain therapist characteristics may be associated with a greater willingness to engage in dual roles with clients (Aikman, 1994).

Several research studies have examined the relationship between psychologists' characteristics and their willingness to engage in dual roles, incidental contact, and social and financial relationships with clients (Borys & Pope, 1989; Pope et al., 1987, 1988). However, there is an absence of comprehensive, systematically gathered data concerning the influence of race, ethnicity, and culture on a psychologist's perception and thus judgment regarding nonsexual dual relationships. Consequently, an established standardized instrument that specifically addresses the
influence of race, ethnicity, and culture on the interpretation and application of the APA Ethical Guidelines regarding dual relationships has not been identified. The literature reflects researchers having implemented modified instruments used in previous studies, which was the strategy used in the present research.

Before collecting the data, power calculations were conducted to determine proper sample size. A computation of the number of psychologists needed from the sample of 73 APA-approved centers at the power level of .80 and difference level of .5 indicated that a number of approximately 128 individuals from the four sections of the country were needed to complete a representative sample.

A cluster random sampling of the counseling centers in four sections (East, North, West, and South) of the United States was conducted. The cluster random sampling was done to ensure that all of the APA-accredited university-counseling centers would have an equal and independent chance of being selected as part of the sample. To complete the cluster random sampling, the following procedure was followed:

1. A map of the United States was divided into four geographical sections: North, East, West, and South. The four geographical sections were determined based on the geographical divisions found in the 1998 U.S. Census map. The four designated sections consisted of several states. Each participant was asked in Question 11 of Section I on the Demographic Information Form to indicate the section of the United States in which they worked. The categories were then used by the researcher as a systematic means of measuring the rate of sectional participation based on the surveys submitted.
2. Centers that were APA-accredited counseling centers at a 4-year university (APPIC, 1999) were selected based on the director’s written consent granting the researcher permission to survey the site.

3. Once permission was granted, the instruments were mailed to the doctoral-level psychologists at each center.

Approval to conduct this research was obtained from the Human Subject Institutional Review Board (HSIRB) of Western Michigan University (Appendix F). University counseling center directors at each of the 73 sites were asked in writing to complete a form, indicating whether they would grant permission to allow this research to take place at their center (see Appendix G). The form letter was designed by the researcher and approved by the HSIRB. The HSIRB requested that the researcher obtain a formal written statement from each site surveyed. This research permission form was to be completed and returned to the researcher prior to the director receiving the packet of surveys to be distributed to staff psychologists. The director’s willingness to distribute the surveys was used as the criterion when selecting sites to complete the sample population for the survey. The instruments contained in the packets were mailed to the counseling centers based on the cluster random sampling procedures. According to the demographic criteria needed to complete the study, 73 APA-approved centers were identified and then asked to participate by granting the researcher permission to conduct the research at each site. The 73 sites are located in 33 states in the four designated sections of the country. In each of the four sections, 3 or more states did not have an APA-accredited counseling center. For example, in the Eastern section, of the 9 states only 5 have an APA-accredited counseling center. In the Northern section, 9 of the 12 states that make up the section have accredited counseling centers. The Southern section
consists of 16 states, 7 of which are without an APA-accredited counseling center. In the Western section there are 13 states, 4 of which did not have APA-accredited counseling center. Seventy-three directors at 73 sites were contacted. Of the 73 sites contacted, 41 sites granted the researcher permission to distribute the surveys. Thirty-three of these 41 sites that granted permission had one or more psychologist(s) to respond. Seven directors declined from the outset of the study, and 25 failed to indicate as to whether they would participate and could not therefore be included in the research.

A packet containing the Demographic Form, the Inventory for Dual Relationship Judgments and Ethical Beliefs, and Behaviors of College Counseling Center Professionals survey were mailed out to the directors at each of the 33 participating university counseling centers. Enclosed with each set of packets distributed was a copy of the directors’ permission statements as well as a thank you note (Appendix H) to the director from the researcher. The counseling center director was asked to distribute the inventories to each psychologist by December 1999. A cover letter (Appendix E) outlining the details of the study, the instructions for completing the survey, and the measures taken to ensure confidentiality and anonymity accompanied each survey. The initial deadline for submission of completed surveys was January 2000, but it was later extended to March 2000 because of a slow response rate from some sections of the country. Self-addressed stamped envelopes were provided so that each participant could individually and anonymously return the survey to the researcher. For those interested in the research outcome, a postcard (Appendix I) was enclosed with directions to return separately. The researcher’s e-mail address, work telephone number, and address were provided for individuals who had questions or wanted additional information.
The response rate was slow from directors indicating their decision as to whether their site could be surveyed. Initially 22 sites granted permission, 4 denied permission, and the remaining 47 sites did not respond by December 31, 1999. During the month of January 2000, a second letter was mailed to the directors who had not responded (Appendix J). This second letter was to serve as a reminder and/or request to the directors who had not responded. This follow-up letter resulted in 11 additional directors granting permission to the researcher to survey their sites. In addition, at counseling centers where there was little or no response to the initial request to complete the surveys, reminder postcards were sent and phone calls were made to the director. Calls were made and reminder cards were mailed until a representative sample had been obtained. All directors received a letter (Appendix K) along with a packet of reminder cards (Appendix L) that were to be distributed among their staff to thank them for their participation and/or to give a final reminder to complete the inventory.
CHAPTER IV

DATA ANALYSIS

The purpose of this study was to examine the perceptions of psychologists regarding their interpretation and application of the APA Ethical Guidelines as they relate to perspectives on nonsexual dual relationships. More specifically, the research was concerned with the influence of the variables of race/ethnicity, gender, geographical location, and therapy experience with diverse populations, and contextual factors on the perceptions of psychologists regarding nonsexual dual relationships. Additionally, this study explored the influence race/ethnicity and culture has on the perceptions of psychologists when making ethical decisions regarding nonsexual dual relationships that occur outside of therapy. Answers to the following five questions were sought:

1. Do differences exist between minority psychologists' (defined as African American, Asian American, American Indian, Hispanic American, and Multiracial) and majority psychologists' (defined as Caucasian) perceptions regarding nonsexual dual relationship behaviors and judgments as measured by the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey (Sherry et al., 1991)?

2. Do differences exist between the ethical beliefs of minority and majority psychologists as measured by the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey?

3. Do differences exist between the perceptions of psychologists regarding nonsexual dual relationships by gender and by geographical section (region)?
4. Does a difference exist between psychologists' degree of actual therapy experience with diverse populations and their perceptions of nonsexual dual relationships?

5. Does a relationship exist between minority and majority psychologists' ethical judgments and the context of nonsexual dual relationship behaviors as measured by the Inventory for Dual Relationship Judgments?

One hundred and thirty psychologists participated in this study. The data for this study were collected from the Demographic Information Form, the Inventory for Dual Relationship Judgments, and the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey. The data analysis for this study was accomplished under two major parts. The first part contained the demographic profile of the participants in this study. The second section examined the major hypotheses formulated for this investigation. Two types of analyses were used in this study. One type of analysis involved descriptive analyses, which were used in this research to describe the demographics of the participants. The second type of analysis, which was inferential, allowed the researcher to address the five research questions that guided this study. The data were tested using the t test of independent samples, one-way analysis of variance, Scheffé multiple comparison test, and standard multiple regression.

Demographic Profile of the Participants in the Study

Age of Participants

The population in this study consisted of 130 psychologists who participated in this study. Of the participants, there were 30 (23.1%) participants between the
ages of 25 and 34 years, and 38 (29.2 %) between the ages of 35 and 44. Forty-three (33.1%) of the participants indicated that their ages were between 45 and 54. Finally, 19 (14.6%) of respondents reported their ages between 55 and 64 (Table 1).

Table 1

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>25–34</td>
<td>30</td>
<td>23.1</td>
</tr>
<tr>
<td>35–44</td>
<td>38</td>
<td>29.2</td>
</tr>
<tr>
<td>45–54</td>
<td>43</td>
<td>33.1</td>
</tr>
<tr>
<td>55–64</td>
<td>19</td>
<td>14.6</td>
</tr>
</tbody>
</table>

Gender

Regarding the variable gender, 70 (53.8%) participants were female and 60 (46.2%) were male (Table 2).

Table 2

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>70</td>
<td>53.8</td>
</tr>
<tr>
<td>Male</td>
<td>60</td>
<td>46.2</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Racial/Ethnic Identification of Psychologists

The sample was divided into eight distinct racial/ethnic groups and one category labeled as "Other." Twenty-five (19.2%) of the respondents expressed their race/ethnicity as African American and 4 (3.1%) as Asian Americans. Eighty-eight (67.7%) psychologists indicated their race/ethnic status as Caucasian, 6 (4.6%) reported their race/ethnicity as Hispanic/Latino(a)/Chicano(a), and 6 (4.6%) reported their race/ethnicity as multiracial. One (.8%) participant reported his or her racial/ethnic identity as Pacific Islander. No Alaskan Native or American Indian psychologists participated in the study. No one selected the "Other" category of "Racial/Ethnic Identification" (Table 3).

Table 3

Frequency Distribution of Psychologists by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity of Psychologists</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>25</td>
<td>19.2</td>
</tr>
<tr>
<td>Asian American</td>
<td>4</td>
<td>3.1</td>
</tr>
<tr>
<td>American Indian</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Alaskan Native</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>88</td>
<td>67.7</td>
</tr>
<tr>
<td>Hispanic/Latino(a)/Chicano(a)</td>
<td>6</td>
<td>4.6</td>
</tr>
<tr>
<td>Multiracial</td>
<td>6</td>
<td>4.6</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>100.0</td>
</tr>
</tbody>
</table>

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Professional Ethics Training

In reference to the professional ethics training of psychologists during their course work, 108 (83.1%) of them revealed that they did have ethics training during their internship year. By contrast, 22 (16.9%) of the psychologists indicated they did not have ethics training during their internship year (Table 4).

Table 4
Frequency Distribution of Psychologists by Ethics Training

<table>
<thead>
<tr>
<th>Professional Ethics Training</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>108</td>
<td>83.1</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>16.9</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Years of University Counseling Center Practice

Relative to the variable years of university counseling center practice, 70 (54%) participants indicated they have been practicing 10 years or less, and 34 (26.1%) reported that they have been practicing 11 through 20 years. Twenty-six respondents expressed they have been practicing for 21 years or more (Table 5).

Geographic Location

There were 49 (37.7%) psychologists who indicated that they practice psychology in the North, and 25 (19.2%) psychologists who indicated they practice in the East. Additionally, 33 (25.4%) participants reported that they practice in the South, and 23 (17.7%) of them identified the West as their practice location (Table 6).
Table 5

Frequency Distribution of Psychologists by Years of University Counseling Center Practice

<table>
<thead>
<tr>
<th>Years of Practice</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 years or less</td>
<td>70</td>
<td>54.0</td>
</tr>
<tr>
<td>11 to 20 years</td>
<td>34</td>
<td>26.1</td>
</tr>
<tr>
<td>21 and above</td>
<td>26</td>
<td>19.1</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Table 6

Frequency Distribution of Psychologists by Geographic Section of the United States in Which They Practice

<table>
<thead>
<tr>
<th>Geographic Location</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>49</td>
<td>37.7</td>
</tr>
<tr>
<td>East</td>
<td>25</td>
<td>19.2</td>
</tr>
<tr>
<td>South</td>
<td>33</td>
<td>25.4</td>
</tr>
<tr>
<td>West</td>
<td>23</td>
<td>17.7</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Examination of Hypotheses

Nine major statistical (null) hypotheses were generated from the five research questions to be tested in this empirical investigation. Hypotheses 1 and 2 were generated from Research Question 1. The independent variable for these hypotheses was race/ethnicity. For Hypothesis 1, Item 3 (Racial/Ethnic Identification) on Section
1, the Demographic Information Form was collapsed into a dichotomous variable and was measured as “1” for minority psychologists (African American, Asian American, Hispanic/Latino(a)/Chicano(a), Multiracial, and Pacific Islander), and “2” for majority psychologists (Caucasian). The items on Section 3, the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey, measured the dependent variable, perception scores regarding nonsexual dual relationships. These items were summed and a total score was computed, which measured the nonsexual dual relationship behaviors.

It should be noted here that the items on the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey were measured on two scales. The first scale rated the frequency or occurrence of the potential nonsexual dual relationship. The second scale measured the degree to which the psychologist rated each behavior to be ethical using the following scale values: 1 = Unquestionably unethical, 2 = Under rare circumstances ethical, 3 = Don’t know/aren’t sure, 4 = Under many circumstances ethical, 5 = Unquestionably ethical. The following items on the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey (hereafter referred to as the 19 selected items in Section 3, the Belief and Behaviors of College Counseling Professionals survey) were used in the rating of the degree to which each behavior was ethical: Item 3—Initiating informal social contact with a former client, Item 9—Obtaining information about client’s ethnic background prior to treatment, Item 17—Accepting gifts from clients, Item 18—Being asked by client family members for information, Item 19—Discussing a client with colleagues in an informal setting, Item 23—Dating a former client, Item 24—Terminating treatment because it was not benefiting client, Item 27—Seeking supervision when working with clients of different ethnic backgrounds, Item 28—Consulting an
ethnic/minority folk healer, Item 30—Seeking supervision from ethnic/minority professionals, Item 32—Informing all parties of ethical responsibilities when accepting referral, Item 34—Revealing confidential information to faculty members, Item 37—Informing clients of the identity of my supervisor, Item 42. Obtaining information about ethnic background of supervisee’s clients. Item 43—Referring an ethnic/minority client to a folk healer, Item 45—Understanding the needs of special populations, Item 47—Dating a client, Item 48—Counseling students in my program, and Item 49—Accepting gifts from former clients.

Hypothesis 3 was generated from Research Question 2. The independent variable measured was race/ethnicity. As in Hypothesis 1, the independent variable race/ethnicity was collapsed into a dichotomous variable and was measured 1 = minority psychologists, and 2 = majority psychologists. All items on the investigative instrument, the Beliefs and Behaviors of College Counseling Center Professionals survey (Section 3), were used.

Hypotheses 4 and 5 were formulated from Research Question 3. The independent variables were geographical section (region) and gender. The variable geographical section was measured by Item 11 (In what section of the United States do you work?) of the Demographic Information Form. This variable was divided into four categories: North, East, South, and West. The variable gender was measured by item 2 of the Demographic Information Form. Gender is a dichotomous variable (1 = Female and 2 = Male) that was measured by Item 2 on Section 1, the Demographic Information Form. The dependent variable, the perception scores regarding nonsexual dual relationships, was measured by the 19 selected items found in Section 3, the Beliefs and Behaviors of College Counseling Center Professionals survey. The ratings given to each of these items were added and computed to a total score to
determine the psychologists' perception scores regarding nonsexual dual relationships.

Hypotheses 6 and 7 were formulated from Research Question 4. The independent variable was the degree of actual therapy experience with diverse populations. This variable was measured by Item 12, on Section 1, the Demographic Information Form. Item 12 consisted of nine independent measures (African American, Alaskan Native, American Indian, Asian-American, Caucasian/White, Hispanic/Latino(a)/Chicano(a), Multiracial, Pacific Islander, Other) under the auspice of an 8-point Likert type scale (0 = None, 1 = less than 5%, 2 = 5%–15%, 3 = 16%–25%, 4 = 26%–35%, 5 = 36%–45%, 6 = 46%–55%, 7 = more than 55%). For analysis purposes, only four of the independent measures (African American, Asian American, Caucasian American, and Hispanic American) were used, due to the fact that a majority of the psychologists reported that they had provided therapy only to individuals within these groups. Moreover, the 8-point Likert scale was collapsed into the four following categories: (1) 0 % to 15%, (2) 16% to 25%, (3) 26% to 35%, and (4) 36% to 55%.

The selected 19 items in Section 3, the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey, measured the dependent variable perception scores regarding nonsexual dual relationships. The ratings given to the 19 selected items were added and calculated into a total raw score to determine the psychologists' perception scores regarding nonsexual dual relationships.

Hypotheses 8 and 9 were developed from Research Question 5. The independent variables for these two hypotheses were the contextual factors depicted in the scenarios of joining the organization, going to the hospital, attending the dinner, writing the letter of recommendation, attending the ceremony, and attending
the holiday celebration. Scenarios 1 through 6 measured these independent variables found in Section 2, the Inventory for Dual Relationship Judgments, by the 19 selected items found in Section 3, on the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey. Each of the independent variables (joining the organization, going to the hospital, attending the dinner, writing the letter of recommendation, attending the ceremony, and attending the holiday celebration) was measured by the items found in Question 2 of each of the scenarios ("What risk level of APA ethics violation do you perceive there to be?"). This item was then measured in a Likert-type format rated 1 = "very high risk," to 5 = "very low risk."

Each participant in the study received a total raw score for each scenario ranging from 1 to 5. For example, in Scenario 1, Question 1—"Would you encourage the client to join the organization?" was measured by Question 2—"If you choose to encourage her to join the organization, what risk level of APA ethics violation do you perceive there to be?" with responses ranging from 1 = "very high risk," to 5 = "very low risk." In Scenario 2, Question 1—"Would you go to the hospital?" was measured by Question 2—"If you choose to go to the hospital, what risk level of APA ethics violation do you perceive there to be?" with responses ranging from 1 = "very high risk" to 5 = "very low risk." In Scenario 3, Question 1—"Would you attend the dinner?" was measured by Question 2—"If you choose to attend the dinner, what level of APA ethics violation do you perceive there to be?" with responses ranging from 1 = "very high risk" to 5 = "very low risk." In Scenario 4, Question 1—"Would you write the letter?" was measured by Question 2—"If you choose to write the letter, what risk level of APA ethics violation do you perceive there to be?" with responses ranging from 1 = "very high risk" to 5 = "very low risk." In Scenario 5, Question 1—"Would you attend the ceremony?" was measured by
Question 2—"If you choose to attend the ceremony, what risk level of APA ethics violation do you perceive there to be?" with responses ranging from 1 = "very high risk" to 5 = "very low risk." In Scenario 6, Question 1—"Would you attend the holiday celebration?" was measured by Question 2—"If you choose to attend the celebration, what risk level of APA ethics violation do you perceive there to be?" with responses ranging from 1 = "very high risk" to 5 = "very low risk." The 19 selected items in Section 3, the Beliefs and Behaviors of College Counseling Center Professionals survey, measured the dependent variable, perception scores regarding nonsexual dual relationships.

The following are the analyses regarding each null hypothesis:

**Hypothesis 1**

Hypothesis 1 states: There is no significant difference between racial/ethnic minority and racial/ethnic majority psychologists' perceptions of nonsexual dual relationships as per the ethicality scale and rate of occurrence on the Ethical Beliefs and Behaviors of College Counseling Center Professionals.

Table 7 presents the summary of the mean difference scores between the perceptions of racial minority and racial majority psychologists regarding nonsexual dual relationships with respect to the rate of occurrence in their practice and the degree to which they rated each behavior to be ethical. The mean perception score for the rate of occurrence of their practice by minority psychologists was 51.07 (SD =11.92) and for majority psychologists, 44.88 (SD =8.88). Significant differences were found between the perceptions (t = 3.00, df = 128, p < .01) of racial/ethnic minority and racial/ethnic majority psychologists.
Table 7

&t Test Results Regarding the Differences in the Perceptions of Racial/Ethnic Minority and Racial/Ethnic Majority Psychologists Regarding Nonsexual Dual Relationships

<table>
<thead>
<tr>
<th></th>
<th>Minority (N = 42)</th>
<th>Majority (N = 88)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Rate of Occurrence</td>
<td>51.07</td>
<td>11.92</td>
</tr>
<tr>
<td>Degree of Ethicality</td>
<td>60.81</td>
<td>10.47</td>
</tr>
</tbody>
</table>

*Significant at the .05 level.
**Significant at the .01 level.

Additionally, the mean perception score for the degree to which participants rated each behavior to be ethical with regard to nonsexual dual relationships by minority psychologists was 60.81 (SD =10.47) and for majority psychologists, 56.23 (SD =8.36). Statistically significant differences were found in the perceptions of minority and majority psychologists (t = 2.48, df = 128, p < .05) at the .05 level. Thus, Hypothesis 1 was rejected. This finding concludes that minority psychologists had a significantly different perception with regard to the rate of occurrence of nonsexual dual relationship than did majority psychologists. This finding also concludes that minority psychologists had a significantly different perception with the degree to which they rated each behavior to be ethical.

Hypothesis 2

Hypothesis 2 states: There is no significant difference between African American and Caucasian psychologists’ perceptions of nonsexual dual relationships.
As indicated in Table 8, the \( t \) test of independent samples was computed for the perception scores of African American and Caucasian psychologists regarding the rate of occurrence in their practice of nonsexual dual relationships. It yielded an observed \( t \) value of 3.58, \( df = 111, p < .001 \). The difference between the two means was found to be significant.

Table 8

<table>
<thead>
<tr>
<th></th>
<th>African American (( N = 25 ))</th>
<th>Caucasian (( N = 88 ))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean ( SD )</td>
<td>Mean ( SD ) ( df ) ( t ) ( p )</td>
</tr>
<tr>
<td>Rate of Occurrence</td>
<td>55.00 13.32</td>
<td>44.88 8.88 111 3.58 .001***</td>
</tr>
<tr>
<td>Degree of Ethicality</td>
<td>62.96 10.49</td>
<td>56.23 8.36 111 3.35 .001***</td>
</tr>
</tbody>
</table>

***Significant at the .001 level.

Moreover, the independent \( t \) test findings regarding the perceptions of African American and Caucasian psychologists with respect to the degree to which they rated each behavior (nonsexual dual relationship) to be ethical yielded an obtained \( t \) value of 3.35, \( df = 111, p < .001 \). A significant difference was found between the perceptions of African American and Caucasian psychologists regarding the degree to which they rated each behavior (nonsexual dual relationship) to be ethical at the .001 level. Therefore, Hypothesis 2 was rejected. This finding concludes that African American psychologists exhibited a significantly different perception than did
Caucasian psychologists regarding the rate of occurrence and the degree to which they rated each behavior (nonsexual dual relationship) to be ethical.

**Hypothesis 3**

Hypothesis 3 states: There is no significant difference between racial/ethnic minority and racial/ethnic majority psychologists’ perceptions of ethical beliefs as measured by the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey.

Table 9 presents the summary of the mean difference between the perceptions of racial/ethnic minority and racial/ethnic majority psychologists regarding ethical beliefs with respect to rate of occurrence in their practice and the degree to which they rated each behavior (nonsexual dual relationship) to be ethical. The mean perception scores for minority psychologists for rate of occurrence in their practice was 120.33 (SD = 17.19) and for the degree to which they rated each behavior (nonsexual dual relationship) to be ethical was 142.62 (SD = 17.41). On the other hand, the mean perception scores for majority psychologists for rate of occurrence in their practice was 110.92 (SD = 12.72) and for the degree to which they rated each behavior (nonsexual dual relationship) was 135.94 (SD = 13.74). Statistically significant differences were found between the perceptions of minority and majority psychologists with regard to both the rate of occurrence in their practice (t = 3.16, df = 128, p < .01) and the degree to which they rated each behavior (nonsexual dual relationship) to be ethical (t = 2.18, df = 128, p < .05), respectively. Therefore, Hypothesis 3 was rejected. This finding concludes that minority psychologists possessed a significantly different perception regarding ethical beliefs than did majority psychologists.
Table 9

*t Test Results Regarding the Difference in the Perceptions of Racial/Ethnic Minority and Racial/Ethnic Majority Psychologists Regarding Ethical Beliefs and Behaviors of College Counseling Center Professionals

<table>
<thead>
<tr>
<th></th>
<th>Minority (N = 42)</th>
<th>Mean</th>
<th>SD</th>
<th>Majority (N = 88)</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of Occurrence</td>
<td></td>
<td>120.33</td>
<td>17.19</td>
<td></td>
<td>110.92</td>
<td>12.72</td>
<td>128</td>
<td>3.16</td>
<td>.002**</td>
</tr>
<tr>
<td>Degree of Ethicality</td>
<td></td>
<td>142.62</td>
<td>17.41</td>
<td></td>
<td>135.94</td>
<td>13.74</td>
<td>128</td>
<td>2.18</td>
<td>.033*</td>
</tr>
</tbody>
</table>

*Significant at the .05 level.
** Significant at the .01 level.

Hypothesis 4

Hypothesis 4 states: There is no significant difference in the perceptions of psychologists with regard to nonsexual dual relationships by geographical section of the country in which they practice.

Reported in Table 10 are the analysis of variance results regarding the perceptions of psychologists by geographical section with respect to nonsexual dual relationships. The differences in the obtained perception scores with respect to the rate of occurrence of nonsexual dual relationships in their practice ($F = .3655$, $df = 3/126$, $p > .05$) and the degree to which they rated each behavior (nonsexual dual relationship) ($F = .5222$, $df = 3/126$, $p > .05$) by the four geographical sections in which the groups of psychologists practice were not significant at the .05 level. Accordingly, Hypothesis 4 was not rejected.
Table 10

Analysis of Variance Summary Table Regarding the Perceptions of Psychologists With Respect to the Beliefs and Behavior of College Counseling Center Professionals or Dual Relationships by Geographical Section of the United States

<table>
<thead>
<tr>
<th></th>
<th>Degrees of Freedom</th>
<th>Sum of Squares</th>
<th>Mean of Squares</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Ss Rate of Occurrence</td>
<td>3</td>
<td>118.8466</td>
<td>39.6155</td>
<td>.3655</td>
<td>.7780</td>
</tr>
<tr>
<td>Within Ss</td>
<td>126</td>
<td>13657.1842</td>
<td>108.3904</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>13776.0308</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Ss Degree of Ethicality</td>
<td>3</td>
<td>137.1953</td>
<td>45.7318</td>
<td>.5222</td>
<td>.6678</td>
</tr>
<tr>
<td>Within Ss</td>
<td>126</td>
<td>11033.6970</td>
<td>87.5690</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>11170.8923</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This finding concludes that there were no differences in the perceptions of psychologists by geographical sections of the country in which they practice with regard to nonsexual dual relationships. In addition, there were no differences in the perceptions of psychologists by geographical sections of the country in which they practice regarding the rate of occurrence of nonsexual dual relationships in either their practice or the degree to which they rated each nonsexual dual relationship behavior as ethical.

Hypothesis 5

Hypothesis 5 states: There is no significant difference between male and female psychologists’ perceptions of nonsexual dual relationships to the rate of occurrence. This will be measured by comparing participants’ reports of the rate of
occurrence and their perceptions of the degree to which they rated each behavior to be ethical.

Reflected in Table 11 are the independent *t* test results regarding the gender of psychologists and their perceptions with respect to the rate of occurrence in their practice and the degree to which they rated each behavior (nonsexual dual relationship) to be ethical. The mean perception score for the female group of psychologists was 44.86 (*SD* = 8.86) and for the male psychologists, 49.23 (*SD* = 11.45) with regard to the rate of occurrence of nonsexual dual relationships in their practice. A significant difference was found between the perceptions of male and female psychologists (*t* = −2.41, *df* = 128, *p* < .05). This finding concludes that male psychologists had a significantly different perception towards the rate of occurrence of nonsexual dual relationships than did their female counterparts.

Table 11

<table>
<thead>
<tr>
<th></th>
<th>Female (N = 70)</th>
<th>Male (N = 60)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td><em>SD</em></td>
</tr>
<tr>
<td>Rate of Occurrence</td>
<td>44.86</td>
<td>8.86</td>
</tr>
<tr>
<td>Degree of Ethicality</td>
<td>56.33</td>
<td>9.91</td>
</tr>
</tbody>
</table>

*Significant at the .05 level.

Moreover, the mean perception score for the female psychologists was 56.33 (*SD* = 9.91) and for the male psychologists, 59.32 (*SD* = 8.34), with respect to the
degree to which they rated each behavior (nonsexual dual relationship) to be ethical. No significant difference was found between the perceptions of male and female psychologists ($t = -1.84, df = 128, p > .05$) at the .05 level. This finding concludes that there were no differences in the perceptions of male and female psychologists regarding the degree of ethicality of nonsexual dual relationships.

Therefore, Hypothesis 5 was rejected with respect to the psychologists' perception of the rate of occurrence of nonsexual dual relationships. However, Hypothesis 5 was not rejected with respect to the degree of ethicality of nonsexual dual relationships.

**Hypothesis 6**

Hypothesis 6 states: There is no significant difference between the perceptions of psychologists regarding the rate of occurrence of nonsexual dual relationships by degree of actual therapy experience with diverse populations.

Table 12 presents the one-way analysis of variance results regarding the perceptions of psychologists with respect to the rate of occurrence of nonsexual dual relationship practices by degree of actual therapy experience with diverse populations. The differences in the obtained perception scores of psychologists regarding the rate of occurrence of nonsexual relationship practices by degree of actual therapy experience with African Americans ($F = 1.2614, df = 3/126, p > .05$), Asian Americans ($F = .5683, df = 3/1232, p > .05$), Caucasians ($F = 1.1955, df = 3/122, p > .05$), and Hispanic Americans ($F = 2.3242, df = 3/125, p > .05$) were nonsignificant at the .05 level. Consequently, Hypothesis 6 was not rejected.

This finding concludes that there were no differences in the perception of psychologists who had actual therapy experiences with diverse populations and the
rate of occurrence of nonsexual dual relationships. This finding also concludes that minority psychologist had a significantly different perception with the degree to which they rated each behavior to be ethical.

Table 12

Analysis of Variance Summary Table Regarding the Rate of Occurrence of Nonsexual Dual Relationships by Degree of Actual Therapy Experience

<table>
<thead>
<tr>
<th>Diverse Populations</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African Americans</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>401.6767</td>
<td>133.8922</td>
<td>1.2614</td>
<td>.2906</td>
</tr>
<tr>
<td>Within Groups</td>
<td>126</td>
<td>13374.3541</td>
<td>106.1457</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>13776.0308</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Asian Americans</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>188.9243</td>
<td>62.9748</td>
<td>.5683</td>
<td>.6369</td>
</tr>
<tr>
<td>Within Groups</td>
<td>122</td>
<td>13518.7900</td>
<td>110.8098</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>13707.7143</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Caucasian Americans</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>393.1626</td>
<td>131.0542</td>
<td>1.1955</td>
<td>.3145</td>
</tr>
<tr>
<td>Within Groups</td>
<td>122</td>
<td>13374.4961</td>
<td>109.6270</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>13767.6587</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hispanic Americans</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>727.6500</td>
<td>242.5500</td>
<td>2.3242</td>
<td>.0781</td>
</tr>
<tr>
<td>Within Groups</td>
<td>125</td>
<td>13044.8306</td>
<td>104.3586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>13772.4806</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hypothesis 7**

Hypothesis 7 states: There is no significant difference between the perceptions of psychologists regarding the degree to which they rated each behavior
(nonsexual dual relationship) to be ethical by degree of actual therapy experience with diverse populations.

Reported in Table 13 are the one-way analysis of variance findings with regard to the perceptions of psychologists regarding the degree to which they rated each behavior (nonsexual dual relationship) to be ethical by degree of actual therapy experience with diverse populations. The differences in the obtained perception scores of psychologists regarding the degree to which they rated each behavior (nonsexual dual relationship) to be ethical by degree of actual therapy experience with Asian American \((F = .7128, df = 3/122, p > .05)\) and Caucasian cases \((F = .2927, df = 3/122, p > .05)\) were nonsignificant. However, a significant difference was found between the perceptions of psychologists with regard to African American cases \((F = 2.6446, df = 3/126, p < .05; \text{see Table 14})\) and Hispanic/ Latino(a)/Chicano(a) cases \((F = 3.6713, df = 3/125, p < .01; \text{see Table 15})\). Thus, this portion of Hypothesis 7 was rejected.

This finding concludes that differences were nonsignificant in the perceptions of psychologists who had actual therapy experiences with Asian American and Caucasian clients and the degree of consideration of nonsexual dual relationships. Further data analysis using the Scheffe post hoc test (Table 14) indicated an overall difference with respect to actual therapy experience among African American clients. Moreover, the Scheffe results (Table 15) revealed that psychologists who provided actual therapy experience of 36% to 55% to Hispanic clients had a significantly different perception of the degree to which they rated each behavior to be ethical (nonsexual dual relationships) than did the psychologists who reported having provided therapy 26% to 35%. No other mean differences were observed.
Table 13
Analysis of Variance Summary Table Regarding the Degree to Which Psychologists Rated Each Behavior (Nonsexual Dual Relationship) to Be Ethical by the Degree of Actual Therapy Experience

<table>
<thead>
<tr>
<th>Diverse Populations</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Americans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>661.7268</td>
<td>220.5756</td>
<td>2.6446</td>
<td>.0521*</td>
</tr>
<tr>
<td>Within Groups</td>
<td>126</td>
<td>10509.1655</td>
<td>83.4061</td>
<td>83.4061</td>
<td>.5461</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>11170.8923</td>
<td></td>
<td>2.6446</td>
<td>.0521*</td>
</tr>
<tr>
<td>Asian Americans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>186.5955</td>
<td>62.1985</td>
<td>.7128</td>
<td>.5461</td>
</tr>
<tr>
<td>Within Groups</td>
<td>122</td>
<td>10645.2775</td>
<td>87.2564</td>
<td>87.2564</td>
<td>.5461</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>10831.8730</td>
<td></td>
<td>.7128</td>
<td>.5461</td>
</tr>
<tr>
<td>Caucasian Americans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>76.8726</td>
<td>25.6242</td>
<td>.2927</td>
<td>.8306</td>
</tr>
<tr>
<td>Within Groups</td>
<td>122</td>
<td>10681.4846</td>
<td>87.5532</td>
<td>87.5532</td>
<td>.8306</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>10758.3571</td>
<td></td>
<td>.2927</td>
<td>.8306</td>
</tr>
<tr>
<td>Hispanic/Latino(a)/Chicano(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>889.2409</td>
<td>296.4136</td>
<td>3.6713</td>
<td>.0141**</td>
</tr>
<tr>
<td>Within Groups</td>
<td>125</td>
<td>10092.2940</td>
<td>80.7384</td>
<td>80.7384</td>
<td>.0141**</td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>10981.5349</td>
<td></td>
<td>3.6713</td>
<td>.0141**</td>
</tr>
</tbody>
</table>

* Significant at the .05 level.
** Significant at the .01 level.

Hypothesis 8

Hypothesis 8 states: There is no significant direct relationship between contextual factors as depicted in the scenarios (joining the organization, going to the hospital, attending the dinner, writing the letter of recommendation, attending the ceremony, and attending the holiday celebration) and the rate of occurrence of nonsexual dual relationship practices as measured by the Inventory of Dual
Table 14

The Scheffé Results Regarding Degree of Actual Therapy Experience With Diverse Populations (African American) and the Degree to Which Psychologists Rated Each Behavior (Nonsexual Dual Relationship) to Be Ethical

<table>
<thead>
<tr>
<th>Mean 1 0 to 15%</th>
<th>Mean 2 16 to 25%</th>
<th>Mean 3 26 to 35%</th>
<th>Mean 4 36 to 55%</th>
<th>Observed Mean Difference</th>
<th>Scheffé Critical Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>57.71</td>
<td>55.06</td>
<td></td>
<td></td>
<td>2.65</td>
<td>6.75</td>
</tr>
<tr>
<td>57.71</td>
<td>66.29</td>
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<td></td>
<td>-8.58</td>
<td>9.88</td>
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<tr>
<td>57.71</td>
<td></td>
<td>56.13</td>
<td></td>
<td>1.58</td>
<td>9.54</td>
</tr>
<tr>
<td>55.06</td>
<td>66.29</td>
<td></td>
<td></td>
<td>-1.07</td>
<td>11.12</td>
</tr>
<tr>
<td>55.06</td>
<td>56.13</td>
<td></td>
<td></td>
<td>-10.16</td>
<td>13.25</td>
</tr>
</tbody>
</table>

Relationship Judgments and by the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey.

A multiple regression was performed with the rate of occurrence of nonsexual dual relationship practices as the dependent variable and contextual factors of joining the organization, going to the hospital, attending the dinner, writing the letter of recommendation, attending the ceremony, and attending the holiday celebration as the independent variables (Table 16). When these variables were entered into the equation, they resulted in a multiple correlation coefficient $R$ of .21. The predictor variables accounted for 4% (3% adjusted) of the variance in rate of occurrence of nonsexual dual relationship practices. A significant relationship was not found among the predictor and criterion variable rate of occurrence of nonsexual dual relationship practices, $F = (6, 223) = .618, p > .05$. Thus, Hypothesis 8 was not rejected. It can
Table 15
The Scheffé Results Regarding Degree of Actual Therapy Experience With Diverse Populations (Hispanic/Latino(a)/Chicano(a) and the Degree to Which Psychologists Rated Each Behavior (Nonsexual Dual Relationship) to Be Ethical

<table>
<thead>
<tr>
<th>Mean 1 (0 to 15%)</th>
<th>Mean 2 (16 to 25%)</th>
<th>Mean 3 (26 to 35%)</th>
<th>Mean 4 (36 to 55%)</th>
<th>Observed Mean Difference</th>
<th>Scheffé Critical Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>57.86</td>
<td>56.50</td>
<td></td>
<td></td>
<td>1.36</td>
<td>7.55</td>
</tr>
<tr>
<td>57.86</td>
<td></td>
<td>50.75</td>
<td></td>
<td>7.11</td>
<td>14.55</td>
</tr>
<tr>
<td>57.86</td>
<td></td>
<td></td>
<td>72.67</td>
<td>-14.81</td>
<td>16.64</td>
</tr>
<tr>
<td>56.50</td>
<td>50.75</td>
<td></td>
<td></td>
<td>5.75</td>
<td>15.89</td>
</tr>
<tr>
<td>56.50</td>
<td></td>
<td>72.67</td>
<td></td>
<td>-16.17</td>
<td>17.82</td>
</tr>
<tr>
<td></td>
<td>50.75</td>
<td>72.67</td>
<td></td>
<td>-21.92*</td>
<td>16.39</td>
</tr>
</tbody>
</table>

*Significant at the .05 level.

It can be concluded that the contextual factors as depicted in the scenarios were not significantly related to the occurrence of nonsexual dual relationships.

**Hypothesis 9**

Hypothesis 9 states: There is no significant relationship between contextual factors as depicted in the scenarios (organization, hospital, attending dinner, writing the letter of recommendation, attending the ceremony and the holiday celebration) and the degree to which psychologists rated each behavior (nonsexual dual relationship) to be ethical as measured by the Inventory of Dual Relationship...
Employing multiple regression analysis (Table 17), the variables joining the organization, going to the hospital, attending the dinner, writing the letter of recommendation, attending the ceremony, and attending the holiday celebration and the degree to which the psychologists rated each behavior (nonsexual dual relationship) to be ethical were entered into the equation resulting in a multiple correlation $R$ of .35. These variables accounted for 13% (6% adjusted) of the variance in the criterion variable (the degree to which the psychologists rated each behavior [nonsexual dual relationship] to be ethical). A significant relationship was not found among the independent variables and the dependent variable nonsexual dual relationships, $F = (6, 223) = 1.90; p > 0.05$. However, the independent
variable, attending the holiday celebration, did contribute significantly to the degree
to which the psychologists rated each behavior (nonsexual dual relationship) to be
ethical with a \( t \) value of 2.06. Therefore, Hypothesis 9 was not rejected.

Table 17

Summary Results of the Multiple Regression Analysis for the Degree
to Which Psychologists Rated Each Behavior (Nonsexual
Dual Relationship) to Be Ethical

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>SE</th>
<th>(B)</th>
<th>( t )</th>
<th>( p ) value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>-0.73</td>
<td>1.35</td>
<td>-0.06</td>
<td>-0.535</td>
<td>.5938</td>
</tr>
<tr>
<td>Hospital</td>
<td>1.14</td>
<td>1.37</td>
<td>0.10</td>
<td>0.834</td>
<td>.4070</td>
</tr>
<tr>
<td>Dinner</td>
<td>1.63</td>
<td>1.36</td>
<td>0.16</td>
<td>1.201</td>
<td>.2332</td>
</tr>
<tr>
<td>Letter</td>
<td>-1.64</td>
<td>0.99</td>
<td>-0.19</td>
<td>-1.648</td>
<td>.1033</td>
</tr>
<tr>
<td>Ceremony</td>
<td>-0.56</td>
<td>1.77</td>
<td>-0.04</td>
<td>-0.319</td>
<td>.7506</td>
</tr>
<tr>
<td>Celebration</td>
<td>3.36</td>
<td>1.63</td>
<td>0.25</td>
<td>2.059</td>
<td>.0428*</td>
</tr>
</tbody>
</table>

Note. Multiple \( R = .35494; R^2 = .12598; F = 1.89783; p > .05. \)
Regression Constant = 48.36.

The findings reveal that there was no relationship between the combination of
contextual factors (independent variables) depicted in Scenarios 1 through 5 and the
degree of nonsexual dual relationships (dependent variable) as measured by the
Inventory of Dual Relationships Judgments. When the contextual factors were
analyzed separately, a significant relationship was found between the contextual
factor of attending the holiday celebration (Scenario 6) and the degree to which the
psychologists' rated each behavior (nonsexual dual relationship to be ethical).
Summary of Findings

There were nine major null hypotheses formulated and tested in this investigation (Table 18). Hypotheses 1 through 7 examined the difference in perceptions of psychologists regarding nonsexual dual relationships by gender, race/ethnicity, and geographical section of the country. Hypotheses 8 and 9 examined the relationship between the perceptions of psychologists regarding nonsexual dual relationships and contextual factors. Of the nine hypotheses, Hypotheses 1, 2, and 3 were found to be significant. In addition, parts of Hypotheses 5 and 7 were also found to be significant. No significant differences were found regarding Hypotheses 4, 8, and 9.

In reference to Hypotheses 1 and 2, a significant difference was found between the perceptions of racial/ethnic minority and racial/ethnic majority psychologists regarding the rate of occurrence and the rate of behavior of nonsexual dual relationships. In Hypothesis 1, it was concluded that minority psychologists’ perception regarding the rate of occurrence and degree of ethicality of the practice and the degree to which they rated each behavior (nonsexual dual relationships) was significantly different than that of the majority psychologists. In Hypothesis 2, it was found that the perception scores of African American psychologists regarding the rate of occurrence and the degree of occurrence and the degree to which they rated each behavior (nonsexual dual relationship) to be more likely ethical than majority psychologists.

Regarding Hypothesis 3, it was found that there were significant statistical differences between the perceptions of minority and majority psychologists with regard to ethical beliefs.
Table 18
Summary Table of All Hypotheses Tested

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>df</th>
<th>Computed Value</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$H_{01}$</td>
<td>128</td>
<td>$t = 7.00^{**}$</td>
<td>Significant</td>
</tr>
<tr>
<td>$H_{01}$</td>
<td>128</td>
<td>$t = 2.48^*$</td>
<td>Significant</td>
</tr>
<tr>
<td>$H_{02}$</td>
<td>111</td>
<td>$t = 3.58^{***}$</td>
<td>Significant</td>
</tr>
<tr>
<td>$H_{02}$</td>
<td>111</td>
<td>$t = 3.35^{***}$</td>
<td>Significant</td>
</tr>
<tr>
<td>$H_{03}$</td>
<td>128</td>
<td>$t = 3.16^{**}$</td>
<td>Significant</td>
</tr>
<tr>
<td>$H_{03}$</td>
<td>128</td>
<td>$t = 2.18^*$</td>
<td>Significant</td>
</tr>
<tr>
<td>$H_{04}$</td>
<td>3/126</td>
<td>$F = .3655$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{04}$</td>
<td>3/126</td>
<td>$F = .5222$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{05}$</td>
<td>128</td>
<td>$t = -2.41^*$</td>
<td>Significant</td>
</tr>
<tr>
<td>$H_{05}$</td>
<td>128</td>
<td>$t = -1.84$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{06}$</td>
<td>3/126</td>
<td>$F = 1.2614$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{06}$</td>
<td>3/126</td>
<td>$F = .5683$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{06}$</td>
<td>3/126</td>
<td>$F = 1.1955$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{06}$</td>
<td>3/126</td>
<td>$F = 2.3242$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{07}$</td>
<td>3/126</td>
<td>$F = 2.6446^*$</td>
<td>Significant</td>
</tr>
<tr>
<td>$H_{07}$</td>
<td>3/122</td>
<td>$F = .7128$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{07}$</td>
<td>3/122</td>
<td>$F = .2927$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{07}$</td>
<td>3/125</td>
<td>$F = 3.6713^*$</td>
<td>Significant</td>
</tr>
<tr>
<td>$H_{08}$</td>
<td></td>
<td>$F = .61771$</td>
<td>Nonsignificant</td>
</tr>
<tr>
<td>$H_{09}$</td>
<td></td>
<td>$F = 1.89783$</td>
<td>Nonsignificant</td>
</tr>
</tbody>
</table>

* $p < .05$.  
** $p < .01$.  
*** $p < .001$.  

Additionally, with regards to Hypothesis 5, male psychologists exhibited a significantly different perception toward the rate of occurrence of nonsexual dual relationships than did female psychologists. Finally, regarding Hypothesis 7, the data
revealed that the degree of actual therapy experience with diverse populations influenced the perceptions of psychologists toward the rate of behavior of nonsexual dual relationships.
CHAPTER V

FINDINGS, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to examine the perceptions of psychologists regarding their interpretation and application of the APA Ethical Guidelines as they relate to perspectives on nonsexual dual relationships. More specifically, the researcher was interested in the impact of the variables race/ethnicity, gender, geographical section of the country, years of work experience with diverse populations, and contextual factors on the perceptions of psychologists regarding nonsexual dual relationships. Additionally, this study investigated the effects of race/ethnicity on the perceptions of psychologists regarding their ethical beliefs.

A survey design was employed in this study to collect and analyze the data. One hundred and thirty psychologists were selected to participate in this investigation. Three instruments—a Demographic Form, the Inventory for Dual Relationship Judgments, and the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey—were used to gather the data.

The data were tested through the application of the $t$ test of independent samples, one-way analysis of variance, Scheffé multiple comparison test, and standard multiple regression. The null hypotheses were tested at the .05 significance level or better in this empirical investigation.
Findings

Hypothesis 1

Hypothesis 1 stated: There is no significant difference between racial/ethnic minority and racial/ethnic majority psychologists’ perceptions of nonsexual dual relationships.

The findings in this study reflect a significant difference in the perception of racial/ethnic minority and racial/ethnic majority psychologists regarding nonsexual dual relationships with respect to rate of occurrence of nonsexual dual relationships in their practice and the degree to which they rated each behavior (nonsexual dual relationship) to be ethical.

The findings of this study revealed that differences were found between racial/ethnic minority and racial/ethnic majority psychologists. The researcher notes that these findings possibly represent differences in racially and ethnically influenced notions about what constitutes appropriate client-therapist relationships and what characterizes nonsexual dual relationships. The differences that exist between the cultural context in which ethical codes were developed and the various cultural contexts in which they are applied create a discrepancy (Ivey, 1987; Kendler, 1993; LaFromboise et al., 1996; Opotow, 1990). This discrepancy can be found among psychologists of different racial/ethnic backgrounds, particularly between racial/ethnic minority and racial/ethnic majority psychologists. According to Cortese (1989), therapists are faced with the cultural dilemma in which behaviors that might be ethical in one cultural context may be judged unethical in a different cultural context. It is therefore important to evaluate the behavior of others in the cultural context in which that behavior was learned and displayed. Herlihy and Corey (1997)
suggested that ethical guidelines should be interpreted according to each situation and in each cultural context. Thus, therapists from different cultural backgrounds may apply the same ethical guidelines in the same situation by displaying different behaviors.

**Hypothesis 2**

Hypothesis 2 stated: There is no significant difference between African American and Caucasian psychologists' perceptions of nonsexual dual relationships. The findings indicated that African American psychologists had significantly different perceptions than Caucasian psychologists toward nonsexual dual relationships with regard to the rate of occurrence of nonsexual dual relationships in their practice and the degree to which they rated each behavior (nonsexual dual relationship) to be ethical.

It is important and necessary for all psychologists to consider the ethical standards addressing dual relationships, particularly when services are being rendered to clients and/or students. Many of the African American psychologists reported experiencing a degree of dissonance when adhering to the Ethics Code's cautions against dual relationships. Several of the African American respondents described serving in a role capacity in which they found themselves wearing the hats of mentor, organization adviser, group leader, and therapist. Many of these psychologists reported that often they were the only racial/ethnic minority on the counseling center staff and generally one of only a few on campus; thus, they were frequently sought out by African American students who wanted an African American therapist. For many African American therapists, denying a student the opportunity to receive therapy because of the situation they are in or because of the potential of a dual
relationship occurring creates a challenging situation that goes against personal values and beliefs that are oftentimes shaped by the standards of moral and ethical behavior of the African American culture. According to Parham (1997), to deny a student the opportunity to be served as a client, student, organization member, or group participant because of the potential for a dual relationship adheres to the ethical standards of professional associations but violates cultural mandates. Parham (1997) acknowledged that, although provisions regarding dual relationships are made for unusual circumstances due to situations or unavailability, it is common in most communities and institutions of higher learning across the country in which African Americans are involved that the concern over dual relationships may not be as greatly shared in the African American community which may emphasize moral behavior and personal character.

**Hypothesis 3**

Hypothesis 3 stated: There is no significant difference between racial/ethnic minority and racial/ethnic majority psychologists' perceptions of ethical beliefs as measured by the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey.

The findings indicated that racial/ethnic minority psychologists exhibited significantly different perceptions than racial/ethnic majority psychologists regarding their ethical beliefs, with respect to rate of occurrence in their practice and the degree to which they rated each behavior (nonsexual dual relationship) to be ethical.

The development of the multicultural counseling and therapy movement has helped to increase the awareness and sensitization of many psychologists to the fact that what is perceived as normal and abnormal, and what is considered therapeutic is
culture-bound (Carter, 1995; Ridley, 1995; Sue & Sue, 1990). The multicultural movement has also questioned the traditional roles carried out by therapists (Herlihy & Corey, 1997). For example, many cultural groups like African Americans, Hispanic/Latino(a)/Chicano(a) Americans, and Asian Americans perceive the therapist to be an expert with considerably higher status and with special knowledge; thus, they prefer to receive advice and suggestions from the therapist. Many of the roles that these cultural groups may find helpful may not be traditional counseling roles, but instead other more nontraditional roles (Herlihy & Corey, 1997). It is suspected that therapists who are more sensitized to different client perceptions of what is expected of the therapist role and the therapeutic relationship are more likely to look at different behaviors in this case (nonsexual dual relationships) in a different way. In general, behaviors are learned and displayed in one particular cultural context, yet are typically perceived by others from the perspective of a different cultural context (Pedersen, 2000). Many psychologists bring to their role of therapist their own cultural values, cultural beliefs, cultural differences, and experiences associated with race/ethnicity. For minority psychologists working with the ethical guidelines, which have historically been shaped by the perspectives of the majority culture, it is likely that there is the awareness of how different their culturally learned behaviors may be from the culturally learned behaviors of the more dominate culture. Often therapists sensitized to multicultural counseling are aware of the impact of community characteristics, multicultural definition of counseling roles, and cultural perceptions of helping practices. It is believed that these experiences have influence on the role as therapist and the therapist-client relationship. In addition, it is believed such awareness might have influenced the racial/ethnic minority psychologists who responded in the present study regarding their openness to the different perspectives
of acceptable versus unacceptable behaviors based on the cultural context in which they are working.

**Hypothesis 4**

Hypothesis 4 stated: There is no significant difference in the perceptions of psychologists with regard to nonsexual dual relationships by geographical section of the country in which they practice.

The findings indicated that the geographical section of the country in which they practice did not significantly affect the perceptions of psychologists regarding nonsexual dual relationships.

Many of the respondents have experienced training through academic as well as employment opportunities across geographical sections. Given the diversity of exposure to geographical sections indicated by the different respondents, no significant differences among the participants’ responses were observed.

**Hypothesis 5**

Hypothesis 5 stated: There is no significant difference between male and female psychologists’ perceptions of nonsexual dual relationships.

The findings indicated that male psychologists possessed significantly different perceptions than their female colleagues toward nonsexual dual relationships with regard to rate of occurrence in their practice. However, the variable gender did not produce a significant effect on the perceptions of psychologists toward nonsexual dual relationships with respect to the degree to which they rated each behavior (nonsexual dual relationship) to be ethical.
Both male and female participants of this study indicated, in their responses, their awareness of the guidelines outlined by the APA Ethics Code and their desire to practice accordingly. In addition, the majority of the psychologists, both male and female, reported having had ethics training. It is suspected that this training had an effect on the perceptions of psychologists toward nonsexual dual relationship behaviors and the extent to which they are considered ethical. Consistent with earlier research in which the influence of gender was assessed as to the ethicality of nonsexual dual relationship behaviors, no significant differences were found between the male and female psychologists. In a 1988 study, Borys speculated that men and women receive different socialization regarding the appropriateness of intruding on or altering boundaries with the opposite sex: men are given greater permission to take the initiative or otherwise become more socially intimate. The results indicated that there were significant differences between the male and female participants when rating the occurrences of nonsexual dual relationships.

**Hypothesis 6**

Hypothesis 6 stated: There is no significant difference between the perceptions of psychologists regarding the rate of occurrence of nonsexual dual relationships practices by degree of actual therapy experience with diverse populations.

The findings indicated that psychologists’ degree of actual therapy experience with diverse populations did not produce a significant influence on their perceptions toward the rate of occurrence of nonsexual dual relationships in their practice.

Due to implicit cultural bias in our social institutions, professionals working in settings involving diverse populations sometimes must choose between adhering to
the prescribed ethical guidelines of the profession or being ethical in a particular cultural context (Pedersen, 1997). The majority of the participants indicated their desire is to always practice in a manner that adheres to the Ethical Guidelines as outlined by the APA Ethics Code. Although many of the respondents indicated that they would attempt to make ethical judgments and decisions regarding nonsexual dual relationship practices based on individual circumstances, many acknowledged that in general they interpreted and applied the Ethical Guidelines as outlined by the APA Ethics Code. It is suspected that practicing in accordance with the Ethics Code had more influence on their perceptions towards the rate of occurrence of nonsexual dual relationships then did their amount of therapy experience with diverse populations.

Hypothesis 7

Hypothesis 7 stated: There is no significant difference between the perceptions of psychologists regarding the degree of ethicality of nonsexual dual relationships by degree of actual therapy experience with racially and ethnically diverse populations.

The findings indicated that the perceptions of psychologists regarding the degree to which they rated each behavior (nonsexual dual relationship) to be ethical were significantly affected by their degree of actual therapy experience with diverse populations.

According to Pedersen (1997), ethical principles generated in one cultural context cannot be applied to other vastly different cultural contexts without modification. Recognizing that ethical standards are said to have been derived in a cultural context (Pedersen, 1997), it is believed that the psychologists’ perceptions of
nonsexual dual relationships were influenced by their degree of practice with diverse populations. With the increase in exposure to racially/ethnically diverse clients, the differences in cultures, including how these cultural differences impact decision-making and how behaviors are judged, become apparent. It is suspected that the more psychologists practice with a diverse population, the more likely they are to give attention to cultural factors in the ethical practice of psychotherapy. In addition, it is considered that with greater exposure to diverse populations, cultural encapsulation will lessen.

**Hypothesis 8**

Hypothesis 8 stated: There is no significant relationship between contextual factors as depicted in scenarios (organization, hospital, attending dinner, writing the letter, attending the ceremony, and attending the holiday celebration) and rate of occurrence of nonsexual dual relationship practices as measured by the Inventory of Dual Relationship Judgments and by the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey.

It was concluded that the contextual factors as depicted in the scenarios were not significantly related to the rate of occurrence of nonsexual dual relationships.

Many of the psychologists indicated they might have responded differently given extenuating circumstances, and the rate at which they would engage in a nonsexual dual relationship had to be decided based on individual cases, in which the welfare of the client and the degree of potential conflict in the therapeutic relationship between client and therapist could be weighed.
**Hypothesis 9**

Hypothesis 9 stated: There is no significant relationship between contextual factors as depicted in the scenarios (joining the organization, going to the hospital, attending the dinner, writing the letter of recommendation, attending the ceremony, and attending the holiday celebration) and the degree to which psychologists rated each behavior (nonsexual dual relationship) to be ethical as measured by the Inventory of Dual Relationship Judgments and by the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey.

The findings revealed that there was not a relationship between the combination of contextual factors depicted in Scenarios 1 through 5 and the degree of nonsexual dual relationships as measured by the Inventory of Dual Relationship Judgments and the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey. When the contextual factors were analyzed separately, a significant relationship was found between the contextual factor of attending the holiday celebration (Scenario 6) and the degree to which the psychologists rated each behavior (nonsexual dual relationship) to be ethical.

The results of the study regarding the relationship between contextual factors as depicted in the scenarios and the degree to which the psychologists rated each behavior to be ethical as measured by the Inventory of Dual Relationship Judgments and by the Ethical Beliefs and Behaviors of College Counseling Center Professionals survey indicated that, in general, the contextual factors employed in this study did not have an influence on the degree to which psychologists rated the degree of ethicality. However, when analyzed individually, a significant relationship was found between the context of the therapist attending a holiday celebration and the degree to which
the psychologist rated each behavior to be ethical. Many of the psychologists, when elaborating on Question 4 as to what factors influenced their decision, indicated that the context in which the event was occurring influenced their decision as to whether they would participate. For example, with Scenario 6, attending the holiday celebration, many psychologists reported that they would attend: (a) if it would help them to learn more about the client’s culture in a way that could be helpful to the therapeutic process, (b) if they could remain anonymous due to the size of the crowd in order to respect their client’s confidentiality, (c) depending on where they were in the counseling process, or (d) depending on the cultural context (i.e., size of affair, cultural expectations). It is believed that there was a relationship in the contextual factor of attending the holiday celebration, as this might have been perceived as having the least conflict of interest or risk to the client.

Discussion

The present study shows that racial/ethnic identification has a significant influence on the perceptions of psychologists regarding the rate and degree of nonsexual dual relationships. A major finding of the study was that racial/ethnic minority psychologists had significantly different perceptions toward nonsexual dual relationships than did racial/ethnic majority psychologists. Additionally, when African American and Hispanic/Latino(a)/Chicano(a) psychologists were measured as individual minority groups, differences were also found between them and their majority counterparts regarding nonsexual dual relationships. These findings can be supported by the works of Parham (1997), Pedersen et al. (1996), and Sue (1996). Synthesizing the research findings from the studies by the above researchers, a plausible explanation for the present finding might be that African American
psychologists and other minority psychologists, because of their cultural backgrounds, might engage in a nonsexual dual relationships as a therapeutic measure considered beneficial to the client. This relationship is based on the shared values and ideas from their various backgrounds, in which they can relate due to similar life experiences. When reviewing the results, it is important to consider the cultural traditions and value systems of psychologists that differ greatly from the standards set forth by the Ethics Code when identifying appropriate roles and responsibilities. For example, for many African American psychologists, proper conduct and the decision of whether to engage in a helping role are not based on “potential for exploitation” but rather on the intent of the helper. Thus, a therapist could be expected to participate in multiple roles (in potentially a dual relationship), particularly if this were considered by the client and the counselor to be in the client’s best interest (Parham, 1997).

The study presents findings regarding the influence gender had on the perceptions of nonsexual dual relationships and the rate of occurrence of nonsexual dual relationship practices. The results of the study indicated that there were no significant differences between male and female psychologists’ perceptions with respect to the degree to which they rated each behavior (nonsexual dual relationship) to be ethical. Male psychologists seemed to have been more tolerant of the occurrence of nonsexual dual relationship practices than female psychologists.

The findings of the present study reflected a lack of influence of geographical section on the perceptions of psychologists with regard to nonsexual dual relationships. Many of the respondents indicated on the Demographic Information Form that they attended school in one section of the country, completed an internship in another section of the country, and were now practicing in a different section.
Given the varied sections of the country in which many experienced some form of training, it is believed that the influence of geographical section was difficult to clearly identify.

Another important finding of this research endeavor was the inconclusive influence of the psychologists' actual therapy experience with diverse populations on their perceptions toward nonsexual dual relationships. The present study revealed that the psychologists' actual therapy experience with diverse populations had no influence on the rate of occurrence of nonsexual dual relationship practices. However, the results indicated that the psychologists' actual therapy experience had some influence on the degree to which they rated each behavior (nonsexual dual relationship) to be ethical. Based on findings regarding the variable actual therapy experience with diverse populations, the data revealed that the more experience psychologists had with diverse populations, the greater influence actual therapy had on their perceptions toward the degree to which they rated each behavior (nonsexual dual relationships) to be ethical. It seems that those psychologists who have been exposed to a wider range of clients from various cultures are more likely to recognize and understand the impact of cultural differences on ethical behaviors as related to nonsexual dual relationships. In spite of the recognition that cultural differences impact perceptions of ethical behavior, exposure to diverse populations did not have a significant impact on the rate of occurrence of nonsexual dual relationship practices. One possible explanation is that, if faced with the dilemma of choosing what seems ethically congruent to the cultural context versus adhering to the APA Ethical Guidelines, psychologists seem to use the Guidelines as a baseline for decision-making in their practices.
The results of the present study regarding the influence of contextual factors on the perceptions of psychologists toward nonsexual dual relationships were unexpected to the researcher. The contextual factors utilized in this study were not related to the perceptions of psychologists regarding nonsexual dual relationships. Lear (1997) found that most psychologists who have attended special events involving their clients did not consider some events as social but events of special meaning to their clients. This was found to be consistent with many of the anecdotal comments made by the psychologists who participated in the current study. Many reported that, in the event they would attend a special event like a naming ceremony in Scenario 5, it would be due to the perception that it was a one-time event of special meaning to the client, with little risk to the client-therapist relationship.

Summary and Conclusions of the Research

The purpose of this study was to investigate psychologists’ perceptions of nonsexual dual relationships. *Nonsexual dual relationship* was defined in the study as a clinical professional relationship occurring simultaneously with a nonsexual professional relationship that occurs outside of therapy between a psychologist and client. The following conclusions were drawn from the findings of this research.

**Race/Ethnicity**

It appeared that the perceptions of the psychologists identifying as African American and Hispanic/Latino(a)/Chicano(a) regarding nonsexual dual relationships were different from participants who identified as Caucasian. This finding could indicate the existence of fluid boundaries without necessarily suggesting loose or inappropriate therapeutic boundaries.

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Such findings deserve further investigation and closer scrutiny. Stating that perhaps racial/ethnic minority psychologists have flexibility in having semipermeable boundaries if the association is deemed to have a positive effect on the client and the client-therapist relationship can minimize potential misinterpretation of data. This could be in line with cultural underpinnings that might reflect a greater fluidity in roles these psychologists as individuals prescribe to people in general and carry over into therapy. When arriving at conclusive statements regarding these findings, the researcher found useful the responses to the open-ended questions submitted by many of the participants. Through these statements it became apparent that a number of factors influenced the psychologists' responses and the weight in importance they gave the factors. Some of the factors included timing of therapy, potential threat to boundary, possibility of a breach of confidentiality, client welfare, setting (large or small), level of intimacy, nature of activity, therapist role, therapist ability to remain discreet, size of attendance, and opportunity to process with client. Specifically, several of the respondents who identified as racial/ethnic minority psychologists indicated that a strong precursor to making a judgment and subsequent decision to determine the degree of ethicality of a behavior was whether the behavior was an extension of therapy. For example, several respondents indicated that they would attend a holiday celebration as described in Scenario 6 in order to learn more about a client's culture in an effort to have a better understanding of the client.

It was found that the racial/ethnic minority psychologists, as with the racial/ethnic majority psychologists, expressed the desire to practice ethically and with the best interest of the client in mind. All respondents indicated practicing with caution and with awareness of the guidelines outlined by the Ethics Code. Many of the participants reported considering several factors before arriving at a decision. This
was found to be particularly the case when responding to those questions on the Inventory for Dual Relationship Judgments in which a contextual backdrop was provided.

The Ethics Code expects psychologists to base their judgments and decisions on the likelihood that problems reasonably might occur (Canter et al., 1994). Most would agree that whenever the softening of a professional relationship is to occur, caution and careful consideration should take place.

A number of the respondents, who identified as racial/ethnic minority psychologists, reported that often there is an unspoken bond within their respective communities that increases the chance that an individual from their racial/ethnic community will seek them out. This occurrence has a higher potential for a dual relationship to occur. For example, several of the respondents indicated that they “have many roles” at the university of their current employment. A number of the roles they hold are in an advisory and mentoring capacity that could lend itself to occasional social activities and interactions with the membership. Many of these racial/ethnic minority psychologists reported being at predominantly “white universities” in which they are in the minority as an African American on staff. Thus, the opportunity for the racial/ethnic minority student to interact with racial/ethnic minority professionals on campus is limited. In the event a client becomes a member of the organization, club, or activity that the psychologist advises, this psychologist is faced with the challenge of how to respond to this nonsexual dual relationship.

According to several writers (Herlihy & Corey, 1997; Parham, 1997; Sue, 1996) who have researched dual relationships and culture, the occurrence of such situations is highly probable and fairly typical.
Nonsexual dual relationships can be complex. It is not always possible for therapists to play a singular role in their work, nor is it always desirable (Herlihy & Corey, 1997).

**Geographical Section**

This study considered the influence that the geographical section of the country in which psychologists practice might have on the perceptions regarding nonsexual dual relationships. The geographical sections designated were the North, East, South and West regions of the country. It was found that geographical location had no influence on the perceptions of psychologists regarding nonsexual dual relationships. In addition, many of the respondents indicated that they have practiced in several sections of the country; thus, any regional influences that might have existed may be difficult to detect.

**Gender**

Findings were evaluated as to the influence gender has on the perceptions of nonsexual dual relationships and the rate of occurrence of nonsexual dual relationship practices. Although both male and female participants reported similar perceptions toward nonsexual dual relationships, the male participants reported a dissimilar perception from that of the female participants toward the rate of occurrence of nonsexual dual relationships.

**Percentage of Therapy Cases**

In general, when assessing across percentages of therapy cases, it appears that the psychologists, regardless of their degree of actual therapy experience with diverse
populations, had similar perceptions regarding the rate of occurrence or frequency of nonsexual dual relationships in their practice. Differences were found among the perceptions of psychologists regarding the degree to which they rated each behavior (nonsexual dual relationship) to be ethical. A significant difference was found in the responses of African Americans and Hispanics/Latinos(as)/Chicanos(as) when researched as individual groups. It was also found that the higher the degree of actual therapy experience with diverse populations of clients, the more varied their perceptions with regards to the degree to which they rated each behavior (nonsexual dual relationship) to be ethical.

**Contextual Factors**

Results of the current study demonstrated that contextual factors as depicted in the six scenarios were not significantly related to nonsexual dual relationships with regard to rate of occurrence in the psychologists' practice. In addition, it was found that contextual factors did not influence how ethical the psychologists perceived the nonsexual dual relationship to be.

When responding to the scenarios, most of the psychologists supported their forced choice responses by completing Question 4 of each scenario of the Inventory for Dual Relationship Judgments. Question 4, which inquired as to what factors influenced their decision (as to whether they would encourage the student to join the organization, or whether they would go to the hospital, attend the dinner, write the letter of recommendation, attend the ceremony, or attend the holiday celebration), afforded participants the opportunity to explain their response. For each scenario, a pattern was found as to what factors led the psychologist to a decision. Through the responses to each scenario, it was found that the psychologists were concerned with

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client welfare, the risk of blurring boundaries, and potential harm to the client-therapist relationship brought on by the nonsexual dual relationship. Whereas the level of risk to the client's welfare and the potential harm to the client-therapist relationship were of concern to the participants, it is difficult to measure the degree of influence the various factors had on the psychologists' decision-making. What is revealed is that, although most of the participants saw the scenarios as potential nonsexual dual relationship dilemmas, many of the psychologists considered factors before reaching a decision about whether the relationship was acceptable or unacceptable. Although some of the respondents clearly saw the scenarios as potential for exploitive nonsexual dual relationships and answered "1—very high risk," other respondents seemed to have arrived at their decision by first evaluating the risk to the client, the risk to the client-therapist relationship, and then the risk to themselves as therapists. In evaluating the various risks, possible options were particularly evident in anecdotal comments of those indicating that the information provided was not sufficient for a definite decision.

As cited earlier in the study, all nonsexual dual relationships have the potential for causing harm to clients (Borys & Pope, 1989; Keith-Spiegel & Koocher, 1985; Kitchener, 1988). Given the awareness of this potential, it was found that responses by the participants in this study were consistent with findings of the participants in other studies, which indicate that APA therapists are cautious about their decision-making.

There was no consensus among therapists regarding how they responded to each of the scenarios. A possible explanation for the different responses to the scenarios is that contextual cues, such as the perceived role of the therapist, the
frequency of the scenario, and the timing and duration of the relationship, might have affected the psychologists’ perception of the acceptability.

Practical Implications of the Research

The following implications are drawn from the findings of this research and are offered for psychologists to consider as they evaluate nonsexual dual relationships. Pope et al. (1987, as cited in Valletta, 1995) cautioned readers to be mindful that “empirical data about the behavior and beliefs of a general sample should inform, not determine ethical deliberations” (p. 98). The findings of the current study are reflective of practicing psychologists at APA-accredited university counseling centers. The data gathered are indicative of highly trained professionals. The vast majority of the respondents indicated that they had received ethics training during their professional development. Despite skill level, training, and knowledge of the APA Ethics Code, many of the participants expressed the notion that various factors are considered in the decision-making process regarding the perception of the ethicality of nonsexual dual relationship behaviors.

Psychologists have had very little research to guide them in their practices in regards to nonsexual dual relationships. Given the scant literature on the influence that race, ethnicity, and culture have on majority and minority psychologists’ interpretation and application of the APA Ethical Guidelines, the results of this study have clinical significance, and some results that are worth examining. In particular, psychologists who work at university counseling centers with clients of various racial/ethnic backgrounds would do well to bear in mind some of the findings of this study.
Psychologists, based on the findings of this study, should be aware that the race/ethnicity of a psychologist could produce a significant influence on perceptions regarding nonsexual dual relationships. It appears racial/ethnic minority psychologists' perceptions were significantly different with respect to the rate of occurrence in their practice and the degree to which they rated each behavior (nonsexual dual relationship) to be ethical. The difference found between racial/ethnic minority and racial/ethnic majority psychologists supports the idea that there are differences between the cultural contexts in which ethical codes were developed and the various cultural contexts in which therapists may work. Nonsexual dual relationships are behaviors that occur in different contexts. Psychologists should consider the fact that behaviors that might be ethical in one cultural context may be judged unethical in a different cultural context. Therapists from different cultural backgrounds may adhere to the same ethical guidelines in the same situation but may perceive them differently.

It appears from the present study that there were no differences between men and women in their perceptions toward nonsexual dual relationships and the degree to which they rated each behavior to be ethical. The study indicated a difference was found between male and female psychologists regarding the rate of occurrence in their practice. Psychologists should be aware that their gender may influence their perceptions regarding the rate of occurrence of nonsexual dual relationships in their practice.

It is important that psychologists gain more awareness of the cultural context in which they are working in regards to the client-therapist relationship. Psychologists should be cognizant that the degree to which nonsexual dual relationships are considered to be ethical can be affected by the amount of actual therapy experience.
with diverse populations. As psychologists increase their exposure to a wider range of diverse clients, they will more likely experience a wider range of variability in perceptions regarding nonsexual dual relationships.

Contextual factors have been found to be an important issue when assessing the perceptions of psychologists regarding nonsexual dual relationships. Context in this study was found to have little influence on the rate of occurrences of nonsexual dual relationships and, in general, with the degree to which psychologists rated each behavior. However, many psychologists indicated in their anecdotal responses to the scenarios that a number of contextual factors (i.e., setting, level of intimacy at a gathering, number in attendance, rate of anonymity, confidentiality, psychologist's role at a function, conflict of interest, alternatives to the dual relationship, whether a nonsexual dual relationship could be perceived as an extension of therapy, and the ability to maintain confidentiality) would have to be considered on a case-by-case basis in order to determine how they would make an ethical decision. Other variables, which may mitigate therapists' responses to nonsexual dual relationship issues, may include the size of the counseling center and the environment of the campus (e.g., a small center at a private university vs. a large center in a metropolitan area), therapist attractiveness, the client-therapist relationship, intensity of the therapy, and the average length of treatment. The assessment tool being used in the current study may not have fully measured important contextual factors. Based on the anecdotal responses, the results regarding context should be heeded with caution.

Such reported information leads the researcher to believe that, if given the chance to fully expand on context, more significant results might have ensued. Therefore, it is suggested that psychologists continue to be aware of the impact of context regarding nonsexual dual relationships when working with diverse clients.
noted earlier, only a few studies have investigated therapist decision-making regarding cases specific to nonsexual dual relationships or have taken contextual factors into consideration. In addition, little research has been conducted that addresses the influence that race, ethnicity, and culture have on the occurrence and perceptions of the ethicality of nonsexual dual relationships. Knowledge of the degree to which cultural context may influence psychologists' perceptions of the interpretation and application of the APA guidelines regarding nonsexual dual relationships contributes to the literature, as well as serves as a guide for psychologists having to make ethical decisions for a client of a different cultural context.

The research indicates that differences in practice and views might be related to therapists' marital status, gender, work setting, personal orientation, years of experience, clients' gender, and practice setting. Few studies provide information specific to the influence that ethnographic therapist characteristics have on decision-making regarding nonsexual dual relationships between the client and therapist. The current study explored whether there is a relationship between these variables and found that race and ethnicity had an influence on psychologists' decision-making.

Psychologists need to consider how they might handle a situation where they are faced with the cultural dilemma in which behaviors deemed ethical in one cultural context may be judged unethical in a different setting. Psychologists will need to continue to assess their intentions, evaluate their behaviors and practices, consider the context, consult with colleagues, and seek supervision.

The APA Ethical Guidelines should be sensitive to the idea that psychologists as individuals bring to their role of therapist their cultural beliefs, cultural values, cultural differences, and their own worldviews that have been influenced and shaped
by race and ethnicity. In doing so, psychologists are likely to look at the world through their own lenses. When psychologists do this, they will perceive ethicality differently.

Limitations of the Study

This study presents an attempt to empirically research self-reported information pertaining to the influence individual psychologists’ ethnographic characteristics have on their decision-making regarding nonsexual dual relationships. The researcher suggests that caution be taken when reviewing the results of the current study. Assumptions were made that the participants’ reported perceived behaviors that were accurate representations of their true behaviors. It is recommended that the reader be mindful that what psychologists indicate they will do in a given situation may not be consistent with the behavior they would choose if faced with the actual situation. Although all participants were assured anonymity in their responses, there may be several factors that influenced their answers:

1. There is the possibility that participants could have been hesitant to acknowledge behavior they know or perceive to be unethical. Professional misconduct has more than likely been a factor influencing respondents’ awareness of and the need to minimize or deny their occurrence (Borys, 1988; Pope, Keith-Spiegel, & Tabachnick, 1986; Pope et al., 1987).

2. Participants might have been reluctant to address the rate of occurrence of nonsexual dual relationship practices if the rate was considered unacceptable.

The representatives of the sample used in this study must be considered when interpreting the findings. The sample was determined through a random sample of APA-accredited university counseling centers. Although the selection process was a
random sampling of doctoral-level psychologists at APA-accredited university counseling centers, it is possible that the individual respondents are not representative of all doctoral-level psychologists. For example, many doctoral-level psychologists are practicing at university counseling centers that are not APA-accredited and thus were excluded by design from this study. In addition, the majority of respondents in this study were from the Northern and Southern sections of the country. Given these findings, the results of this study may not be generalizable to some groups of psychologists. Several limitations were identified as the study progressed.

One shortcoming of the study was in the gathering of the data. Having to first solicit the directors' permission to mail surveys to their respective sites was an additional step that many directors reported as confusing. This confusion might have affected the return rate. In addition, this put the directors in the position of initially speaking for the individual psychologists on their staff as to whether they could participate. In essence, an individual psychologist's participation was contingent upon the director's willingness to support the researcher's efforts.

Another limitation to the study is the tendency to experience a heavier return rate from those who perceive themselves to be ethical. Hence, there may also be a lower response rate from those with the tendency to engage in behavior thought to be unethical.

There were also some limitations to the assessment tool.

1. Item 12 of the Demographic Information Form ("Please indicate the percentage of your therapy cases represented by diverse populations.") required participants to examine their records. It is not certain if the respondents were able to secure the information needed to answer the question accurately or answered based on their ability to recall the information.
2. On Section III of the survey, questions were raised by participants as to the wording of the response categories (1 = questionably unethical, 2 = under rare circumstances ethical, 3 = don’t know/aren’t sure, 4 = under many circumstances ethical, 5 = unquestionably ethical). Some participants reported finding categories 1 and 5 confusing, and thus wrote out an explanation as to how unethical they perceived some items to be.

3. The length of the survey instrument, the time needed to complete the survey, and the varied questions may have reduced the participants’ motivation to respond.

4. Respondents were asked to rate each item twice, on scales measuring the frequency of the occurrence of the behavior and then the degree to which they rated how ethical they perceived a behavior to be. Having to double evaluate each item might have caused confusion to the respondent.

A significant part of this study was the utilization of scenarios about decision-making regarding nonsexual dual relationships. Classifying the responses to these open-ended questions in order to carry out the content analysis could lend itself to possible misinterpretation of the respondents’ comments and answers. A further limitation is that the respondent cannot conclusively answer the question about therapist decision-making. In cases of nonsexual dual relationships, the context for these decisions will always vary. With each scenario, contextual factors and type of overlap resulting from the situation may confound the results, so that definitive conclusions about the importance of a specific contextual variable may not be drawn.

A final limitation concerns the definition of the terms. Race, ethnicity, and culture have been found to be terms that are not constant and thus may have been defined and internalized differently by the participants, affecting their response.
Recommendations for Further Study

Because this is a relatively unexplored area of psychology, the opportunities for further exploration are unlimited. The following recommendations represent just some of the researcher's suggestions. In order to extend the findings of this study, future research should be more open-ended with a look at how and why therapists of various racial, ethnic, and cultural groups arrive at their ethical decisions regarding nonsexual dual relationships. The researcher in this study considers cultural differences to be contributors to the observed differences found among therapists. This being the case, it is important to note that the "cultural differences" thought to underlie the observed therapist differences were not directly measured or assessed in the present research. It was assumed that because the various groups represented in the study were from distinct racial, cultural, and ethnic groups, there was the tendency that they would differ from one another on key cultural dimensions. This may or may not have been the case. It would be beneficial if, in another study, attention would be given more directly to the differences in the perceptions of racial/ethnic minority psychologists and racial/ethnic majority psychologists as to what factors influence their decision-making. Specifically, it would be interesting, as well as helpful, to identify those factors that influence the rate of occurrence of nonsexual dual relationships of racial/ethnic minority psychologists, as well as the degree to which they consider a nonsexual dual relationship to be ethical.

Placing emphasis on clients as respondents would enhance future research. It would prove beneficial to research whether there is a difference among client populations regarding the occurrence of nonsexual dual relationships and the degree to which they consider nonsexual dual relationships to be ethical. Although more
complicated, it would be helpful to sample clients' perceptions in comparison to therapists' perceptions regarding nonsexual dual relationships.

An interesting finding of this study was the inconclusive influence of psychologists' actual therapy experience with diverse client populations. Additional research could more thoroughly investigate psychologists' actual therapy experience with diverse clients with the rate and specific type of nonsexual dual relationships.

Whereas this study provides useful, nationwide information about the practices and perceptions of psychologists at APA-approved university counseling centers concerning their interpretation and application of the Ethical Guidelines regarding nonsexual dual relationships, it is believed a comparison of these findings with psychologists in other mental health environments would contribute to the literature.

Continued research on the topic of the influence race has on nonsexual dual relationship judgments would provide a more in-depth look at racial/ethnic and cultural contexts when evaluating ethical behaviors. Whereas this study considered the ethnographic differences of psychologists, it is believed a closer look involving a greater number of respondents would further contribute to the literature. For example, with an increased presence of psychologists of diverse backgrounds, the research could include a greater number of racial/ethnic minority respondents.

According to the APA Office of Demographic Employment and Educational Research (APA, 1999), the staffing patterns with respect to racial/ethnic presence of psychologists at university counseling centers are African American, 9.22%; American Indian, 1.08%; Asian American, 6.91%; Hispanic, 2.51%; and Multiethnic, 2.73%. In addition, it is believed a study with emphasis on racial/ethnic minority psychologists and the differences that exist across groups might be helpful. It might
be beneficial to evaluate ethical behavior of psychologists in different cultural contexts. A comparison of the occurrence of reported nonsexual dual relationships and therapist behaviors and the rate of degree of ethicality in different therapeutic contexts could be considered. For example, future research could compare the occurrence of reported nonsexual dual relationships and therapist and the rate of ethicality between a racial/ethnic minority psychologist working with a racial/ethnic minority client versus a racial/ethnic minority psychologist working with a racial/ethnic majority client. This could be done to measure the impact of racial/ethnic and cultural implications, as well as the function the fluidity of roles, has on psychologists' decision-making.

The results of the present study revealed that contextual factors did not have an influence on nonsexual dual relationships. Future research would be further enhanced by a closer look at contextual cues, such as therapist role, timing, setting, level of intimacy of setting, therapist anonymity, and duration of therapy, in order to draw conclusions about what factors are important to therapist decision-making. A myriad of factors could influence a psychologist's decision-making regarding nonsexual dual relationships. Thus, it would be beneficial to look at the decisions made by the psychologists, as well as the process by which they decided.

Finally, future directions of research could include a closer examination of the types of nonsexual dual relationships that can occur between clients and therapists and how these relationships affect the treatment of the client. Perhaps researchers may want to look at how training in both ethics and multicultural competency can impact perceptions about nonsexual dual relationships.
**SECTION I: DEMOGRAPHIC INFORMATION FORM**

**Please answer the following questions or check the appropriate response choice:**

1. **Age:** 25–34 ____ 35–44 ____ 45–54 ____ 55–64 ____ 65 or over ____

2. **Gender:**  Female ____  Male ____

3. **Racial/Ethnic Identification:**
   a. African American/Black ____
   b. Alaskan Native ____
   c. American Indian ____
   d. Asian American ____
   e. Caucasian/White (non-Hispanic) ____
   f. Hispanic/Latino(a)/Chicano(a) ____
   g. Multiracial ____
   h. Pacific Islander ____
   i. Other ____

4. **What graduate schools did you attend?**
   a. Masters _____________________
   b. Doctorate ____________________

5a. **Year of doctoral graduation ______**

5b. **Was your doctoral program APA approved? ______

6. **Did you receive professional ethics training during your course work?**  Yes ____  No ____

7. **Where was your internship placement? ____________________________

8. **Was the internship APA approved?**  Yes ____  No ____

9. **Did you receive professional ethics training during your internship?**  Yes ____  No ____

10a. **How long have you practiced psychology in a university counseling center?**
    (including internship year if applicable) __________

10b. **How would you describe the demographic area in which you provide the above psychotherapy services?**
    Urban or Suburban ______  Rural ______

11. **In what section of the United States do you work?**
    North ____  East ____  South ____  West ____

12. **For the past year, please indicate the percentage of your therapy cases represented by the diverse populations shown below:**

<table>
<thead>
<tr>
<th>Population</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Alaskan Native</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>American Indian</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Asian-American</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Caucasian/White (non-Hispanic)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Hispanic/Latino(a)/Chicano(a)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Multiracial</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

**Total number of clients you have seen in the last year ______**
Appendix B

Inventory for Dual Relationship Judgments
SECTION II: INVENTORY FOR DUAL RELATIONSHIP JUDGMENTS

Please respond to these scenarios as accurately as you can. Circle the response that indicates your judgment of the ethicality of the therapist’s behavior. If additional space is needed for question 4, please attach paper and label with the number of the scenario.

SCENARIO 1

Sasha is a transfer student who initially reported that she just did not “fit in” at your institution. Further exploration revealed that she was homesick, felt lonely, and was not accepted socially. After several weeks of therapy, Sasha indicated that she was glad to have someone to talk to who was of the same racial/ethnic background (African-American, Asian-American, Hispanic, American Indian, Caucasian, Jewish, etc.) and that she enjoyed the sessions because she has found a new friend in the therapist. Having discovered that you are an advisor to a campus organization, Sasha sees this as an opportunity to become involved on campus and discusses with you whether or not she should join (or tells you she wants to join).

1. Would you encourage her to join the organization? Yes  No

2. If you choose to encourage her to join the organization, what risk level of APA ethics violation do you perceive there to be?

   1  2  3  4  5
   Very high risk High risk Moderate risk Little risk Very low risk

3. If you choose not to encourage her to join the organization, what therapy relationship implications do you think might occur?

   1  2  3
   Counseling relationship Counseling relationship Counseling relationship
   is weakened is not changed

4. What factors influenced your decision as to whether or not to encourage her to join the organization?

SCENARIO 2

Janice, who is seven months pregnant, began seeing you when she discovered she was three months pregnant. She sought counseling to help her cope with the changes in her life. On several occasions she has commented that therapy was beneficial and that you as a therapist were helpful and supportive, unlike her family. Janice has discussed her family’s disappointment in her for being pregnant. They tend to judge and criticize her. Consequently, Janice has maintained little contact with them. You get a call stating that Janice has gone into premature labor and that she has requested that you come to the hospital.

1. Would you go to the hospital? Yes  No

2. If you choose to go to the hospital, what risk level of APA ethics violation do you perceive there to be?

   1  2  3  4  5
   Very high risk High risk Moderate risk Little risk Very low risk

3. If you choose not to go to the hospital, what therapy relationship implications do you think might occur?

   1  2  3
   Counseling relationship Counseling relationship Counseling relationship
   is weakened is not changed

4. What factors influenced your decision as to whether or not to go to the hospital?

SCENARIO 3

Ramon is a 23-year-old graduate student who began counseling when feeling the stress and pressure of his studies. You have been through several major hurdles with him (i.e., comps, orals, defending of his thesis). He attributes part of his success to therapy. He has indicated that because of the role you played, he is inviting you to a celebratory dinner with his family following the ceremony.

1. Would you attend the dinner? Yes  No

2. If you choose to attend the dinner, what risk level of APA ethics violation do you perceive there to be?

   1  2  3  4  5
   Very high risk High risk Moderate risk Little risk Very low risk

3. If you choose not to attend the dinner, what therapy relationship implications do you think might occur?

   1  2  3
   Counseling relationship Counseling relationship Counseling relationship
   is weakened is not changed

4. What factors influenced your decision as to whether or not to attend the dinner?
SCENARIO 4

While in therapy with you, Steve has successfully confronted many issues (stress, test anxiety, low self-esteem, poor study habits, anger, poor social skills) that have challenged him throughout his college years. During his last weeks of therapy leading to termination, he acknowledges his growth yet expresses his need to continue to make positive changes. He asks you to write a letter of recommendation endorsing him.

1. Would you write the letter?  Yes ___ No ___

2. If you choose to write the letter, what risk level of APA ethics violation do you perceive there to be?

   1  2  3  4  5
   Very high risk High risk Moderate risk Little risk Very low risk

3. If you choose not to write the letter, what therapy relationship implications do you think might occur?

   1  2  3  4
   Counseling relationship Counseling relationship Counseling relationship Effect on counseling relationship
   is weakened is not changed is strengthened is uncertain

4. What factors influenced your decision as to whether or not to write the letter?

SCENARIO 5

Tania and her husband Samuel are both foreign exchange students working on graduate degrees. They have come for couples counseling to deal with several family-type issues. They are now focusing on the upcoming birth of their child. This is particularly difficult for them in that this will be their first child after several miscarriages. They are also concerned that they are in a foreign land and have no family and only a few friends. They have stated that their friends are like family to them and that they consider you as their friend and, therefore, their family. They have invited you to join in the celebration of the birth of their child (i.e., baby shower, naming ceremony).

1. Would you attend the ceremony?  Yes ___ No ___

2. If you choose to attend the ceremony, what risk level of APA ethics violation do you perceive there to be?

   1  2  3  4  5
   Very high risk High risk Moderate risk Little risk Very low risk

3. If you choose not to attend the ceremony, what therapy relationship implications do you think might occur?

   1  2  3  4
   Counseling relationship Counseling relationship Counseling relationship Effect on counseling relationship
   is weakened is not changed is strengthened is uncertain

4. What factors influenced your decision as to whether or not to attend the ceremony?

SCENARIO 6

Reza is of culture unlike yours. This issue has been addressed early in therapy, as she made reference to being an ethnic minority. You have acknowledged your differences, your limited knowledge of her culture, and your willingness to educate yourself. She has agreed to share her perception of her culture with you. Because of your willingness to learn more about her culture, she invites you to a holiday celebration (i.e., Passover, Cinco de Mayo, Chinese New Year, Kwanza) so that you could experience it first-hand.

1. Would you attend the holiday celebration?  Yes ___ No ___

2. If you choose to attend the celebration, what risk level of APA ethics violation do you perceive there to be?

   1  2  3  4  5
   Very high risk High risk Moderate risk Little risk Very low risk

3. If you choose not to attend the holiday celebration, what therapy relationship implications do you think might occur?

   1  2  3  4
   Counseling relationship Counseling relationship Counseling relationship Effect on counseling relationship
   is weakened is not changed is strengthened is uncertain

4. What factors influenced your decision as to whether or not to attend the holiday celebration?
Appendix C

Ethical Beliefs and Behaviors of College Counseling Center Professionals
**SECTION III: ETHICAL BELIEFS AND BEHAVIORS OF COLLEGE COUNSELING CENTER PROFESSIONALS**

(Sherry, Teschendorf, Anderson, & Guzman, 1991)

Below is a listing of specific therapist behaviors which may or may not occur in a university counseling center. Please rate each specific behavior on the following two scales:

1. Circle the number, indicating the rate in which you have engaged in each behavior with a client:
   1 = never  2 = rarely  3 = sometimes  4 = fairly often  5 = very often

2. Circle the number to indicate the degree to which you consider each behavior ethical using the following scale:
   1 = questionably unethical  2 = under rare circumstances ethical  3 = don't know/aren't sure
   4 = under many circumstances ethical  5 = unquestionably ethical

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Rate of occurrence in your practice</th>
<th>Degree to which you rate each behavior to be ethical</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unknowingly release confidential material without consent.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Informing clients of the extent of treatment.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Initiating informal social contact with a former client.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Discussing “duty to warn.”</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. Obtaining written consent prior to taping.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. Disclosing treatment diagnoses to client upon client request.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. Implementing a procedure for which I have been supervised.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. Counseling when using medication which might impair my effectiveness.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. Obtaining information about client's ethnic background prior to treatment.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. Using an interpreter during counseling.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. Using tests with clients of different ethnic backgrounds without proper norms.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. Allowing clients access to test results.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. Being sexually intimate with a student taking a course from me.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. Being sexually intimate with a former client.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. Initiating informal social contact with a client.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>16. Treating supervisees.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>17. Accepting gifts from clients.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>18. Being asked by client family members for information.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>19. Discussing a client with colleagues in an informal setting.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>20. Verbally informing clients of their rights.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>21. Obtaining written permission for case presentations.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Rate of occurrence in your practice</td>
<td>Degree to which you rate each behavior to be ethical</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1 never</td>
<td>1 questionably unethical</td>
<td></td>
</tr>
<tr>
<td>2 rarely</td>
<td>2 under rare circumstances ethical</td>
<td></td>
</tr>
<tr>
<td>3 sometimes</td>
<td>3 don't know/ aren't sure</td>
<td></td>
</tr>
<tr>
<td>4 fairly often</td>
<td>4 under many circumstances ethical</td>
<td></td>
</tr>
<tr>
<td>5 very often</td>
<td>5 unquestionably ethical</td>
<td></td>
</tr>
</tbody>
</table>

22. Obtaining parents' consent for counseling minors. | 1 2 3 4 5 | 1 2 3 4 5 |
23. Dating a former client. | 1 2 3 4 5 | 1 2 3 4 5 |
24. Terminating treatment because it was not benefiting client. | 1 2 3 4 5 | 1 2 3 4 5 |
25. Counseling when I was too emotionally or physically distraught. | 1 2 3 4 5 | 1 2 3 4 5 |
26. Utilizing tests I'm unable to interpret. | 1 2 3 4 5 | 1 2 3 4 5 |
27. Seeking supervision when working with clients of different ethnic backgrounds. | 1 2 3 4 5 | 1 2 3 4 5 |
28. Consulting an ethnic/minority folk healer. | 1 2 3 4 5 | 1 2 3 4 5 |
29. Allowing clients access to raw test data. | 1 2 3 4 5 | 1 2 3 4 5 |
30. Seeking supervision from ethnic/minority professionals. | 1 2 3 4 5 | 1 2 3 4 5 |
31. Being sexually intimate with a client. | 1 2 3 4 5 | 1 2 3 4 5 |
32. Informing all parties of ethical responsibilities when accepting referral. | 1 2 3 4 5 | 1 2 3 4 5 |
33. Counseling relatives. | 1 2 3 4 5 | 1 2 3 4 5 |
34. Revealing confidential information to faculty members. | 1 2 3 4 5 | 1 2 3 4 5 |
35. Leaving client records in an insecure location. | 1 2 3 4 5 | 1 2 3 4 5 |
36. Giving clients written descriptions of their rights. | 1 2 3 4 5 | 1 2 3 4 5 |
37. Informing clients of the identity of my supervisor. | 1 2 3 4 5 | 1 2 3 4 5 |
38. Informing clients of the purpose of assessment. | 1 2 3 4 5 | 1 2 3 4 5 |
39. Accepting a client's decision to commit suicide. | 1 2 3 4 5 | 1 2 3 4 5 |
40. Providing supervision only over procedures I am competent in. | 1 2 3 4 5 | 1 2 3 4 5 |
41. Utilizing tests beyond my ability to administer. | 1 2 3 4 5 | 1 2 3 4 5 |
42. Obtaining information about ethnic background of supervisee's clients. | 1 2 3 4 5 | 1 2 3 4 5 |
43. Referring an ethnic/minority client to a folk healer. | 1 2 3 4 5 | 1 2 3 4 5 |
44. Allowing clients to complete tests at home. | 1 2 3 4 5 | 1 2 3 4 5 |
45. Understanding the needs of special populations. | 1 2 3 4 5 | 1 2 3 4 5 |
46. Being sexually intimate with a former student. | 1 2 3 4 5 | 1 2 3 4 5 |
47. Dating a client. | 1 2 3 4 5 | 1 2 3 4 5 |
48. Counseling students in my program. | 1 2 3 4 5 | 1 2 3 4 5 |
49. Accepting gifts from former clients. | 1 2 3 4 5 | 1 2 3 4 5 |

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Appendix D

Letter of Permission From Dr. Patrick Sherry
October 23, 2000

Beatrice A. Tatem  
5555 56th Street, Apt. 201  
Lubbock, TX 79414

Dear Beatrice:

Thank you for contacting me requesting the use of my survey instrument, Ethical Beliefs and Behaviors of College Counseling Center Professionals. I hereby grant you the permission to reprint my survey instrument for your dissertation purposes only.

Sincerely,

[Signature]

Patrick Sherry, Ph.D.  
Associate Professor
Appendix E

Cover Letter for Survey
November 19, 1999

Dear Psychologist,

I am a fifth year counseling psychology doctoral student in the department of Counselor Education and Counseling Psychology at Western Michigan University and I am writing to seek your help in collecting data for my dissertation. The enclosed survey, which I am hoping you will be willing to complete takes approximately 20 minutes to complete. The survey has been mailed to doctoral level psychologists at APA accredited counseling centers across the nation.

I am interested in collecting information about the influence of race, ethnicity and culture on the perceptions of practicing psychologists and thus their interpretation and application of the ethical guidelines when faced with making ethical decisions.

This survey is anonymous. The following steps will be taken to assure anonymity. First you are asked to complete the survey and return it without indicating your name or address. Second you will not be identified by any coding process. Third, all return envelopes will be destroyed.

I would greatly appreciate your completing the survey and returning it by December 10, 1999 or at your earliest convenience in the self addressed self stamped envelop provided. If you have any questions about the survey or would like a report of the results (Beatrice A. Tatem) can be reached at the following telephone number (806) 742-3674 or by email btatem@ttacs.ttu.edu. My dissertation chairperson is Dr. Edward L Trembley, Professor of Counselor Education and Counseling Psychology (616)-387-5115. Thank you very much for your valuable time.

Sincerely,

Beatrice A. Tatem, M.S.
Doctoral Candidate
Appendix F

Human Subjects Institutional Review Board
Letter of Approval
Date: 26 October 1999

To: Edward Trembley, Principal Investigator
   Beatrice Tatem, Student Investigator for dissertation

From: Sylvia Culp, Chair

Re: HSIRB Project Number 99-04-02

This letter will serve as confirmation that your research project entitled "The Influence of Race on Ethical Decision-Making Regarding Nonsexual Dual Relationships" has been approved under the exempt category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 26 October 2000
Appendix G

Letter of Request to Counseling Center Directors
to Survey Individual Sites
October 19, 1999

Dear Dr. «LastName»:

I am a fifth-year counseling psychology doctoral student in the department of Counselor Education and Counseling Psychology at Western Michigan University. I am writing to request permission to distribute my surveys at your university counseling center.

The enclosed material outlines the contents of the survey I hope to distribute to Psychologists at selected university counseling centers. The enclosed survey takes approximately 20 minutes to complete. The proposal and survey have been mailed to select Universities with an APA accredited counseling center. This was done in keeping with regulations set forth by the Human Subject Review Board at Western Michigan University.

Please indicate your acceptance of my request to mail copies of the enclosed survey to be distributed by you to psychologist on your staff by completing the appropriate areas below.

I look forward to your response by November 1, 1999, or at your earliest convenience, in the pre-paid, addressed return envelope provided. If you have any questions about my request, I can be reached at the following number: (806) 742-3674 or fax to (806)742-0260. My dissertation chairperson is Dr. Edward L. Trembley, Professor of Counselor Education and Counseling Psychology (616) 387-5115. Thank you very much for your valuable time.

Sincerely,

Beatrice A. Tatem, M.S.
Doctoral Candidate

I have read Beatrice A. Tatem's proposal on The Influence of Race on Ethical Decision-Making Regarding Nonsexual Dual Relationships.

_____ I hereby can and do give permission to survey Psychologists at the university counseling center according to local Institutional Review Board Policies.

_____ I am unable at this time to grant permission to survey Counseling Psychologists at the university counseling center.

Signature: ________________________________
Title: ________________________________
Institution: ________________________________

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Appendix H

Thank You Note to Directors
January 12, 2000

(Name)
(Address)
(City, State, Zip)

Dear Dr. (Name):

I thank you for agreeing to distribute my dissertation surveys to the staff psychologists at your center. To date, my records indicate that I have not received any completed surveys from members of your staff. Whereas it is my hope to get responses from everyone on your staff, I recognize that some may not want to or are unable to participate. Given the nature of my study, I greatly value responses from individuals at as many different sites as possible. Several days ago I sent reminder cards to you to distribute to your staff. I am hoping that you can once again remind them that I truly would appreciate and need their participation. In the event you need additional copies of the survey, please contact me. I can be reached at (806) 742-3674. As in the past, I appreciate your support.

Sincerely,

Beatrice A. Tatem
Appendix I

Postcard for Individuals Requesting Results
Yes, I am interested in receiving the results of this study.

Please forward the summary of the findings to me at the following address:

Name______________________________________________

Address____________________________________________

__________________________________________________

__________________________________________________
Appendix J

Follow-up Letter of Request to Counseling Center Directors to Survey Individual Sites
Dear Dr. (Name):

I am a fifth-year counseling psychology doctoral student in the department of Counselor Education and Counseling Psychology at Western Michigan University. Several weeks ago I sent you a letter requesting permission to distribute my surveys at your university counseling center. This was done in keeping with regulations set forth by the Human Subject Review Board at Western Michigan University. You were contacted because I am hoping to obtain a sample that reflects the ethical viewpoints among university counseling center psychologists at APA accredited counseling centers.

If you have already completed and returned the request form, please accept my sincere thanks. If you have not, I would greatly appreciate it if you would take a few minutes to indicate whether or not you are able to grant me permission to survey the psychologists on your staff. For your convenience I have enclosed a letter of request and a sample of my survey to be distributed.

I look forward to your response by __________, 2000, or at your earliest convenience, in the prepaid, addressed return envelope provided. If you have any questions about my request, I can be reached at the following number: (806)742-3674. My dissertation chairperson is Dr. Edward L. Trembley, Professor of Counselor Education and Counseling Psychology (616) 387-5115. Thank you very much for your valuable time.

Sincerely,

Beatrice A. Tatem, MS
Doctoral Candidate

I have read Beatrice A. Tatem’s proposal on the Influence of Race on Ethical Decision-Making Regarding Nonsexual Dual Relationships.

_____ I hereby can and do give permission to survey Counseling Psychologists at the university counseling center according to local Institutional Review Board Policies.

_____ I am unable at this time to grant permission to survey Counseling Psychologists at the university counseling center.

Signature: ________________________________
Title: ________________________________
Institution: ________________________________
Appendix K

Letter to Director Requesting Their Distribution of Reminder Cards
Dear (Name):

Recently, I mailed to you a packet of surveys to be distributed to your staff. Enclosed you will find post cards reminding your staff to submit their completed inventories. I would appreciate it very much if you would also distribute the enclosed cards to the psychologists who received the surveys.

Sincerely,

Beatrice A. Tatem, M.S.
Doctoral Candidate
Appendix L

Follow-up Reminder Card to Nonrespondents
Dear Psychologist,

Two weeks ago I sent the director of the center, for each psychologist on staff, an inventory which investigates the influence of race in making ethical decisions. You have been contacted because I am hoping to obtain a sample that reflects the ethical viewpoints among university counseling center staff. It is my hope that you will participate by completing the inventory.

If you have already completed and returned the inventory, please accept my sincere thanks. If not, I would greatly appreciate it if you would take a few minutes to complete the inventory today. The inventory will require approximately 20 minutes to complete.

If you did not receive the inventory or if it is misplaced, please contact me via email (btatem@ttacs.ttu.edu) or by phone (806) 742-3674, and I will send another one to you immediately. Thank you for your help, and best wishes for the remaining semester.

Sincerely,

Beatrice A. Tatem, M.S.
Doctoral Candidate
BIBLIOGRAPHY


