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# Ethical Issues in Psychologists' Professional Practice: Agreement Over Problematic Professional Behaviors Among Spanish Psychologists

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# Ethical Issues in Psychologists' Professional Practice: Agreement Over Problematic Professional Behaviors Among Spanish Psychologists

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A sample of 703 Spanish psychologists completed an online survey containing 114 behaviors related to professional practice in different areas. The aim of the study was to learn which professional behaviors create ethical dilemmas most often for psychologists and how they respond to these issues. Findings suggest that psychologists who have actually faced a particular dilemma are less strict on judging the inappropriateness of a possible ethical transgression than those psychologists who have not experienced it. Also, four clusters can be identified according to the attitude of respondents toward the dilemmas, namely "rejection," "aprioristic," "utilitarian," and "no conflict."

Keywords: ethics, psychologists, dilemmas, professional practice

The Spanish ethical code for the profession of psychology has recently been updated (Colegio Oficial de Psicólogos de España, 2004) and is still currently undergoing a revision process (Bermejo Frígola, 2007; Chamarro, 2007). It fully conforms to the European Federation of Psychologists' Associations (2005) directives and has high level of agreement with the American Psychological Association (APA) code of conduct. Despite this, there are a great many ethical or potentially ethical issues on which psychologists show disagreement or find a lack of clear criteria. The objective of this study was to explore the most critical ethical issues for Spanish psychologists and to provide some explanations for the divergence of opinions on what constitutes an ethical breach. It is worth noting that to work as a professional psychologist in Spain, an individual must have a bachelor's degree in psychology and belong to the Spanish professional psychology association (Colegio Oficial de Psicólogos). Membership in the professional association has no additional requisites apart from having a bachelor's degree in psychology. Although each of the 23 branches (1 located in every region in Spain and the autonomous cities of Ceuta and Melilla, except for Andalucia and The Canary Islands, with 2 branches each) of

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the professional association has an ethics committee that provides guidance on ethical issues, there is no specific training on ethics provided by the association to its members, so this may be one of the sources of discrepancy. Most studies on the ethical issues a psychologist may face during his or her professional practice are focused on psychotherapists. The seminal study by Pope, Tabachnick, and Keith-Spiegel (1987) used a list of 83 behaviors about issues that could arise in psychologists' professional practice and asked participants to state whether those behaviors had ethical implications. These issues were related to the ethical aspects of harm prevention, respect, informed consent, confidentiality, and competence. The survey was administered to 456 APA members, and Pope et al. found that 12 of the 83 ethical issues (i.e., "having sexual fantasies with a client") were difficult for the psychologists in their sample to agree on. Tubbs and Pomerantz (2001) administered the same survey to 92 professional psychologists to examine whether changes had occurred since the original study, and their results showed a shift toward more ethical behavior. More recently Sullivan (2002), using the same questionnaire in Australia found that some participants had difficulty in judging financial arrangements with their clients from an ethical perspective. For instance, many forensic psychologists in Australia may feel tempted to accept wages contingent with the trial's result.

Haas, Malouf, and Mayerson (2003) stated that there is a lack of knowledge on what psychology professionals consider ethical, legal, or problematic. In their study with 294 APA members, they used 10 vignettes describing professional dilemmas with several possible solutions. The highest lack of consensus was for issues related to confidentiality, advertisement of services using professional merits, clinical intervention on issues beyond one's own specialty, and presenting potentially harmful diagnoses to insurance companies. In particular there was divergence of opinions on maintaining confidentiality within the family and on reporting malpractice of a colleague. Using the same procedure, Smith, McGuire, Abbott, and Blau (1991) found that there was a discrepancy between what psychologists believe they should do and what they actually do.

There are different areas where ethical conflict may arise. Acuff et al. (1999) proposed four areas in which ethical dilemmas most commonly arise in a managed care context: informed consent, confidentiality, abandonment, and utilization management-utilization review. Other studies with different samples propose similar areas of conflict: Tryon (2000) stated that among psychology graduate students most ethical issues regard confidentiality, competence, and professional and academic honesty.

Fennig and colleagues (Fennig et al., 2000; Fennig et al., 2005) have suggested that psychotherapists are stricter than lay participants or patients regarding issues of boundaries but less strict regarding issues of confidentiality. In their research, nontherapists showed a greater tendency to maintain confidentiality than the professional group. Regarding boundaries, the majority of psychotherapists were against initiating any kind of sexual relationship with current patients, former patients, students, or supervisees, whereas patients and laypersons showed a less stringent attitude. The vast majority of therapists (96.7%) disapproved of accepting money in advance compared with only 54.4% in the lay group or 31.1% of the patients.

A critical issue within boundaries conflicts is having intimate or sexual relationships with clients. Akamatsu (1988) reported that 44.7% of the APA members disapprove of sexual relationship with clients. Akamatsu also found that 3.5% of male and 2.3% female psychologists admitted to having sexual intercourse with current clients, whereas 14.2% of male and

4.7% of female psychologists had had sexual relations with former clients. Similarly, Stake and Oliver (1991) found that psychologists presented an incidence rate of sexual misconduct between 2.2% and 7.3%, depending on how narrowly misconduct was defined. Women, younger psychologists, and doctoral-level psychologists were more sensitive to sexual misconduct issues.

Hence, although research on psychologists' ethical decisions is not abundant, discrepancies on ethical norms have been reported, together with different classifications for areas of potential conflict and disagreement.

## OBJECTIVES AND HYPOTHESES

There are several objectives for this study. We believe it is necessary to explore what situations and behaviors create ethical dilemmas during the professional practice of psychologists and how they compare to previous data. In this sense, we expect that there will be issues that may raise ethical concerns according to the APA ethical code and the Spanish Psychologists' Deontological Code but that are commonly accepted by a number of professionals (e.g., a lecturer asking students to buy a textbook he or she has authored). In this respect, we propose a first hypothesis:

H1: The ethical nature of certain behaviors will be a subject of controversy and divergence of opinions among psychologists.

In addition, an important variable in the explanation of ethical behavior is personal experience. For example, Salztein (1994) stated that the discrepancy between moral reasoning of what should be done in a situation and actual behavior may arise from the different interpretations done for an evaluative or behavioral decision. An evaluative moral decision on what is right is made from the perspective of one's own internal norms, and these norms are established before the behavioral decision. An actual behavioral decision is evaluated from the perspective of the observer taking into account the constraints of the situation and other types of values together with moral values or, in this case, the guidelines provided by the professional code of conduct. Another source of discrepancy is that ethical behavior has greater consequences than evaluative decisions on whether to act ethically or not. As stated before, Smith et al. (1991) also found discrepancies between judgments and behaviors in psychologist's ethical decisions. Hence, our second hypothesis relates to the discrepancies between the type of evaluations a psychologist makes depending on his or her experience:

H2: Psychologists will be less strict or extreme when confronted with situations they have actually experienced because they would be acquainted with the subtleties and constraints of the situation.

Finally, we expect the different ethical dilemmas to fit in a cluster structure that will reveal the attitudes of respondents to different types of dilemmas. We expect to find that ethical situations would be organized into a discrete set of clusters configured by the responses given by the participants.

H3: Ethical dilemmas would be organized in identifiable clusters that will correspond to the different levels of discrepancy caused by the ethical situations.

# METHOD

## Sample

A sample of 723 participants from a population of 29,000 psychologists affiliated to the regional branches of the Spanish psychologists' professional association (Colegio Oficial de Psicólogos) completed an anonymous and voluntary online survey. Participants were recruited through advertisements in the professional association members' section of the Web site and periodicals distributed only among members (*Infocop* and *Papeles del Psicólogo*). All members receive the periodicals, and the Web site has widespread usage, but the exact number of members reached through the advertisements could not be determined. Some participants' data were omitted from the final analyses because all questions were responded to using the same number, which was assumed to indicate lack of interest in the survey. The final sample was composed of 703 participants. Participants came from all regions in Spain; the biggest proportion of participants (25.9%) was from Madrid.

Participants were classified according to their stated field of practice. Most were psychotherapists (68.1%), followed by social intervention psychologists (23.0%), educational psychologists (22.6%), forensic psychologists (14.7%), and organizational psychologists (13.5%).

Regarding gender and age, 461 (65.6%) were female, and the mean age was 39.16 ($SD = 10.06$). Participants had belonged to a professional association for an average of 11.42 years ($SD = 9.89$).



## Measures

Following the procedure employed by Pope and Vetter (1992), a group of 37 Spanish psychologists from different professional fields were asked to contribute dilemmas about the most complex issues that could arise in their area of expertise. A list of 124 ethical issues based on Pope et al. (1987) and the Spanish psychologists' responses was created, although only 114 were used in the final survey. Some items were dropped from the final survey because they related to very narrow situations (i.e., "working as an advisor in a secret negotiation between the government and a terrorist group"). This list was presented in a survey format, which included professional behaviors with ethical implications related to psychotherapy, educational psychology, forensic psychology, industrial psychology, organizational psychology, human resources, social intervention, addiction therapy, sports psychology, and university teaching. Participants indicated their level of agreement to the stated behaviors using a 4-point scale, ranging from 1 (*completely disagree*) to 4 (*completely agree*). In addition, the survey asked whether the participant had actually experienced the situations described. The dilemmas used can be found in Table 2.

## Procedure

The recruiting advertisements, distributed only among members of the professional association, provided a password for the online survey. After entering the password on the Web site where

the online survey was available, participants accessed the study and were given the following instructions:

> The aim of this study is to analyze the ethic concerns a psychologist finds in his or her professional practice. Please answer every item choosing one of the response choices. We are interested in your personal views. At the end of the survey there is a space where you can include any comment you wish.

The estimated completion time was about 45 min, and data were collected for a period of 6 months. Because the password for the study was available only to members of the professional association, we expected all respondents to be members of the association. Nevertheless, given the anonymous nature of the survey, we cannot be completely certain that someone from outside the association participated in the study or responded more than once, so this constitutes a possible source of error in the study.



## RESULTS

Some of the ethical issues in the study were taken from Pope et al. (1987). For the purpose of establishing a comparison, the mean scores from Pope et al. 5-point scale were converted to the 4-point scale used in the current study, so that both sets of data would be within the same range. In addition, as the current study used a dichotomous yes–no variable to indicate experience with a dilemma, all categories in Pope et al.'s occurrence variable indicating some occurrence of the dilemmas were collapsed into a single score. The results are shown in Table 1.

The table shows that in general, dilemmas in Pope et al. (1987) were encountered more often by participants in professional practice. The mean acceptance scores for some behaviors related to financial issues were higher in Pope et al.'s study. Using self-disclosure in therapy and only accepting clients from one gender also stand out as more acceptable for the 1987 North American sample. Issues that are markedly found more acceptable for the Spanish sample included "seeing a minor client without parental consent," "Leading a nude group therapy," "Becoming sexually involved with a former client," and "Working when one is too distressed to be effective."

To examine the degree of dispersion in the responses to the ethical dilemmas in the survey the standard deviation for each item was obtained. There was a great difference between items in the dispersion of responses, ranging from a standard deviation of .672 to 1.176, showing that, for some items, there was a high level of disagreement among participants as to whether the behaviors described in the dilemmas were acceptable. Some of these ethical issues had a high degree of occurrence, with more than 50% of the respondents having experienced them. Table 2 summarizes these results.

Regarding the differences between those psychologists who had actually been confronted with the ethical situations and those who had not, a series of *t* tests were conducted to examine the difference between both groups. Of the 114 dilemmas, only 17 showed no statistical differences between the participants who had experienced the dilemma and those who had not. The dilemmas with the greatest differences between both groups were "Using self-disclosure in therapy," "Charging for missed appointments," and "Charging a client no fee for therapy." Data for every item are presented in Table 3.

TABLE 1
Comparison of Percentage of Occurrence and Mean Acceptance of Dilemmas

| *Dilemma* | %[a] | %[b] | M[a] | M[b] |
|---|---|---|---|---|
| Accepting a client's decision to commit suicide. | 24.2 | 26.1 | 1.73 | 1.42 |
| Accepting a very valuable gift from a client. | 14.2 | 27.9 | 1.78 | 1.63 |
| Accepting goods and services as payment. | 14.7 | 34.9 | 1.85 | 2.14 |
| Accepting only either male or female clients. | 12.5 | 16.2 | 1.52 | 2.71 |
| Altering a diagnosis to meet insurance criteria. | 18.2 | 63.6 | 1.41 | 1.67 |
| Asking favors (e.g., a ride home) from clients. | 29.2 | 39.5 | 1.63 | 1.73 |
| Avoiding certain clients for fear of being sued. | 16.9 | 51.1 | 2.42 | 2.55 |
| Becoming sexually involved with a former client. | 11.1 | 11.8 | 1.80 | 1.38 |
| Breaking confidentiality to report child abuse. | 21.5 | 75.0 | 3.40 | 3.46 |
| Charging a client no fee for therapy. | 52.1 | 66.7 | 2.62 | 2.76 |
| Charging for missed appointments, except when it's part of the contract terms. | 36.6 | 88.2 | 2.23 | 3.32 |
| Directly soliciting a person to be a client. | 21.8 | 10.7 | 1.52 | 1.15 |
| Doing custody evaluation without seeing both parents. | 25.5 | 36.2 | 1.40 | 1.36 |
| Giving gifts to those who refer clients to you. | 22.3 | 21.5 | 1.70 | 1.60 |
| Giving personal advice on radio, TV, or newspapers. | 19.5 | 34.0 | 2.47 | 2.14 |
| Having patients take tests (not auto-observation scales) at home. | 45.2 | 56.1 | 1.98 | 2.15 |
| Helping a client file a complaint against a colleague. | 17.5 | 47.1 | 2.39 | 2.71 |
| Raising the fee over the course of psychotherapy before a year has elapsed. | 23.9 | 72.4 | 1.68 | 2.83 |
| Inviting clients to a party or a social event. | 17.2 | 17.1 | 1.74 | 1.39 |
| Leading a nude group therapy. | 5.1 | 11.4 | 2.33 | 1.33 |
| Performing forensic work for a contingency fee. | 14.2 | 32.7 | 1.53 | 1.81 |
| Providing therapy to one of your employees. | 14.8 | 20.4 | 1.51 | 1.28 |
| Providing therapy to one's own student or supervisee. | 17.9 | 36.2 | 1.91 | 1.50 |
| Refusing to disclose a diagnosis to a client. | 28.6 | 50.2 | 1.70 | 1.88 |
| Seeing a minor client without parental consent. | 17.8 | 34.2 | 2.35 | 1.75 |
| Terminating therapy if client cannot pay. | 36.4 | 63.8 | 2.18 | 2.39 |
| Using a debt-collecting agency to collect late fees. | 13.5 | 52.0 | 2.06 | 2.88 |
| Using self-disclosure as a therapy technique. | 48.6 | 94.1 | 2.26 | 3.02 |
| Working when one is too distressed to be effective. | 58.7 | 61.2 | 2.07 | 1.38 |

[a]Current study. [b]Pope et al. (1987).



In addition, a hierarchical cluster analysis was carried out to examine if the items used in the survey could be grouped according to a pattern. According to Revelle (1979), hierarchical cluster analysis is shown to be an effective method for grouping sets of items, and when using large item pools it can be more useful than conventional factor analytic techniques. The method chosen to examine the underlying groupings of the variables in the survey was the furthest neighbor or complete linkage method and the measure used in the analysis was the squared Euclidian distance. Results show four clusters with a rescaled distance within clusters of less than 10. The first cluster was labeled "rejection" and is composed of professional behaviors that provoke a disagreement. There were 60 items in this cluster, and the scale composed by them showed a high reliability ($\alpha = .95$).

TABLE 2
Percentage of Occurrence and Mean Acceptance of Dilemmas

| *Dilemma* | % | M | SD |
|---|---|---|---|
| A client has received a negative personality evaluation challenging his or her ability to exercise parental rights and asks for a second evaluation. Doing a positive report if we believe the previous evaluation was incorrect. | 24.9 | 3.25 | .905 |
| Accepting a client's decision to commit suicide. | 24.2 | 1.73 | .910 |
| Accepting a very valuable gift from a client. | 14.2 | 1.78 | .887 |
| Accepting clients with very simple problems they can solve on their own. | 48.9 | 2.33 | .906 |
| Accepting goods and services as payment. | 14.7 | 1.85 | .909 |
| Accepting only either male or female clients. | 12.5 | 1.52 | .872 |
| Adapting the difficulty of a university course depending on the performance of the students during the term. | 26.9 | 2.37 | 1.032 |
| Advertising that the psychologist has treated famous people (being true). | 11.4 | 1.51 | .849 |
| Advising a patient to go to a "healer" if the psychologist believes it would act as an innocuous "therapy placebo" and help the patient face or accept his or her problems and there is no risk that the patient stops coming to psychotherapy. | 11.4 | 2.08 | .884 |
| Advising a patient, as a part of his or her psychotherapy, to buy and read a book by the psychologist. | 23.0 | 2.03 | .942 |
| Advising parents to invade a child or teenager's privacy to learn about possible addictions to the Internet or other media. | 36.3 | 1.96 | .883 |
| Allowing people without the proper experience in a replacement position. | 18.8 | 1.70 | .788 |
| Altering a diagnosis to meet insurance criteria. | 18.2 | 1.41 | .730 |
| Asking favors (e.g., a ride home) from clients. | 29.2 | 1.63 | .837 |
| Assuming that professional confidentiality ends when the relationship with the client finishes. | 38.0 | 1.21 | .672 |
| At the beginning of psychotherapy, when the client asks for it, refusing to give information on other therapy alternatives and other professionals the client could resort to, giving only details of the psychologist's own therapy or intervention. | 59.6 | 1.52 | .954 |
| Avoiding certain clients for fear of being sued. | 16.9 | 2.42 | .947 |
| Becoming sexually involved with a former client. | 11.1 | 1.80 | .923 |
| Breaking confidentiality to report child abuse. | 21.5 | 3.40 | .815 |
| Carrying out indefinite neurological tests on patients who suffer from Alzheimer's or amnesic disorders. | 15.2 | 1.67 | .790 |
| Charging a client no fee for therapy. | 52.1 | 2.62 | 1.005 |
| Charging fees that are a percentage of the client's income. | 12.4 | 1.73 | .933 |
| Charging for missed appointments, except when it's part of the contract terms. | 36.6 | 2.23 | 1.176 |
| Charging well-off clients or third parties with strong resources highly over the standard fees. | 24.3 | 1.64 | .875 |
| Conducting psychological interventions in a school, high school, or college. | 23.6 | 2.52 | .975 |
| Conducting psychotherapy in the Internet without offering other options. | 13.5 | 1.83 | .904 |
| Directly soliciting a person to be a client. | 21.8 | 1.52 | .806 |
| Discussing over the cell phone in the street or public transport about confidential details of a client. | 33.4 | 1.43 | .775 |
| Doing a drug test without the patient's knowledge. | 22.5 | 1.54 | .797 |
| Doing custody evaluation without seeing both parents. | 25.5 | 1.40 | .772 |
| Doing expert report for one of the sides in a trial and testifying as a witness for the other side in court. | 10.4 | 1.38 | .788 |
| Doing psychophysical evaluations for family or friends. | 35.4 | 2.08 | .977 |
| Downgrading the psychological diagnose of a patient (i.e., from psychotic disorder to anxiety or minor depression) to prevent the patient from being stigmatized or from losing his or her job. | 11.4 | 1.77 | .831 |

(*continued*)

TABLE 2 (*Continued*)

| *Dilemma* | % | M | SD |
|---|---|---|---|
| Drinking alcohol in excess in a public place when the psychologist's professional status is known. | 25.7 | 2.03 | 1.007 |
| During the course of an intervention, having a client reveal his or her homosexual tendencies to the other members of his or her family. | 12.1 | 2.13 | .905 |
| For a psychologist who works with teenagers as a teacher, working occasionally with them as a psychotherapist, too. | 17.5 | 2.04 | .916 |
| For a psychologist working in a company, failing to alert that a candidate selected for a position has severe mental problems. | 10.5 | 1.70 | .894 |
| For a psychologist working in a prison, assuming that his or her duty is first with the institution and then with the inmates. | 8.3 | 1.88 | .811 |
| For a psychologist working with several athletes at the same time, using information from one of them to work with the rest. | 8.1 | 1.34 | .715 |
| For a psychology lecturer, giving his or her personal phone number to a student to provide guidance or advice before an exam. | 19.2 | 1.99 | .978 |
| For psychologists working in the public health system: Providing information to the authorities about the psychological state of their patients and their ability to drive or hold a weapons license. | 13.1 | 2.83 | 1.040 |
| Giving gifts to those who refer clients to you. | 22.3 | 1.70 | .863 |
| Giving personal advice on radio, TV, or newspapers. | 19.5 | 2.47 | .978 |
| Having patients take tests (not auto-observation scales) at home. | 45.2 | 1.98 | 1.001 |
| Helping a client file a complaint against a colleague. | 17.5 | 2.39 | .905 |
| Inducing students to choose a particular course or master. | 26.0 | 2.22 | .893 |
| Introducing two clients when they have repeatedly stated they would like to have a couple and the psychologist perceives they are compatible (unless the psychologist works at marriage agency). | 12.5 | 1.77 | .931 |
| Inviting clients to a party or a social event. | 17.2 | 1.74 | .889 |
| Leading a nudist group therapy. | 5.1 | 2.33 | 1.075 |
| Maintaining confidentiality with a teenage client who is pregnant and is addicted to drugs. | 18.3 | 2.26 | .934 |
| Making a deal with a prison inmate, so that if he or she participates in the psychological research, he or she will receive a positive report for the parole board. | 6.5 | 1.61 | .840 |
| Not revealing to the parents that a 14-year-old uses drugs. | 28.0 | 1.93 | .885 |
| Not telling a patient that he or she is terminally ill if the patient has previously stated that he or she would commit suicide in such a case and the psychologist knows the patient means it. | 10.7 | 2.83 | .875 |
| Objecting to a marriage, when the psychologist is under the conviction that the relationship will be destructive or involve abuse. | 25.0 | 2.88 | .876 |
| Passing a student who only needs to finish your course to obtain a degree and begin to work, when he or she has failed the course. | 15.6 | 2.15 | .940 |
| Performing forensic work for a contingency fee. | 14.2 | 1.53 | .828 |
| Proposing the internment of elderly or homeless people when it is in their best interest, even when this is against their will. | 22.0 | 2.79 | .878 |
| Providing personal information about the psychological characteristics of an athlete to the coach or director of a sports club that has hired the psychologist. | 9.7 | 1.66 | .874 |
| Providing psychotherapy to a 16-year-old who has asked the psychologist not to disclose to his or her parents that he or she is attending psychotherapy sessions. | 21.8 | 2.22 | .932 |

(*continued*)

TABLE 2 (*Continued*)

| *Dilemma* | % | M | SD |
|---|---|---|---|
| Providing therapy to one of your employees. | 14.8 | 1.51 | .800 |
| Providing therapy to one's own student or supervisee. | 17.9 | 1.91 | .918 |
| Putting your name and qualification in an intervention report made by a colleague who does not have the same qualification. | 15.2 | 1.39 | .745 |
| Raising the fee over the course of psychotherapy before a year has elapsed. | 23.9 | 1.68 | .870 |
| Recommending in a clinical report that a client needs plastic surgery when he or she is deeply dissatisfied with his or her appearance and has a clinically low self-esteem. | 13.1 | 2.47 | .960 |
| Recommending long-term therapy for children with mental disorders, even when there are equally effective shorter-term alternatives. | 28.4 | 1.35 | .723 |
| Recommending students buy a textbook when you are the author and obtain a financial gain from the publisher. | 12.5 | 2.00 | .929 |
| Recommending that a child or teenager sees his or her parent, who suffers from a severe mental disorder, because the psychologist believes this visit would have positive therapeutic effects on the patient. | 20.3 | 2.77 | .768 |
| Recording a therapy session on video or audio to use it later as teaching material. | 35.7 | 2.78 | .911 |
| Refusing to answer questions about a client from a judicial authority when the psychologist deems they are not relevant to the case or that revealing the information would be unethical. | 25.9 | 3.36 | .836 |
| Refusing to disclose a diagnosis to a client. | 28.6 | 1.70 | .853 |
| Rejecting a client because we deeply dislike him or her after meeting him or her for the first time. | 22.2 | 2.21 | .940 |
| Reporting a colleague who appears in an advertisement if he or she is discrediting the profession. | 9.0 | 2.77 | .908 |
| Reporting a colleague who has submitted a research manuscript with fake data. | 11.5 | 3.01 | .907 |
| Reporting changes in a driver's psychophysical aptitudes before the revision date is due. | 10.5 | 2.73 | .929 |
| Reporting only either the positive or negative effects of an intervention program. | 14.1 | 1.92 | .913 |
| Reporting your own professional association if you believe it is not working in your best interest or the best interest of psychologists in general. | 12.5 | 3.26 | .851 |
| Revealing confidential details with details authorization from the client. | 31.4 | 2.98 | .930 |
| Seeing a child who comes with one of his or her parents, when this parent does not have the legal custody of the child and the other parent is not aware of the situation. | 28.7 | 1.84 | .965 |
| Seeing a minor client without parental consent. | 17.8 | 2.35 | 1.012 |
| Selecting personnel with low assertiveness and not likely to sign up for associations or unions so the company will have fewer conflicts in the workplace. | 14.7 | 1.40 | .695 |
| Setting up a one-way mirror in the office to be able to observe psychotherapy sessions. | 18.8 | 2.65 | .991 |
| Signing reports using the title "Doctor" without specifying that the psychologist is a Doctor in Psychology. | 13.8 | 1.38 | .788 |
| Specifying in a report the psychological cause for refusing or restricting a driver's license. | 11.9 | 2.54 | .979 |
| Storing client files in a desktop computer at home used by all family members and without a password. | 31.0 | 1.42 | .798 |
| Taking the files of patients or users when the psychologist leaves his or her job to work elsewhere. | 30.3 | 1.94 | 1.014 |

(*continued*)

TABLE 2 (*Continued*)

| *Dilemma* | % | M | SD |
|---|---|---|---|
| Telling one member of a couple that the other partner has AIDS, when this partner does not want him or her to know. | 13.8 | 2.31 | 1.031 |
| Telling the parents of a young man that he committed suicide jumping from a window after taking a lot of drugs because his parents would not accept his homosexuality. | 6.8 | 2.39 | .901 |
| Terminating the treatment of an alcoholic client if the psychologist receives a call from his wife telling that he has abused his stepdaughter. | 10.0 | 1.78 | .883 |
| Terminating therapy if client cannot pay. | 36.4 | 2.18 | .855 |
| Training a client on "credibility techniques" before testifying in court. | 12.5 | 2.03 | .922 |
| Training a friend in a test so that he or she has better chances of getting a position. | 31.7 | 2.27 | .964 |
| Training an individual with a position of power and authoritarian tendencies in techniques to manipulate, persuade, and make other people comply. | 8.1 | 1.26 | .699 |
| Training psychologically an athlete so he or she has as his or her only objective winning at all costs. | 10.0 | 2.03 | .922 |
| Treating a problem in a community or group that is not perceived as such by them. | 20.2 | 2.43 | .931 |
| Using a debt-collecting agency to collect late fees. | 13.5 | 2.06 | .964 |
| Using a psychologist's good reputation to attract clients, when the services offered are actually provided by supervisees with little experience. | 11.8 | 1.43 | .772 |
| Using an individual that belongs to a particular social group defined by ethnicity, religion, or political affiliation as a research participant without receiving his or her express consent and acknowledgment that he or she is participating as a member of a group and not only as an individual. | 13.9 | 1.41 | .718 |
| Using an intelligence test to screen out candidates in a clerical or administrative staff selection process. | 19.2 | 2.21 | .875 |
| Using as research participants people with a potential psychological vulnerability, like children, prison inmates, or people with mental disorders. | 15.4 | 1.99 | 1.012 |
| Using aversive conditioning techniques with sexual criminals like paedophiles or serial rapists. | 9.4 | 2.60 | 1.001 |
| Using deception in psychological research. | 14.7 | 1.66 | .957 |
| Using personality tests (like MMPI) to select candidates for the police. | 13.8 | 3.13 | .841 |
| Using psychology students as research participants. | 29.0 | 2.62 | .932 |
| Using self-disclosure as a therapy technique. | 48.6 | 2.26 | .975 |
| Using subliminal perception techniques as therapy, with the client's consent. | 11.2 | 2.61 | 1.002 |
| When parents take an unruly child to the psychologist and ask for a program to make the child obey them more, executing this program without evaluating if the parents' petition is in the best interest of the child. | 50.8 | 1.44 | .789 |
| When the relatives of a patient that has a serious illness and a limited life expectancy ask the psychologist not to disclose this information to the patient, accepting before knowing what is the wish of the patient. | 16.2 | 1.54 | .765 |
| Working as a psychologist in a group session with a company's employees when attendance is compulsory. | 14.4 | 2.41 | .934 |
| Working as a psychologist while suffering an addiction to illegal substances. | 9.5 | 1.73 | .881 |
| Working for minimum fees (i.e., for an insurance company) when they barely cover the costs of an intervention. | 24.6 | 1.83 | .851 |
| Working for a political candidate whose ideology conflicts with the psychologist's beliefs. | 9.1 | 1.97 | 1.030 |
| Working on a TV show that is sensationalist and violates people's intimacy. | 9.4 | 1.49 | .855 |
| Working when one is too distressed to be effective. | 58.7 | 2.07 | .816 |
| Writing up an expert counter report based only on a colleague's previous report. | 18.3 | 1.42 | .761 |

TABLE 3
Comparison of Participants With and Without Experience on the Dilemmas

| *Dilemma* | t*(701)* | p < | M[a] | SD[a] | M[b] | SD[b] |
|---|---|---|---|---|---|---|
| A client has received a negative personality evaluation challenging his or her ability to exercise parental rights and asks for a second evaluation. Doing a positive report if we believe the previous evaluation was incorrect. | .524 | .601 | 3.28 | 1.021 | 3.24 | .865 |
| Accepting a client's decision to commit suicide. | 2.254 | .024 | 1.87 | 1.035 | 1.69 | .863 |
| Accepting a very valuable gift from a client. | 3.689 | .001 | 2.08 | 1.186 | 1.73 | .818 |
| Accepting clients with very simple problems they can solve on their own. | 2.003 | .046 | 2.40 | .940 | 2.27 | .869 |
| Accepting goods and services as payment. | 5.575 | .001 | 2.30 | 1.162 | 1.77 | .835 |
| Accepting only either male or female clients. | 4.157 | .001 | 1.88 | 1.258 | 1.47 | .790 |
| Adapting the difficulty of a university course depending on the performance of the students during the term. | 5.077 | .001 | 2.69 | 1.135 | 2.25 | .967 |
| Advertising that the psychologist has treated famous people (being true). | 5.314 | .001 | 1.98 | 1.242 | 1.45 | .765 |
| Advising a patient to go to a "healer" if the psychologist believes it would act as an innocuous "therapy placebo" and help the patient face or accept his or her problems and there is no risk that the patient stops coming to psychotherapy. | 2.120 | .034 | 2.28 | 1.102 | 2.05 | .850 |
| Advising a patient, as a part of his or her psychotherapy, to buy and read a book by the psychologist. | 2.562 | .011 | 2.19 | 1.043 | 1.98 | .905 |
| Advising parents to invade a child or teenager's privacy to learn about possible addictions to the Internet or other media. | 1.980 | .048 | 2.04 | 1.013 | 1.91 | .797 |
| Allowing people without the proper experience in a replacement position. | 3.058 | .002 | 1.89 | 1.068 | 1.65 | .702 |
| Altering a diagnosis to meet insurance criteria. | 4.891 | .001 | 1.69 | 1.025 | 1.34 | .630 |
| Asking favors (e.g., a ride home) from clients. | 3.045 | .002 | 1.78 | .998 | 1.57 | .753 |
| Assuming that professional confidentiality ends when the relationship with the client finishes. | 2.413 | .016 | 1.29 | .829 | 1.16 | .550 |
| At the beginning of psychotherapy, when the client asks for it, refusing to give information on other therapy alternatives and other professionals the client could resort to, giving only details of the psychologist's own therapy or intervention. | 2.477 | .013 | 1.59 | 1.051 | 1.41 | .781 |
| Avoiding certain clients for fear of being sued. | 2.764 | .006 | 2.64 | 1.103 | 2.38 | .907 |
| Becoming sexually involved with a former client. | 4.887 | .001 | 2.27 | 1.266 | 1.74 | .854 |
| Breaking confidentiality to report child abuse. | 2.586 | .010 | 3.55 | .877 | 3.36 | .793 |
| Carrying out indefinite neurological tests on patients who suffer from Alzheimer's or amnesic disorders. | 2.907 | .004 | 1.87 | 1.100 | 1.63 | .716 |
| Charging a client no fee for therapy. | 10.262 | .001 | 2.97 | .965 | 2.25 | .907 |
| Charging fees that are a percentage of the client's income. | 5.284 | .001 | 2.22 | 1.280 | 1.66 | .853 |
| Charging for missed appointments, except when it's part of the contract terms. | 11.206 | .001 | 2.63 | 1.260 | 2.01 | 1.062 |

(*continued*)

TABLE 3 (*Continued*)

| *Dilemma* | t(*701*) | p < | M[a] | SD[a] | M[b] | SD[b] |
|---|---|---|---|---|---|---|
| Charging well-off clients or third parties with strong resources highly over the standard fees. | .986 | .324 | 1.70 | 1.040 | 1.63 | .815 |
| Conducting psychological interventions in a school, high school, or college. | 6.445 | .001 | 2.93 | 1.016 | 2.39 | .926 |
| Conducting psychotherapy in the Internet without offering other options. | 2.774 | .006 | 2.06 | .954 | 1.79 | .891 |
| Directly soliciting a person to be a client. | 6.389 | .001 | 1.88 | 1.041 | 1.42 | .696 |
| Discussing over the cell phone in the street or public transport about confidential details of a client. | 5.403 | .001 | 1.65 | .928 | 1.32 | .660 |
| Doing a drug test without the patient's knowledge. | 1.036 | .300 | 1.60 | .859 | 1.53 | .779 |
| Doing custody evaluation without seeing both parents. | 6.366 | .001 | 1.70 | 1.047 | 1.29 | .618 |
| Doing expert report for one of the sides in a trial and testifying as a witness for the other side in court. | 6.869 | .001 | 1.96 | 1.327 | 1.31 | .668 |
| Doing psychophysical evaluations for family or friends. | 6.962 | .001 | 2.41 | 1.060 | 1.89 | .878 |
| Downgrading the psychological diagnose of a patient (i.e., from psychotic disorder to anxiety or minor depression) to prevent the patient from being stigmatized or from losing his or her job. | 5.156 | .001 | 2.21 | 1.144 | 1.71 | .765 |
| Drinking alcohol in excess in a public place when the psychologist's professional status is known. | 9.612 | .001 | 2.61 | 1.030 | 1.83 | .917 |
| During the course of an intervention, having a client reveal his or her homosexual tendencies to the other members of his or her family. | 4.219 | .001 | 2.52 | 1.042 | 2.08 | .873 |
| For a psychologist who works with teenagers as a teacher, working occasionally with them as a psychotherapist, too. | 6.320 | .001 | 2.50 | 1.051 | 1.94 | .854 |
| For a psychologist working in a company, failing to alert that a candidate selected for a position has severe mental problems. | 3.733 | .001 | 2.07 | 1.231 | 1.66 | .836 |
| For a psychologist working in a prison, assuming that his or her duty is first with the institution and then with the inmates. | 2.662 | .008 | 2.16 | 1.073 | 1.86 | .780 |
| For a psychologist working with several athletes at the same time, using information from one of them to work with the rest. | 8.919 | .001 | 2.11 | 1.345 | 1.27 | .586 |
| For a psychology lecturer, giving his or her personal phone number to a student to provide guidance or advice before an exam. | 3.690 | .001 | 2.27 | 1.128 | 1.92 | .927 |
| For psychologists in the public health system: Providing information to the authorities about the psychological state of their patients and their ability to drive or hold a weapons license. | 4.032 | .001 | 3.23 | .985 | 2.76 | 1.035 |
| Giving gifts to those who refer clients to you. | 3.661 | .001 | 1.92 | 1.092 | 1.63 | .774 |
| Giving personal advice on radio, TV, or newspapers. | 6.206 | .001 | 2.92 | 1.029 | 2.36 | .933 |
| Having patients take tests (not auto-observation scales) at home. | 10.110 | .001 | 2.37 | 1.107 | 1.65 | .766 |
| Helping a client file a complaint against a colleague. | 2.801 | .005 | 2.59 | 1.055 | 2.34 | .865 |
| Inducing students to choose a particular course or master. | 9.837 | .001 | 2.74 | .946 | 2.03 | .797 |

(*continued*)

TABLE 3 (*Continued*)

| *Dilemma* | t*(701)* | p < | M[a] | SD[a] | M[b] | SD[b] |
|---|---|---|---|---|---|---|
| Introducing two clients when they have repeatedly stated they would like to have a couple and the psychologist perceives they are compatible (unless the psychologist works at marriage agency). | 2.850 | .005 | 2.03 | 1.077 | 1.73 | .903 |
| Inviting clients to a party or a social event. | 8.127 | .001 | 2.31 | 1.118 | 1.62 | .783 |
| Leading a nudist group therapy. | 4.547 | .001 | 3.11 | 1.063 | 2.29 | 1.060 |
| Maintaining confidentiality with a teenage client who is pregnant and is addicted to drugs. | 4.656 | .001 | 2.60 | 1.101 | 2.18 | .875 |
| Making a deal with a prison inmate, so that if he or she participates in the psychological research, he or she will receive a positive report for the parole board. | 5.972 | .001 | 2.30 | 1.331 | 1.56 | .773 |
| Not revealing to the parents that a 14-year-old uses drugs. | .339 | .735 | 1.94 | 1.016 | 1.92 | .830 |
| Not telling a patient that he or she is terminally ill if the patient has previously stated that he or she would commit suicide in such a case and the psychologist knows the patient means it. | .346 | .729 | 2.87 | 1.031 | 2.83 | .855 |
| Objecting to a marriage, when the psychologist is under the conviction that the relationship will be destructive or involve abuse. | 3.841 | .001 | 3.10 | .911 | 2.81 | .852 |
| Passing a student who only needs to finish your course to obtain a degree and begin to work, when he or she has failed the course. | 4.235 | .001 | 2.49 | 1.115 | 2.08 | .890 |
| Performing forensic work for a contingency fee. | 5.053 | .001 | 1.91 | 1.215 | 1.47 | .727 |
| Proposing the internment of elderly or homeless people when it is in their best interest, even when this is against their will. | 5.517 | .001 | 3.13 | .917 | 2.70 | .844 |
| Providing personal information about the psychological characteristics of an athlete to the coach or director of a sports club that has hired the psychologist. | 5.952 | .001 | 2.25 | 1.274 | 1.60 | .796 |
| Providing psychotherapy to a 16-year-old who has asked the psychologist not to disclose to his or her parents that he or she is attending psychotherapy sessions. | 3.542 | .001 | 2.46 | 1.057 | 2.16 | .884 |
| Providing therapy to one of your employees. | 4.602 | .001 | 1.84 | 1.080 | 1.45 | .727 |
| Providing therapy to one's own student or supervisee. | 4.109 | .001 | 2.21 | 1.085 | 1.85 | .865 |
| Putting your name and qualification in an intervention report made by a colleague who does not have the same qualification. | 3.164 | .002 | 1.60 | 1.008 | 1.35 | .681 |
| Raising the fee over the course of psychotherapy before a year has elapsed. | 4.750 | .001 | 1.96 | 1.155 | 1.60 | .740 |
| Recommending in a clinical report that a client needs plastic surgery when he or she is deeply dissatisfied with his or her appearance and has a clinically low self-esteem. | 4.537 | .001 | 2.89 | 1.001 | 2.41 | .939 |
| Recommending long-term therapy for children with mental disorders, even when there are equally effective shorter-term alternatives. | 1.838 | .067 | 1.43 | .905 | 1.31 | .635 |

(*continued*)

TABLE 3 (*Continued*)

| *Dilemma* | t*(701)* | p < | M[a] | SD[a] | M[b] | SD[b] |
|---|---|---|---|---|---|---|
| Recommending students buy a textbook when you are the author and obtain a financial gain from the publisher. | 2.369 | .018 | 2.22 | 1.119 | 1.97 | .895 |
| Recommending that a child or teenager sees his or her parent, who suffers from a severe mental disorder, because the psychologist believes this visit would have positive therapeutic effects on the patient. | .518 | .604 | 2.74 | .886 | 2.78 | .736 |
| Recording a therapy session on video or audio to use it later as teaching material. | 9.135 | .001 | 3.18 | .855 | 2.56 | .865 |
| Refusing to answer questions about a client from a judicial authority when the psychologist deems they are not relevant to the case or that revealing the information would be unethical. | 2.660 | .008 | 3.51 | .852 | 3.31 | .826 |
| Refusing to disclose a diagnosis to a client. | 4.379 | .001 | 1.92 | 1.048 | 1.61 | .744 |
| Rejecting a client because we deeply dislike him or her after meeting him or her for the first time. | 1.509 | .132 | 2.31 | 1.093 | 2.18 | .890 |
| Reporting a colleague who appears in an advertisement if he or she is discrediting the profession. | 3.637 | .001 | 3.16 | .954 | 2.73 | .894 |
| Reporting a colleague who has submitted a research manuscript with fake data. | 1.937 | .053 | 3.20 | .954 | 2.99 | .899 |
| Reporting changes in a driver's psychophysical aptitudes before the revision date is due. | 4.809 | .001 | 3.22 | .969 | 2.68 | .908 |
| Reporting only either the positive or negative effects of an intervention program. | .326 | .745 | 1.95 | 1.034 | 1.92 | .892 |
| Reporting your own professional association if you believe it is not working in your best interest or the best interest of psychologists in general. | 2.177 | .030 | 3.44 | .828 | 3.23 | .852 |
| Revealing confidential details with authorization from the client. | 6.320 | .001 | 3.35 | .805 | 2.81 | .933 |
| Seeing a child who comes with one of his or her parents, when this parent does not have the legal custody of the child and the other parent is not aware of the situation. | 4.998 | .001 | 2.12 | 1.137 | 1.73 | .861 |
| Seeing a minor client without parental consent. | 3.511 | .001 | 2.64 | 1.180 | 2.29 | .962 |
| Selecting personnel with low assertiveness and not likely to sign up for associations or unions so the company will have fewer conflicts in the workplace. | .082 | .934 | 1.41 | .692 | 1.40 | .696 |
| Setting up a one-way mirror in the office to be able to observe psychotherapy sessions. | 7.795 | .001 | 3.23 | .896 | 2.51 | .963 |
| Signing reports using the title "Doctor" without specifying that the psychologist is a Doctor in Psychology. | 4.031 | .001 | 1.68 | 1.142 | 1.34 | .706 |
| Specifying in a report the psychological cause for refusing or restricting a driver's license. | 5.359 | .001 | 3.07 | 1.084 | 2.47 | .942 |
| Storing client files in a desktop computer at home used by all family members and without a password. | 5.008 | .001 | 1.64 | 1.007 | 1.32 | .662 |

(*continued*)

TABLE 3 (*Continued*)

| *Dilemma* | t*(701)* | p < | M[a] | SD[a] | M[b] | SD[b] |
|---|---|---|---|---|---|---|
| Taking the files of patients or users when the psychologist leaves his or her job to work elsewhere. | 2.497 | .013 | 2.08 | 1.154 | 1.88 | .941 |
| Telling one member of a couple that the other partner has AIDS, when this partner does not want him or her to know. | 1.221 | .222 | 2.43 | 1.249 | 2.30 | .991 |
| Telling the parents of a young man that he committed suicide jumping from a window after taking a lot of drugs because his parents would not accept his homosexuality. | 4.226 | .001 | 2.92 | 1.145 | 2.35 | .869 |
| Terminating the treatment of an alcoholic client if the psychologist receives a call from his wife telling that he has abused his stepdaughter. | 2.524 | .012 | 2.03 | 1.239 | 1.75 | .832 |
| Terminating therapy if client cannot pay. | 2.441 | .015 | 2.07 | .945 | 2.24 | .794 |
| Training a client on "credibility techniques" before testifying in court. | 5.242 | .001 | 2.50 | 1.155 | 1.96 | .864 |
| Training a friend in a test so that he or she has better chances of getting a position. | 5.922 | .001 | 2.58 | 1.027 | 2.13 | .899 |
| Training an individual with a position of power and authoritarian tendencies in techniques to manipulate, persuade, and make other people comply. | 8.721 | .001 | 2.00 | 1.309 | 1.20 | .575 |
| Training psychologically an athlete so he or she has as his or her only objective winning at all costs. | 2.456 | .014 | 2.29 | 1.156 | 2.00 | .889 |
| Treating a problem in a community or group that is not perceived as such by them. | 8.189 | .001 | 2.98 | .926 | 2.29 | .881 |
| Using a debt-collecting agency to collect late fees. | .906 | .365 | 2.15 | 1.167 | 2.05 | .929 |
| Using a psychologist's good reputation to attract clients, when the services offered are actually provided by supervisees with little experience. | 6.110 | .001 | 1.90 | 1.196 | 1.37 | .672 |
| Using an individual that belongs to a particular social group defined by ethnicity, religion, or political affiliation as a research participant without receiving his or her express consent and acknowledgment that he or she is participating as a member of a group and not only as an individual. | 2.106 | .036 | 1.55 | .943 | 1.39 | .673 |
| Using an intelligence test to screen out candidates in a clerical or administrative staff selection process. | 4.683 | .001 | 2.53 | 1.043 | 2.14 | .814 |
| Using as research participants people with a potential psychological vulnerability, like children, prison inmates, or people with mental disorders. | 9.476 | .001 | 2.79 | 1.068 | 1.84 | .931 |
| Using aversive conditioning techniques with sexual criminals like paedophiles or serial rapists. | 4.603 | .001 | 3.14 | 1.080 | 2.55 | .976 |
| Using deception in psychological research. | 7.994 | .001 | 2.33 | 1.309 | 1.55 | .832 |
| Using personality tests (like MMPI) to select candidates for the police. | .466 | .642 | 3.16 | .997 | 3.12 | .814 |
| Using psychology students as research participants. | 4.168 | .001 | 2.85 | 1.046 | 2.53 | .865 |
| Using self-disclosure as a therapy technique. | 11.206 | .001 | 2.65 | .940 | 1.89 | .858 |

(*continued*)

TABLE 3 (*Continued*)

| *Dilemma* | t*(701)* | p < | M[a] | SD[a] | M[b] | SD[b] |
|---|---|---|---|---|---|---|
| Using subliminal perception techniques as therapy, with the client's consent. | 4.802 | .001 | 3.11 | 1.050 | 2.55 | .979 |
| When parents take an unruly child to the psychologist and ask for a program to make the child obey them more, executing this program without evaluating if the parents' petition is in the best interest of the child. | .056 | .955 | 1.44 | .811 | 1.44 | .767 |
| When the relatives of a patient that has a serious illness and a limited life expectancy ask the psychologist not to disclose this information to the patient, accepting before knowing what is the wish of the patient. | 4.344 | .001 | 1.82 | 1.123 | 1.49 | .661 |
| Working as a psychologist in a group session with a company's employees when attendance is compulsory. | 4.251 | .001 | 2.77 | 1.048 | 2.35 | .900 |
| Working as a psychologist while suffering an addiction to illegal substances. | 5.692 | .001 | 2.30 | 1.231 | 1.67 | .814 |
| Working for minimum fees (i.e., for an insurance company) when they barely cover the costs of an intervention. | 1.291 | .197 | 1.91 | 1.007 | 1.81 | .794 |
| Working for a political candidate whose ideology conflicts with the psychologist's beliefs. | 1.424 | .155 | 2.14 | 1.167 | 1.95 | 1.015 |
| Working on a TV show that is sensationalist and violates people's intimacy. | 5.655 | .001 | 2.05 | 1.294 | 1.43 | .775 |
| Working when one is too distressed to be effective. | 4.787 | .001 | 2.19 | .850 | 1.90 | .732 |
| Writing up an expert counter report based only on a colleague's previous report. | 3.620 | .001 | 1.64 | 1.038 | 1.37 | .676 |

[a]Participants with experience on the dilemma.
[b]Participants without experience on the dilemma.



The second cluster was labeled "aprioristic" and includes items that apparently involve taking decisions without discussing them with other professional psychologists or an ethics committee because they are deemed to be correct from a personal point of view. Thus, this cluster is characterized by a biased decision taking. The scale resulting from grouping the 23 items in this cluster had a Cronbach's alpha of .77.

A third cluster was labeled "utilitarian" and is composed of 17 items that have in common the pursuit of economic, professional, or social self-interest by the psychologist. It includes behaviors that benefit the professional regardless of possible conflicts of interest. The Cronbach's alpha of these items was .76.

The fourth cluster was labeled "no conflict" and includes 14 behaviors on which professionals agree that there are generally no ethical conflicts. The reliability of the scale for these items was moderate ($\alpha = .65$).

Table 4 shows the distribution of items within each cluster.

TABLE 4
Hierarchical Cluster Analysis: Dilemma Classification

*Cluster 1: "Rejection"*

When parents take an unruly child to the psychologist and ask for a program to make the child obey them more, executing this program without evaluating if the parents' petition is in the best interest of the child.

At the beginning of psychotherapy, when the client asks for it, refusing to give information on other therapy alternatives and other professionals the client could resort to, giving only details of the psychologist's own therapy or intervention.

For a psychologist working in a prison, assuming that his or her duty is first with the institution and then with the inmates.

Selecting personnel with low assertiveness and not likely to sign up for associations or unions so the company will have fewer conflicts in the workplace.

Doing a drug test without the patient's knowledge.

Using an individual that belongs to a particular social group defined by ethnicity, religion, or political affiliation as a research participant without receiving his or her express consent and acknowledgment that he or she is participating as a member of a group and not only as an individual.

Directly soliciting a person to be a client.

Putting your name and qualification in an intervention report made by a colleague who does not have the same qualification.

Taking the files of patients or users when the psychologist leaves his or her job to work elsewhere.

Conducting psychotherapy in the Internet without offering other options.

Signing reports using the title "Doctor" without specifying that the psychologist is a Doctor in Psychology.

Working for minimum fees (i.e., for an insurance company) when they barely cover the costs of an intervention.

Working when one is too distressed to be effective.

Writing up an expert counter report based only on a colleague's previous report.

For a psychologist working in a company, failing to alert that a candidate selected for a position has severe mental problems.

Raising the fee over the course of psychotherapy before a year has elapsed.

Carrying out indefinite neurological tests on patients who suffer from Alzheimer's or amnesic disorders.

Providing therapy to one of your employees.

Asking favors (e.g., a ride home) from clients.

Accepting a client's decision to commit suicide.

Using as research participants people with a potential psychological vulnerability, like children, prison inmates, or people with mental disorders.

Recommending long-term therapy for children with mental disorders, even when there are equally effective shorter-term alternatives.

Introducing two clients when they have repeatedly stated they would like to have a couple and the psychologist perceives they are compatible (unless the psychologist works at marriage agency).

Training psychologically an athlete so he or she has as his or her only objective winning at all costs.

Doing expert report for one of the sides in a trial and testifying as a witness for the other side in court.

Making a deal with a prison inmate, so that if he or she participates in the psychological research, he or she will receive a positive report for the parole board.

Charging well-off clients or third parties with strong resources highly over the standard fees.

Discussing over the cell phone in the street or public transport about confidential details of a client.

Doing custody evaluation without seeing both parents.

Becoming sexually involved with a former client.

Training an individual with a position of power and authoritarian tendencies in techniques to manipulate, persuade, and make other people comply.

Allowing people without the proper experience in a replacement position.

Terminating the treatment of an alcoholic client if the psychologist receives a call from his wife telling that he has abused his stepdaughter.

Downgrading the psychological diagnose of a patient (i.e., from psychotic disorder to anxiety or minor depression) to prevent the patient from being stigmatized or from losing his or her job.

Giving gifts to those who refer clients to you.

(*continued*)

TABLE 4 (*Continued*)

Altering a diagnosis to meet insurance criteria.
When the relatives of a patient that has a serious illness and a limited life expectancy ask the psychologist not to disclose this information to the patient, accepting before knowing what is the wish of the patient.
Working as a psychologist while suffering an addiction to illegal substances.
Doing psychophysical evaluations for family or friends.
Inviting clients to a party or a social event.
Accepting only either male or female clients.
Seeing a child who comes with one of his or her parents, when this parent does not have the legal custody of the child and the other parent is not aware of the situation.
Providing personal information about the psychological characteristics of an athlete to the coach or director of a sports club that has hired the psychologist.
Assuming that professional confidentiality ends when the relationship with the client finishes.
Working on a TV show that is sensationalist and violates people's intimacy.
Charging fees that are a percentage of the client's income.
For a psychologist who works with teenagers as a teacher, working occasionally with them as a psychotherapist, too.
Accepting a very valuable gift from a client.
Accepting goods and services as payment.
Training a client on "credibility techniques" before testifying in court.
Using deception in psychological research.
Not revealing to the parents that a 14-year-old uses drugs.
Having patients take tests (not auto-observation scales) at home.
Refusing to disclose a diagnosis to a client.
Performing forensic work for a contingency fee.
For a psychologist working with several athletes at the same time: Using information from one of them to work with the rest.
Using a psychologist's good reputation to attract clients, when the services offered are actually provided by supervisees with little experience.
Advertising that the psychologist has treated famous people (being true).
Storing client files in a desktop computer at home used by all family members and without a password.
Providing therapy to one's own student or supervisee.
*Cluster 2: "Aprioristic"*
Maintaining confidentiality with a teenage client who is pregnant and is addicted to drugs.
Telling the parents of a young man that he committed suicide jumping from a window after taking a lot of drugs because his parents would not accept his homosexuality.
Treating a problem in a community or group that is not perceived as such by them.
Leading a nudist group therapy.
Seeing a minor client without parental consent.
Adapting the difficulty of a university course depending on the performance of the students during the term.
Telling one member of a couple that the other partner has AIDS, when this partner does not want him or her to know.
Working as a psychologist in a group session with a company's employees when attendance is compulsory.
Conducting psychological interventions in a school, high school, or college.
Providing psychotherapy to a 16-year-old who has asked the psychologist not to disclose to his or her parents that he or she is attending psychotherapy sessions.
Recommending in a clinical report that a client needs plastic surgery when he or she is deeply dissatisfied with his or her appearance and has a clinically low self-esteem.
Rejecting a client because we deeply dislike him or her after meeting him or her for the first time.
Specifying in a report the psychological cause for refusing or restricting a driver's license.
Avoiding certain clients for fear of being sued.
Using aversive conditioning techniques with sexual criminals like paedophiles or serial rapists.
Charging a client no fee for therapy.

(*continued*)

TABLE 4 (*Continued*)

*Cluster 3: "Utilitarian"*
Advising a patient to go to a "healer" if the psychologist believes it would act as an innocuous "therapy placebo" and help the patient face or accept his or her problems and there is no risk that the patient stops coming to psychotherapy.
Advising a patient, as a part of his or her psychotherapy, to buy and read a book by the psychologist.
Using an intelligence test to screen out candidates in a clerical or administrative staff selection process.
Reporting only either the positive or negative effects of an intervention program.
Working for a political candidate whose ideology conflicts with the psychologist's beliefs.
Drinking alcohol in excess in a public place when the psychologist's professional status is known.
Recommending students buy a textbook when you are the author and obtain a financial gain from the publisher.
During the course of an intervention, having a client reveal his or her homosexual tendencies to the other members of his or her family.
Advising parents to invade a child or teenager's privacy to learn about possible addictions to the Internet or other media.
Using a debt-collecting agency to collect late fees.
For a psychology lecturer, giving his or her personal phone number to a student to provide guidance or advice before an exam.
Using self-disclosure as a therapy technique.
Charging for missed appointments, except when it's part of the contract terms.
Passing a student who only needs to finish your course to obtain a degree and begin to work, when he or she has failed the course.
Training a friend in a test so that he or she has better chances of getting a position.
Inducing students to choose a particular course or master.
Terminating therapy if client cannot pay.
Setting up a one-way mirror in the office to be able to observe psychotherapy sessions.
Using psychology students as research participants.
Recording a therapy session on video or audio to use it later as teaching material.
Helping a client file a complaint against a colleague.
Accepting clients with very simple problems they can solve on their own.
Using subliminal perception techniques as therapy, with the client's consent.
Giving personal advice on radio, TV, or newspapers.
*Cluster 4: "No conflict"*
Recommending that a child or teenager sees his or her parent, who suffers from a severe mental disorder, because the psychologist believes this visit would have positive therapeutic effects on the patient.
A client has received a negative personality evaluation challenging his ability to exercise parental rights and asks for a second evaluation. Doing a positive report if we believe the previous evaluation was incorrect.
Not telling a patient that he or she is terminally ill if the patient has previously stated that he or she would commit suicide in such a case and the psychologist knows the patient means it.
Objecting to a marriage, when the psychologist is under the conviction that the relationship will be destructive or involve abuse.
Using personality tests (like MMPI) to select candidates for the police.
Refusing to answer questions about a client from a judicial authority when the psychologist deems they are not relevant to the case or that revealing the information would be unethical.
For psychologists in the public health system: Providing information to the authorities about the psychological state of their patients and their ability to drive or hold a weapons license.
Reporting your own professional association if you believe it is not working in your best interest or the best interest of psychologists in general.
Revealing confidential details with authorization from the client.
Reporting changes in a driver's psychophysical aptitudes before the revision date is due.
Reporting a colleague who appears in an advertisement if he or she is discrediting the profession.
Proposing the internment of elderly or homeless people when it is in their best interest, even when this is against their will.
Breaking confidentiality to report child abuse.
Reporting a colleague who has submitted a research manuscript with fake data.

## DISCUSSION

The present study shows that there are ethical issues that provoke controversy among professional Spanish psychologists, supporting our first hypothesis. Despite having a detailed ethical code and access to professional advice, psychologists are still unsure or disagree on what behaviors constitute an ethical breach. It could be argued that there is an apparent deficit in ethical training in some professionals who have difficulty agreeing on ethical professional behavior, although respondents had belonged to a professional association for more than 10 years on average. In addition, the sample in this study was by definition a biased sample of psychologists who belonged to a professional association and participated voluntarily in the online survey. These professionals can be assumed to be particularly interested in ethical issues and ethical criteria, as they made the effort to access the survey site and complete it. Perhaps there would have been a greater variability in responses if we had been able to obtain data from a sample of nonaffiliated psychologists. Another possibility is that professionals have an adequate ethical training but still have a difficult time agreeing over certain ethical issues due to their own personal attitudes. They may consider that ethical considerations do not apply well or are too restrictive in a particular situation, or that behaving according to an ethical code is not always moral.

The current study also found marked differences between our data and the Pope et al. (1987) study. The greatest discrepancies are in the degree of occurrence of the dilemmas common to both studies. Apart from cultural differences, these results are not surprising because more than 20 years separate both studies, and they stand as proof that challenges and priorities psychologists change through time. In addition, the increased control and guidance in ethical issues provided by professional associations may also account for part of the change in the dilemmas encountered. For a similar reason, we also found some great differences in the degree of acceptance of some dilemmas. For instance, currently finding a psychologist that treats clients from only one gender may seem odd in most cases. In fact, Pope et al.'s survey was only partially adapted for this study because many items were rendered obsolete by newer regulations (i.e., treating homosexuality per se as pathological).

Our second hypothesis stated that we expected psychologists to be less strict or extreme when confronted with situations they have actually experienced because they would be acquainted with the subtleties and constraints of the situation. This is the case for 98 of the 114 ethical issues in the survey. There is a tendency from professionals who had not been confronted with a particular ethical issue to disagree more with questionable ethical behaviors, whereas participants with experience in a particular situation chose the less "safe" option. As stated by Salztein (1994), the demands of the situation may make it more difficult to be adamant about the most ethical option. A professional psychologist who has faced a particular dilemma, independently of whether he or she has chosen the more ethical option, will be more familiar with the complexity of the situation and the richness of all the factors involved. This professional may recognize that not all situations involving a particular behavior are the same and that there are a lot of intervening factors that make unadvisable to completely agree or disagree with a certain behavior in every situation.

Of course, this rationale introduces some degree of relativism in professional ethics and, conversely, it can be argued that this kind of rationale corresponds to a process of moral justification (Bandura, Barbanelli, & Caprara, 1996; Bandura, Barbaranelli, Caprara, Pastorelli, & Regalia, 2001), used to come up with post hoc explanations for unethical behaviors. Also, Rest and Narváez (1994) have found that in the medical profession, moral reasoning decreases from students to practitioners, possibly because they are "hardened" by the experiences they encounter

during their practice and become desensitized to the social problems they face. This can also be the case for psychologists, who may become increasingly desensitized to ethical considerations during their everyday practice. Again, this "ethical desensitization" effect could correspond to a higher awareness or sensitization to the constraints of the situation.

In this sense this study has a few limitations that leave some research questions open. Participants with experience in confronting a particular behavioral decision may have less extreme opinions either because they acknowledge the complexity of the situation or because they have solved the situation in a not completely ethical manner. Due to the constraints of this research, we do not have information on how participants solved the situations they experienced, either ethically or unethically. A more detailed study on a limited set of professional dilemmas would be needed to address this issue. In addition, there may be some cognitive variables, like moral judgment, that play a role in the explanation of ethical choices in professionals. Further research needs to address whether responses to ethical issues relate to moral judgment and whether moral judgment or other related variables decrease with experience in the profession and the reasons for this decrease. Another concern was that some dilemmas had a very high frequency of occurrence, so, although participants were specifically asked whether they had been in the situations described, it cannot be ruled out that some respondents were not answering to whether they had firsthand experience with the situation, but rather to whether they personally know situations like those described (maybe because they happened to a colleague). Although both types of experience can have a weight on the professional psychologists' attitudes, further research needs to establish procedures to make sure they are not confounded.

Finally, our third hypothesis is also supported, as a number of clusters could be identified to classify the different ethical issues. The clusters obtained did not fit any of the previous classifications. These four clusters are comprised of different types of behaviors according to general attitudes: the "rejection" cluster, formed by behaviors the psychologists strongly disagree with; the "aprioristic" cluster, which includes biased professional behaviors; the "utilitarian" cluster, composed of self-interest behaviors; and the "no conflict" cluster, which included behaviors with little ethical implications for the professionals. The scales built for each cluster also show acceptable reliabilities.

Although some items in the study were adapted from Pope et al. (1987), and the survey contained items related to the different categories previously identified in the literature, like dual relations, boundaries, confidentiality, intimate relationships, and harm prevention among others, none of these categories were replicated in our clusters. It seems that previously proposed categories are based on different ethical classifications, whereas the clusters found in this study correspond to broader categories. These categories relate to the degree of acceptance of the ethical issues and to personal decisions based on biases or self-interest. It would be interesting to study if the general attitudes in our clusters are more useful to explain the "ethical desensitization" effect described before than the categories related to concrete ethical questions (i.e., dual relationships). It remains unclear whether this desensitization to ethical issues through experience would have a bigger effect on a particular category of ethical issues or would be related to the more general attitudes in this study clusters. It would also be interesting to examine the role of moral reasoning on both general ethical attitudes to ethics-related behaviors and on specific categories of ethical issues. Apart from introducing explanatory cognitive variables, further research must also address how participants solve the dilemmas they actually encounter and improve the procedures used to prevent sources of error from participant's responses while preserving anonymity.

To summarize, this survey provides some insight on the most sensitive ethical issues for Spanish psychologists and how experimenting with an ethical dilemma can change the attitudes of the professional psychologist toward it.

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