

THE ETHICS OF PROFESSIONAL PRACTICE IN IRAN: BELIEFS AND BEHAVIORS OF IRANIAN PSYCHOLOGISTS

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Abstract: To address the absence of empirical data on the work-related behaviors of practicing psychologists in Iran and their beliefs in the ethicality of these behaviors, a sample of 363 licensed and unlicensed Iranian psychologists were asked about their behaviors and ethical beliefs. The current study used an adaptation of a widely-adopted questionnaire originally developed by Pope and colleagues (1987) to determine (1) respondents' beliefs about the ethicality of 92 specific behaviors, (2) how often the respondents engaged in these 92 specific behaviors, and (3) which sources of information they valued in guiding their professional behavior. The results provided the first, data-driven picture of the behaviors and beliefs of Iranian psychologists in their professional practice. A majority of the respondents received no formal training in professional ethics. In terms of which reference sources guide their ethical judgment, Iranian psychologists rated their graduate program, their internship, and the Psychology and Counseling Organization of the I. R. Iran as the most effective, while also indicating that Islamic sources of information were 'very effective.' Iranian law and court decisions were rated least helpful. The researchers acknowledged the limitations of this study as an initial investigation while also encouraging further development of training about and dissemination of professional ethics for psychologists

Keywords: Professional Ethics, Counseling Ethics, Counseling, Psychotherapy, Ethics Development, Professional Practice, Iran

Introduction

Psychology and psychotherapy are increasingly globalized professional activities. Following long-established trends in developed nations, psychology around the world has moved out of universities and into hospitals, community clinics, and schools around the world (Henriques & Sternberg, 2004). As a professional activity, psychology requires specialized training, professional skills and competence, as well as continuing education to maintain those skills (Corey, Corey, & Callanan, 2011). One crucial area of competence is professional ethics (Soder, 1990; Colnerud, 1997). In their daily practice, all psychologists and clinicians can be faced with a variety of ethical dilemmas across a range

of domains (e.g., competence, confidentiality, exploitation, multiple relationships, etc.) which can be challenging for even the most experienced psychologists.

Professional psychological associations around the world have long recognized the central role of professional ethics in expanding psychology practice. The American Psychological Association (APA) first promulgated a code of ethics in 1947 and the British Psychological Society in 1985 (Armistead et al., 2011; BPS, 2009). Many other nations have developed codes of professional ethics for psychologist and Iran is no exception to this salubrious trend. The Iranian Psychological Association (IPA, 1995), which was established in 1967 has also recognized its obligation to set and uphold the highest standards of professionalism and to promote ethical behavior, attitudes, and judgments on the part of psychologists.

Psychology as a field has differentiated itself from other professions by using empirical methods to develop our ethical codes, and not "armchair" speculation. APA's code of ethics was developed through the "critical incident" technique (Pope & Vetter, 1992). The Australian Psychological Society and the Canadian Psychological Association both used input from members and empirical data to revise and refine their ethics codes (Sullivan, 2002). In Sweden and China, moreover, psychological societies developed their own ethical codes and they conducted a number of studies with a view to improving their standards (Colnerud, 1997; Zhizhong, 2010; Sullivan, 2002).

However, there is no research on Iranian psychologists' beliefs and behaviors; moreover, there is a lack of research related to ethical issues in psychological practice in Iran. The first school of psychology was established in Iran in 1932 and the Iranian Psychological Association (IPA) was established in 1967. In 1970, the IPA published the first Iranian Psychology magazine, which ran for 21 issues until it was discontinued during the Iranian Revolution of 1978. After the revolution, the IPA did not reconvene its work until 1995 when the new IPA was re-established through the efforts of Dr. Reza Zamani and Dr. Saieed Shamlo and colleagues (Goodarzi, 2000; IPA, 1995). Since then, other psychological organizations were established. In addition, the Iranian Clinical Psychological Association was established in 2002 to promote the quality and benefits of Iranian clinical psychologists (Iranian Clinical Psychology Association, 2002). Founded in 2003, another important psychological organization in Iran is the Psychology and Counseling Organization of the Islamic Republic of Iran (PCOIRI), which is responsible for giving licenses to psychologists and counselors as well as working on benefits for psychologists (PCOIRI, 2003). The PCOIRI

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recognized the vital needs of professional practice and commissioned the development of a code of ethical conduct. This code was first published in 2006 through the efforts of Dr. Simin Hosseinian (Hosseinian, 2006).

This represented a critical step in the development of psychology in Iran. Nonetheless, the impact of Hosseinian's work (2006) has largely been limited to academic circles. Indeed, even the academic impact has been limited. The PCOIRI ethics code was not included in the graduate curriculum until 2012 (Tehran University, 2012). It is not clear what the impact of the PCOIRI ethics code has been on the general professional practice of Iranian psychologists outside universities. No data exist in this area.

An extensive review of the available literature in Farsi found only four books and one empirical article related to professional ethics (in addition to Hosseinian's work). There are two books about the APA ethical code that discuss the importance of professional ethics as well as explain the APA ethical standards (Ahmadi, 2008; Goodarzi, 2000) and two books which explain the different categories of professional ethics (Kiani, 2012; Farhadi, 2007). With respect to peer-reviewed articles, there was an article Hosseinian (2006) introducing the ethics code and one empirical research study about the personality of psychologists and their adherence to professional ethics (Kiani et al., 2008). There have been no research studies conducted about the actual practices, the beliefs and behaviors of Iranian psychologists. In summary, the Iranian professional ethical code for psychologists was created in 2006 and integrated into university curricula in 2012; there has, however, been no research that demonstrates the extent to which Iranian psychologists' practice is based on this code of conduct or whether it is deemed useful for their practice or not.

All the same, ethics has a long history in Iran where 99.4% of the population is Muslim (Aslani, 2010). Indeed, ethics is an integral part of religious practice which is highly respected by Iranian Muslims who are taught about religious ethics from early childhood. There are nonetheless important differences between personal and professional ethics. In a textbook designed as an introduction to ethical issues and ethical reasoning, and for which no parallel text exists in Farsi, Corey et al. (2011) highlighted these differences. One of the most important differences between personal and professional ethics is that is ethically unsound in professional psychology for counselors to impose their own values on their clients. The opposite is generally true in the kind of religiously based ethics most Iranians are familiar with, which teaches doctrines to individuals who are expected to accept and practice these without question. Indeed, in most countries, psychologists are strongly advised to monitor themselves carefully for any signs that they may be imposing their own values on their clients in any way, however subtle. Thus, the development of professional ethics, professional judgment, and professional identities may pose some unique challenges in an Iranian context.

The challenges arise from the fact that Islamic religion is an integral part of the large majority of the population's lives, yet Iranian psychologists are obliged as professionals to adhere to the ethics code established by the PCOIRI in 2006. It is their professional duty to follow the code in order to raise the standards in Iranian psychology and strengthen the trust that the public has in their profession.

Professional psychology is widespread and rapidly developing in Iran. Yet the field is under-developed. Even the number of practicing psychologists is not clear. According to the PCOIRI Chairman of the Board, Dr. Afrooz, there are already 6,500 psychology practitioners in Iran but there is no known research about their practices (IRMNA, 2011; SN, 2011). It is critical to develop a data-based understanding of how these practitioners are thinking and acting in their professional capacity, particularly with regard to ethical issues.

This research aimed to find out how Iranian psychologists conduct their day-to-day practice. Thus, as an initial and unprecedented study of the beliefs and behaviors of Iranian psychologists, the primary goals of the current study were to:

- 1) Explore and describe the ethical beliefs and behaviors of Iranian psychologists in their professional practice
- 2) Explore which sources of information Iranian psychologists used to guide their professional practice and professional decision making.

Methods

Participants

The participants of this study consisted of Iranian professional psychologists who graduated from university with a bachelor's degree, master's degree, or Ph.D. in different psychology specialties (e.g., child psychology, family therapy, etc.). Because of rapid development and expansion in the field in Iran, it is quite difficult based on degree or credential to determine who is a psychologist in Iran. The current study relied on membership in professional psychology organizations and participant self-report.

The sample consisted of 363 (36.3%) Iranian psychologists, of whom 29.2% (N=106) were male and 66.9% were female (N=243), while 3.9% (N=14) did not indicate their gender as male or female. The majority of the respondents were aged between 18-38 years (age was a categorical variable). Specifically, 38.2% (N=138) of respondents were between 18-28 years of age, 38.8% (N=140) were between 29-38 years of age, and 18% (N=65) were between 39-48 years of age; and 5% (N=18) were over 49 years of age. Thus, our sample includes a far smaller percentage of older clinicians than most studies. This is due to the relatively new nature of the profession and its recent re-establishment in 1996.

In this sample, participants reported diverse levels of academic achievement. Respondents reported their

highest educational degree as follows: 47.1% (N=171) reported they have a Bachelor degree, 32.2% (N=117) reported they have a Master's degree, 4.4% (N=16) reported that they have a PhD degree, 1.4% (N=5) reported that they have a medical degree, 0.8% (N=3) reported that they are psychiatrists by training, 3.9% (N=14) reported that they are doctoral students, 5.5% (N=20) reported they are Master's students, 1.1% (N=4) reported they have a high school diploma, and 3.6% (N=13) of respondents did not report their highest level of education. Thus, the most frequently reported highest educational degree among practitioners in this sample is a Bachelor degree.

In terms of clinical experience, 31.4% (N=98) of the respondents reported that they had 2 years or less experience, 25.7% (N=80) reported that they had 2-5 years' experience, 24.3% (N=77) reported that they had 5-10 years' experience, and 18.6% (N=58) reported that they had more than 10 years of clinical experience. Thus, the most frequently reported level of experience of respondents was 2 years or less of clinical experience.

In terms of theoretical orientation, respondents could choose more than one option. In this sample, 43% (N=148) reported using an eclectic approach, 31.2% (N=107) reported using behavioral techniques, 23% (N=79) reported using Rogerian approaches, 18.6% (N=64) reported using CBT techniques, 12.2% (N=42) reported using a Freudian approach, 8.4% (N=29) reported using Humanistic approaches, 2.3% (N=8) reported using a Gestalt approach, and 12.2% (N=42) reported using other approaches. Thus, consistent with research results of surveys in other nations, the most frequently reported orientation is the use of an eclectic approach in their practice.

The issue of professional licensure is a complicated issue in Iran. At this time, Iranian psychologists may practice under two statuses: licensed or unlicensed. A licensed psychologist has graduated with a master's degree and has documented experience working under the supervision and responsibility of another licensed psychologist or psychiatrist (PCOIRI, 2003); this practice, however, is not similar to supervised practice in North America. Nevertheless, based on the researcher's experience, it is sometimes called 'training under supervision'. Unlicensed practicing psychologists are all others, regardless of degree, who are required to practice under the responsibility of a licensed psychologist. According to Afrooz (IRMNA, 2011; SN, 2011), there are 2,500 Iranian psychologists who are licensed by the Psychology and Counseling Organization of I.R. Iran. That is 2,500 of the estimated 4000-6500 psychologists currently practicing in Iran. Thus, informal estimates suggest that many, and possibly a majority, of the psychologists in Iran practice psychology without a license.

In our sample, 29.8% (N=106) of respondents reported that they have PCOIRI licenses, while 70.2% (N=250) of respondents reported that they are not

licensed. Thus, the majority of the practicing psychologists in this sample were not licensed professionally. In this respect, our sample may be representative of the population of practitioners across Iran.

Research Instrumentation

The current study used a modified version of questionnaire used in Pope and colleagues' (1987) well-known study. They listed 83 behaviors that can occur in professional practice and asked respondents to report their opinion about the ethicality of each behavior and the frequency of that behavior's occurrence in their own practice.

For the current study, the original questionnaire used in Pope and colleagues' (1987) study was modified to (1) match the norms and expectations of an Iranian cultural context, and (2) to reflect changes in psychology and psychotherapy since 1987. The first step in the process was the back-translation of the original measure by professional bilingual translators with mental health backgrounds. The translated questionnaire was pretested on a small group (N=30) of Iranian psychologists and psychology students to assess coherence, comprehension and appropriateness. Based on the results of pretesting the questionnaire and in deference to Persian cultural norms, 20 of the original items were removed (mostly related to sexual relationships or concepts which did not have any application in Iranian psychologists' practice), and seven items were modified.

The original 1987 questionnaire did not touch upon important issues and behaviors covered in the 2002 revision of the APA Ethics Code. Thus, to be more consistent with developments in professional ethics and assess a fuller picture of the beliefs and behaviors of Iranian Psychologists, the researchers introduced 29 new items, including six items on boundaries, four items on competence, one item on fees and money, four items about informed consent, four items about confidentiality, five items on supervision, three items on plagiarism, one item on ethical conflicts, and one item about social justice.

Thus the modified questionnaire used in the current investigation had 92 items and two sections. The first section of the questionnaire listed the 92 behaviors and asked respondents to report their beliefs about the ethicality of the behavior, as well as the frequency of occurrence of that behavior in their practice. Respondents rated ethicality on using a five-point Likert scale (5 = *unquestionably yes*; 4 = *under any circumstances*; 3 = *don't know/not sure*; 2 = *under rare circumstances*; and 1 = *unquestionably not*) and reported the frequency of occurrence using a five-point Likert scale (5 = *very often*; 4 = *fairly often*; 3 = *sometimes*; 2 = *rarely*; and 1 = *never*). The second section asked respondents to rate the value and effectiveness of eleven sources of information used to guide professional practice using a five-point Likert scale (*terrible, poor, adequate, good, and excellent*).

Data Collection

A set consisting of the survey questionnaire, a cover letter which explained the nature and purpose of the study, and a return envelope was sent to 1,000 psychologists who were selected from a population of 6,500 psychology practitioners in Iran and 363 questionnaires were returned. This established a return rate of 36.3%.

Results

As this was the first empirical investigation ever conducted on the beliefs and behaviors of Iranian psychologists, our primary goal was to describe those beliefs and behaviors. Table 1 shows how the psychologists in the study rated the ethicality and frequency of the 92 behaviors. Table 2 shows how participants rated the effectiveness of 11 source of information guiding and regulating professional practice and behavior.

(See Table 1, 2 on the last page)

In the original study, Pope et al. (1987) divided psychologists' behaviors into three categories. The results of the study are similar to Pope's study in terms of the three categories:

Behaviors that are almost universal. According to Pope et al. (1987), universal behaviors are those in which at least 90% of psychologists reportedly engage. In the current study, universal behaviors are those in which at least 80% of psychologists reportedly engaged. Based on this classification, 15 of the 92 behaviors assessed in this study were classified as universal. These consisted of behaviors related to 1) informed consent: 'I obtain informed consent and explain psychotherapy methods', 'I disclose a diagnosis to a client', 'I see a minor client without parental consent'; 2) crossing boundaries and multiple relationships: 'I offer or accept a handshake from a client (same sex)', 'I provide therapy to one of my friends', 'I provide therapy to my students or supervisee', 'I provide therapy to one of my employees', 'I provide therapy to one of my family members'; 3) confidentiality: 'I break confidentiality if a client is homicidal', 'I break confidentiality if a client is suicidal', 'I break confidentiality if my client is a thief', 'I discuss clients (without names) with friends', 'I don't break confidentiality if a client is HIV positive'; 4) fees and money: 'I charge a client no fee for therapy'; and 5) plagiarism: 'I use others' words to create my verbal presentation'. A large majority of practicing Iranian psychologists find these to be acceptable behaviors.

Behaviors that are rare. In this study, rare behaviors are those that have a frequency of less than 20%; that being the case, it was found that five of the 92 behaviors occurred fewer than 20% among respondents. Of these five behaviors, four related to crossing boundaries and multiple relationships: 'I propose marriage to my client', 'I make sexual relationships with a former client', 'I borrow money from a client', 'I sell goods to clients,' and

one related to competence/technical skills: 'I provide therapy under the influence of alcohol'.

These results could be explained by several possible reasons, for example Iranian culture and the effects of religion in providing therapy, training in university, or other reasons. However, the Iranian professional ethics code prohibits Iranian psychologists from becoming involved in unprofessional relationships (Code 3.03) or relationships which can impair their professional roles (Code 6.05). However, a thorough discussion about this issue is beyond the scope of this article. Similarly, Pope et al. (1987) also reported as rare behaviors those which relate to sexual relationships and other items which concern sexual behaviors; financial practices such as selling goods to client or borrowing money from a client; and providing therapy while under influence of alcohol.

Behaviors that are difficult to judge. Results revealed that there were six out of 92 behaviors which more than 20% of respondents found difficult to judge as being ethical or not; in other words, these pertained to behaviors which respondents were not sure about or did not know what the correct decision might be. These six behaviors were: 'I work when too distressed to be effective', 'I had a supervisor criticize me directly and seriously in a supervisory program', 'I use others' words to create my verbal presentation', 'I had a supervisor prepare a schedule for providing feedback to me', 'I provide therapy without informed consent', and 'I treat homosexuality per se as pathological'. These items are related to competence, supervision, informed consent, and plagiarism.

Training in Professional Ethics. When asked if their university training had included any training in professional ethics, 69.6% ($N=218$) of the respondents reported that they have not attended any professional ethics course in university, whereas 30.4% ($N=95$) reported that they have attended professional ethics course in university. Thus, the majority of participants never received any training during their degree program on professional ethics.

When asked if they had ever participated in any professional ethics training outside of their university training (for example, continuing education), 53% ($N=143$) reported that they have never participated in any workshop or training about professional ethics, while 7% ($N=19$) reported that they have participated in 2-10 hours of workshops or training about professional ethics, 15.9% ($N=43$) reported that they have participated in 10-20 hours of workshops or training about professional ethics, 9.3% ($N=12$) reported that they have participated in 20-20 hours of workshops or training about professional ethics, 6.3% ($N=17$) reported that they have participated in 30-40 hours of workshops or training about professional ethics, and 8.5% ($N=23$) reported that they have participated in more than 40 hours training about professional ethics outside of university. Thus, roughly half of the respondents have not had any workshop

participation or training about professional ethics outside of university.

Sources of Information about professional practice.

Table 2 shows that participants rated their internships and training programs as the two most effective sources of information about their professional practice. It is notable that no single source of information was rated as effective by more than 50% of participants. Participants rated the Iranian laws and court decisions as the two least helpful sources of information.

Participants were also asked to rate the effectiveness of Islamic sources such as *Quran*, sacred treatises, or religious commentaries in guiding their professional practice. In response, 42.4% ($N=120$) reported that these sources are 'very effective' in helping them resolve dilemmas, 26.9% ($N=76$) reported that these sources are 'effective,' 16.3% ($N=46$) reported that these sources are 'somewhat' effective, and 14.5% ($N=41$) reported that these sources are 'a little' effective in guiding their practice.

Discussion

According to Pope et al. (1987), empirical data about the beliefs and behaviors of a sample of psychologists should inform, not determine, ethical deliberations. Thus, the information gathered in the current study involved complex information, which could be interpreted in various ways. The following discussion highlights the major findings and ambiguities from this exploratory empirical research about Iranian psychologists' behaviors and beliefs.

The results of this study showed that Iranian psychologists' behaviors are generally in accord with their beliefs. Although the frequency with which they judged their behavior is, for the most part, lower than the frequency with which they engaged in those behaviors, there were 12 behaviors that the psychologists reported as having been judged in terms of ethicality more frequently than they actually engaged in them. Those 12 behaviors were as follows: 'I accept goods as payment', 'I call a client by his or her first name', 'I sell goods to clients', 'I cry in the presence of a client', 'I borrow money from a client', 'I give gifts worth at least \$40 (1,000,000 Rial) to a client', 'I propose marriage to my client', 'I go into business with a former client', 'I send holiday greeting cards or messages to my clients', 'I have had a client or his/her family file a complaint against me', 'I go into business with a current client', and 'I provide therapy under influence of alcohol'.

Another important result is that there is a lack of sufficient training in professional ethics, both in university training and in post-university continuing education. It also appears that the majority of participants regard Islamic religious ethics as a proper guide for their professional practice. It is not clear how the former finding relates to the latter. It is possible that a lack of training in professional ethics leaves Iranian psychologists in need of guidelines when facing complex

ethical dilemmas and they naturally turn to familiar Islamic sources to fill that gap. It is also possible that because Islam is such an integral part of Iranian culture that reliance on Islamic sources will emerge as a characteristic feature of Iranian professional psychology. Future studies can clarify this issue.

Participants found that their graduate training and internships were the most effective guides and sources of information in dealing with professional practice issues. Interestingly, participants in the current study regarded the laws of the Islamic Republic of Iran and court decisions as the least effective guides in helping them in their professional practice. This suggests a need for further professional training and education in this area. It may also suggest the possibility of a need for greater development of psychology as a resource for public policy and law in Iran.

The behaviors and beliefs of psychologists in Iran have never been studied before and the current study is the first-ever research on Iranian psychologists' work-related ethical behaviors and beliefs about the ethicality of those behaviors. Therefore, several important limitations must be applied when considering the findings: 1) It is not yet clear that this sample of psychologists is representative of the practices of other IPA members, non-IPA members, clinical psychologists, psychiatrists, counselors, and other practitioners of psychotherapy and counseling in Iran, and, 2) it because this study was based on self-report, is not clear to what degree our results represent the actual behavior and beliefs of the respondents. As such, replication and extension of the current study is urgently needed.

Conclusion and recommendation

In Iran, as around the globe, psychology is rapidly developing and expanding. There are an estimated 6,500 psychologists working in professional practice in various settings in Iran. The professional practice of psychology poses numerous challenges, particularly with regard to ethical issues. Psychology differs from any other fields in the numerous ethical guidelines and ethical dilemmas that can arise when working with vulnerable individuals and families. In Iran, standards have only recently been developed and implemented to train psychologists in these areas.

The current study has provided an initial and limited window into understanding how Iranian psychologists are thinking and behaving in their professional practice. The data provided potentially valuable insights into how these professionals are working at this time. It is clear that Iranian psychologists are facing the same ethical dilemmas as their foreign counterparts and the practice of professional psychology in Iran raises complex dilemmas for psychologists to contend with. The current study urgently needs to be replicated to determine how reliable the results are.

In terms of which sources of information guide Iranian psychologists' ethical judgment, their graduate

program and their internship were rated the most effective. Iranian law and court decisions were rated least helpful. As a result, some developmental change is necessary to be defined in graduate program or in internships conditions to further enhance psychologists' understanding of laws and court decisions. The results suggest how PCOIRI and graduate training programs can strengthen existing training programs. At the same time, the PCOIRI might consider what pathways will best help psychologist and psychological science to inform lawmakers and public policy makers. Yet, no one source of information was seen as effective by a clear majority of participants. This suggests that Iranian psychologists do not guide their practice by a consistent set of standards, as should be the case in an established, well-functioning profession.

Perhaps the clearest finding from the current investigation is that it remains important to strengthen training in professional ethics at the university level, in internships, in continuing educations workshops and programs, and for professional supervision. It may be helpful to establish time quotas for professional ethics training requirements in all of these domains. For example, perhaps every university training program should include one required course on professional ethics and professional ethics hours should be part of mandatory continuing professional educations. These requirements should develop according to studies and research on existing and emerging ethical issues to keep psychologists abreast with developments in ethical issues, in agreement with Tribe and Morrissey (2005).

While an up-to-date ethical code of rules and principles is certainly necessary, this would not and should not be considered to hold the definitive answer to every ethical problem. Psychological practice is too complex and diverse to ever be standardized into a set of rules or codes. Many of the ethical dilemmas faced by psychologists require sound personal and professional judgment. Therefore, students of psychology should also be taught the fundamental ethical values of their chosen profession and critical reasoning skills. This includes the capacity for ethical reflection which involves analyzing situations, identifying the ethical elements involved, and discriminating between legitimate alternatives of moral action.

Despite its limitations, the findings of this study underline the fact that professional psychological practice is beset by complex ethical issues and those psychologists need clear guidelines and comprehensive training to prepare them to deal with these situations in an ethically acceptable manner. Only in this way will psychologists, their clients and the community build the profession. To this end, the researcher recommends replication of this study and also further studies on various aspects of ethical issues. This study could be repeated in different cities of Iran where comparisons can be made between licensed and unlicensed psychologists or focus on only one specific group of psychologists. In addition, the

researchers has observed that Iranian psychologists, as a matter of course, refer to Islamic texts and teachings when they encounter an ethical dilemma. Therefore, it is recommended that the Iranian professional ethics committees consider the influence of Islamic education on ethical reasoning and decision making when conducting further research.

Reference

- Ahmadi, K. (2008). *Ethical issues in counseling and psychotherapy*. Tehran, Iran: Danjeh.
- American Psychological Association [APA]. (2002). *Ethical standards of psychologists*. Washington, D. C.: Author.
- Aslani, M. (2010). *Shia population in Islam world*. Retrieved Dec 23, 2012, from Andishe Qom: www.andisheqom.com/Files/whoishia.php?idVeiw=2074&level=4&subid=2074
- Colnerud, G. (1997). Ethical dilemmas of psychologists: A Swedish example in an international perspective. *European Psychologist*, 2(2), 164-170.
- Corey, G., Corey, M. S., & Callanan, P. (2011). *Issues and ethics in the helping professions* (8th ed.). Belmont, CA: Brooks/Cole.
- Farhadi, Y. (2007). *Professional ethics in psychological health*. Tehran, Iran: Ettellaat.
- Fisher, C. B. (2003). *Decoding the ethics code: A practical guide for psychologists*. Thousand Oaks, CA: Sage.
- Goodarzi, A. M. (2000). *Ethical principles of psychologists and code of conduct*. Tehran, Iran: Rasa.
- Hosseinian, S. (2006). *Ethics in counseling and psychology: Foundation and principles*. Tehran, Iran: Kamal_e_Tarbiat.
- Iranian Psychological Association [API]. (1995). *Statute of Iranian Psychological Association*. Retrieved 12 23, 2012, from The Iranian Psychological Association website: <http://iranpa.org/Portal/Default.aspx?tabid=62>
- Iranian Clinical Psychology Association [API]. (2002). Retrieved 08 20, 2013, from Iranian Clinical Psychology Association website: <http://www.irancpa.com/AboutUs.aspx>
- IRMNA. (2011, Feb 24). *The lack of 17000 psychologists in Iran*. Retrieved 12 21, 2012, from Iranian Medical News Agency: <http://irmna.com/?p=527>
- Kiani, A. (2012). *Professional ethics for counselors*. Tehran, Iran: Varaye Danesh.
- Kiani, A., Navabi Nejjhad, S., & Ahmadi, K. (2008). Personality characteristics of counselors and psychologists and their adherence to professional ethics. *Andisheh va Raftar*, 2(8), 79-90.
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist*, 42(11), 993-1006.
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1988). Good and poor practices in psychotherapy:

- National survey of beliefs of psychologists. *Professional Psychology: Research and Practice*, 19(5), 547-552.
- Pope, K. S., & Vetter, V. A. (1992). Ethical dilemmas encountered by members of the American Psychological Association. *American Psychologist*, 47(3), 397-411.
- Psychology and Counseling Organization [PCOIRI]. (2003). *Statute of Psychology and Counseling Organization of I.R. Iran*. Retrieved 12 23, 2012, from Psychology and Counseling Organization of I.R. Iran: <http://www.pcoiran.ir/?run=Main&num=53&close=1>
- Psychology and Counseling Organization [PCOIRI]. (2006). *Professional ethics code for psychologists and counselors*. Tehran: Author.
- Psychology and Counseling Organization [PCOIRI]. (2007). *Code of Ethics*. Retrieved 08 20, 2013, from Institutes for the Humanities and Cultural Studies: <http://www.ensani.ir/storage/Files/20101006204312-%20مشاوره%20و%20روانشناسی%20نظام%20سازمان-20%20جمهوری%20ایران%20اسلامی%20ایران.pdf>
- SN. (2011, Feb 23). *Iran needs 17000 psychologists*. Retrieved 12 21, 2012, from Salamat News: <http://salamatnews.com/viewNews.aspx?ID=24813&cat=8>
- Sullivan, K. (2002). Australian psychologists' ethical beliefs and behaviours. *Australian Psychologist*, 37(2), 135-141.
- Tehran University of Medical Science. (2012). *Profile of clinical psychology training, Master Batch*. Retrieved Dec 23, 2012, from Vice Chancellor for Education: Tehran University of Medical Science: <http://education.tums.ac.ir/content/?contentID=423>
- Tribe, R., & Morrissey, J. (2005). *Handbook of professional and ethical practice for psychologists, counsellors and psychotherapists*. Hove and New York : Brunner Routledge, Taylor & Francis Group.
- Zhizhong, K. (2010). *Ethics of psychological practice: Comparative study of Chinese certified psychological counselors and American psychological counselors (Unpublished master's thesis)*. Assumption University, Bangkok, Thailand.

Table 1: Psychologists' Report of Frequency of Occurrence and Their Beliefs about the Ethicality of 93 Behaviors (Percentages)

	Frequency of Occurrence						Ethicality					
	5	4	3	2	1	NA	5	4	3	2	1	NA
1 I establish a friendly relationship with my former client.	4.1	11	26.2	32.2	25.9	0.6	14	6.3	13.2	40.8	19.8	9
2 I obtain informed consent and explain about psychotherapy methods.	17.4	22	31.4	18.2	9.4	1.7	29.8	14.3	9.4	30	10.2	6.3
3 I give my client a hug (same sex).	2.8	5.8	17.1	33.6	39.7	1.1	11	10.7	12.4	35	5.9	5
4 I file an ethics complaint against a colleague.	0.6	3.9	14.3	21.2	54.5	5.5	5.5	3	12.7	26.4	42.7	9.6
5 I break confidentiality if a client is homicidal.	38.8	15.7	16.8	10.7	14.6	3.3	44.4	9.6	10.5	19	11.3	5.2
6 I provide therapy to one of my friends.	17.1	25.1	33.1	16.8	5.8	2.2	27	16	9.9	32.2	7.2	7.7
7 I tell my client: "I'm attracted to you".	2.8	5.8	21.2	20.9	47.7	1.7	8.3	5.5	11.8	27.5	40.8	6.1
8 I tell my client that I'm angry at him or her.	1.9	2.8	25.9	35	32.2	2.2	6.1	5	14.6	43	25.3	6.1
9 I see a minor client without parental consent.	13.2	14.3	27.3	25.6	17.9	1.7	16.8	8.8	18.5	29.5	18.5	8
10 I accept a client's gift worth at least \$40 (1,000,000 Rial).	1.9	3.3	13.5	19.6	58.4	3.3	5.5	4.4	9.6	24.2	48.8	7.4
11 I charge a client no fee for therapy.	2.2	6.1	43.3	29.5	14.6	4.4	12.4	8.8	11.3	46	13.2	8.3
12 I allow my client to do difficult psychometric tests at home.	2.2	3.3	19	17.4	55.4	2.8	3.9	4.1	8.5	24.2	51.5	7.7

Table 1: Psychologists' Report of Frequency of Occurrence and Their Beliefs about the Ethicality of 93 Behaviors (Percentages)

		Frequency of Occurrence						Ethicality					
		5	4	3	2	1	NA	5	4	3	2	1	NA
13	I lead social groups for self-improvement with current clients.	7.4	12.7	29.2	23.7	22.9	4.1	19.3	10.7	17.1	32.2	11.3	9.4
14	I accept only male or female clients.	15.4	12.4	13.8	11.6	43.5	3.3	18.5	9.1	10.7	19.8	33.3	8.5
15	I accept goods as payment.	1.1	1.4	13.8	13.2	67.2	3.3	3	3.3	12.7	23.7	49.3	8
16	I use self-disclosure as a therapy technique.	1.9	6.6	27.8	30	30.6	3	11	7.2	14.6	37.5	21.8	8
17	I invite clients to a party or social event.	1.7	3.6	16.5	21.2	53.2	3.9	5	3.9	14	30.3	39.9	6.9
18	I break confidentiality if a client is suicidal.	30	14.9	16.3	22.3	13.5	3	34.2	7.7	10.5	26.7	14	6.9
19	I permit clients to read their chart notes.	5	6.1	11.6	25.9	48.2	3.3	6.1	4.1	11.3	24.2	46.6	7.7
20	I provide therapy to my student or supervisee.	18.7	14.3	32.8	17.6	10.7	5.8	28.7	12.1	17.1	24.2	8.5	9.4
21	I call a client by his or her first name.	8.5	23.7	13.1	20.7	13.8	1.9	16.5	18.7	11.8	34.7	12.4	5.8
22	I work when too distressed to be effective.	4.4	9.9	25.1	24.8	33.1	2.8	4.7	8.8	27.8	21.8	27.8	9.1
23	I ask a favor (e.g., a ride home) from a client.	0.6	3.9	8	16.8	69.4	1.4	3.6	3	8.5	18.2	60.9	5.8
24	I sell goods to clients.	1.1	2.5	3.6	7.7	83.5	1.7	3	3	8	10.2	70.5	5.2
25	I kiss my client (same sex).	3.3	4.4	20.4	29.2	40.8	1.9	8	6.9	10.2	35	35.3	4.7
26	I cry in the presence of a client.	0	3	5.5	14.9	73.3	3.3	6.1	2.5	8.8	17.4	59.8	5.5
27	I make sexual relationships with a former client.	0.8	0.6	6.1	8.5	81	3	2.5	1.4	2.8	8.8	79.6	5
28	I terminate therapy if a client cannot pay.	24.2	3.6	12.4	24.2	53.7	3.9	3.3	1.9	9.9	23.7	54.3	6.9
29	I allow clients to have access to testing reports.	25.6	9.6	15.7	25.6	39.7	3.6	6.6	6.6	13.8	30.6	35.3	7.2
30	I lend money to a client.	30.3	2.5	11.6	30.3	50.1	4.4	4.1	2.8	15.7	33.1	37.2	7.2
31	I break confidentiality to report child abuse	14	12.7	22.9	14	17.4	3.3	32.5	8.3	14.3	22.9	15.2	6.9
32	I accept a client's decision to commit suicide	11.8	4.4	11	11.8	66.4	5	6.1	2.5	6.1	18.7	58.7	8
33	I help a client file a complaint against a colleague.	31.1	3.3	12.9	31.1	47.4	4.1	4.4	3.3	14.3	32.2	37.5	8.3
34	I allow my client to address me by my first name.	21.5	10.5	17.1	21.5	44.9	3.3	8.3	6.9	14.6	24.5	38.6	7.2
35	I borrow money from a client.	7.7	1.7	6.3	7.7	80.7	2.5	2.8	3	9.6	11.8	67.5	5.2
36	I tell clients that I'm disappointed in them.	28.4	1.9	15.7	28.4	49.3	3.6	3.9	3.6	10.2	33.1	43.3	6.1

Table 1: Psychologists' Report of Frequency of Occurrence and Their Beliefs about the Ethicality of 93 Behaviors (Percentages)

		Frequency of Occurrence						Ethicality					
		5	4	3	2	1	NA	5	4	3	2	1	NA
37	I raise the fee during the course of therapy.	16.8	1.7	14.6	16.8	63.1	3.3	1.9	2.5	7.4	20.9	60.1	7.2
38	I use a different therapy approach without supervised practice.	29.5	7.7	17.6	29.5	40.8	2.5	3.9	5.2	15.7	26.2	43.5	5.5
39	I allow clients to have access to raw test data.	20.1	5.2	16.8	20.1	47.9	4.7	4.4	6.1	14	21.8	45.7	8
40	I break confidentiality if my client is a thief.	18.5	17.6	18.5	18.5	14.6	3.9	22.3	7.2	18.5	23.7	16	7.4
41	I provide therapy to one of my employees.	20.1	16.8	35.8	20.1	14	5.5	18.7	10.2	16.8	35	10.5	8.8
42	I allow a client to talk about erotic activities.	20.9	10.7	25.9	20.9	23.7	4.7	17.9	4.7	19.8	29.5	21.2	6.9
43	I discuss clients (without names) with friends.	27.8	13.8	30.3	27.8	11.8	1.9	23.4	11.8	11.3	33.6	12.9	6.9
44	I give advice on the radio, TV., etc.	27	7.7	16.5	27	37.2	7.7	13.5	10.7	15.2	27	23.4	10.2
45	I provide therapy to one of my family members.	21.8	14	30.6	21.8	10.2	3	25.6	13.8	14.3	29.8	9.9	6.6
46	I allow a client to run up a large unpaid bill.	37.7	5.2	27	37.7	25.6	3	3.9	7.2	16.6	48.5	17.1	6.6
47	I give a gift worth at least \$40 (1,000,000 Rial) to a client.	16.8	1.9	7.2	16.8	71.3	2.5	3.3	3.9	9.9	22.6	53.2	7.2
48	I have a supervisor criticize me directly and seriously in a supervisory program.	35.8	2.2	13.2	35.8	36.9	9.9	10.7	7.2	21.8	26.7	21.5	12.1
49	I provide special consultation outside my areas of competence.	35	2.5	16	35	42.7	3	2.2	3.3	9.1	23.7	54.8	6.9
50	I accept a client's invitation to a party.	28.1	2.5	12.7	28.1	52.1	3.6	2.5	5.2	12.1	30	42.1	8
51	I disclose a diagnosis to a client.	18.2	19.3	30	18.2	16.8	2.2	18.5	12.9	15.7	30	16.8	6.1
52	I have a supervisor consider my actual performance. for evaluation	17.4	14	27.5	17.4	23.1	5.8	24.8	10.2	15.2	24.2	15.7	9.9
53	I take part in a client's special event (e.g., wedding).	35.3	3.6	17.9	35.3	37.7	2.2	10.5	5.8	14.3	35	29.5	5
54	I use others' views in my articles without citing their name.	26.4	4.1	14.6	26.4	49	3	4.7	3.9	8	24.5	53.4	5.5
55	I had a client who intended to establish a relationship with me.	18.5	8.5	31.1	18.5	34.7	3.6	1.4	3.3	13.8	17.9	55.9	7.7
56	I propose marriage to my client.	8.3	1.9	5.5	8.3	79.3	3.9	2.5	3.3	6.3	14.3	66.7	6.9
57	I directly advise others to enter consultation.	3.9	11.8	25.1	28.9	25.6	4.7	13.2	9.6	12.7	31.4	34.5	8.5

Table 1: Psychologists' Report of Frequency of Occurrence and Their Beliefs about the Ethicality of 93 Behaviors (Percentages)

		Frequency of Occurrence						Ethicality					
		5	4	3	2	1	NA	5	4	3	2	1	NA
58	I don't break confidentiality if a client is HIV positive.	46	16.3	15.7	10.5	7.2	4.4	45.2	9.1	8.3	19	9.9	8.5
59	I earn a salary which is a % of my clients' fees.	16.8	13.2	25.1	14.6	20.1	10.2	30	8.8	15.7	15.2	16.8	13.5
60	I provide marriage therapy without special training.	0.8	3.9	15.4	29.5	45.7	4.7	4.7	2.8	9.6	24.8	50.7	7.4
61	I accept a gift worth less than \$20 (500,000 Rials) from a client.	1.4	3	16.8	25.6	49	4.1	7.7	4.1	12.9	25.6	43.8	5.8
62	I hospitalize involuntary clients.	0.3	2.8	24.5	25.9	39.1	7.4	5.5	3.9	14.9	33.1	32.5	10.2
63	I discuss a client (by name) with friends.	3	3.3	14.9	16.8	57	5	5.2	3.6	8.3	17.6	58.1	7.2
64	I've worked as a supervisor without experience and enough training.	3.6	3.9	10.2	19	55.9	7.4	5.8	4.1	10.5	14.3	55.6	9.6
65	I offer or accept a handshake from a client (same sex).	27.3	23.1	22.6	14.9	8	4.1	40.5	11.8	11	22.3	7.7	6.6
66	I use others' words to create my verbal presentation.	7.4	17.9	44.4	17.4	6.9	6.1	19.3	11	25.1	27.8	8.5	8.3
67	I avoid certain clients for fear of being sued.	6.9	9.6	25.6	32.2	19.8	5.8	7.2	8.5	15.4	33.3	27.3	8.3
68	I give gifts to those who refer clients to me.	1.1	3.3	9.1	19.3	62.8	4.4	3.6	4.4	10.5	18.7	55.4	7.4
69	I give my home or mobile number to my client.	5.5	3.6	15.2	30.6	40.8	4.4	7.4	3.9	12.4	36.9	32	7.4
70	I provide online therapy by using Skype, video call, or chatting.	6.3	5	16.8	22.3	44.9	4.7	16.3	5.8	16	26.4	28.7	6.9
71	I have lunch or coffee with one of my clients.	4.1	4.7	16.5	32.5	38.6	3.6	8.3	6.9	14	35	29.5	6.3
72	I allow my secretary to have access to clients' files.	8.5	7.4	15.7	21.5	42.1	4.7	8.5	9.1	13.2	23.4	37.7	8
73	I tell a client about limitations of confidentiality.	18.5	11.8	22.9	26.4	15.4	5	18.2	10.7	15.4	28.4	20.1	7.2
74	I publish a multiple-authored article in my name.	0.8	2.2	3.9	14.3	73.8	5	3	1.4	6.3	12.9	70.2	6.1
75	I use my social network to help a client to get a job.	1.9	11	23.7	33.9	25.1	4.4	13.2	7.7	12.1	38.3	21.8	6.9
76	I had a supervisor prepare a schedule for providing feedback to me.	5	9.1	16.5	23.7	33.6	12.1	12.7	6.9	20.7	24.5	20.1	15.2
77	I go into business with a former client.	1.1	1.9	7.2	19.3	64.5	6.1	5.2	4.4	11.3	22.9	47.1	9.1

Table 1: Psychologists' Report of Frequency of Occurrence and Their Beliefs about the Ethicality of 93 Behaviors (Percentages)

		Frequency of Occurrence					Ethicality						
		5	4	3	2	1	NA	5	4	3	2	1	NA
78	I charge clients for missed appointments.	3.9	7.2	14.3	17.4	50.4	6.9	9.9	5.5	13.5	22	40.8	8.3
79	I give my home or mobile number to a suicidal client.	15.7	12.4	26.4	21.5	20.4	3.6	27.3	6.6	14.9	30	16.3	5
80	I give counseling records or information of minors to their parents.	3	1.9	14	26.4	50.4	4.1	4.4	6.1	10.7	27.3	45.5	6.1
81	I send holiday greeting cards or messages to my clients.	1.7	2.2	14	26.4	50.7	5	6.9	5.2	12.4	34.7	34.7	6.1
82	I have had a client or his/her family file a complaint against me.	0.6	2.2	5	21.5	67.8	3	9.4	7.4	11.3	21.8	39.4	10.7
83	I provide therapy without informed consent.	13.5	24	19	19	20.9	3.6	13.2	8.3	27	22.6	21.5	7.4
84	I go into business with a current client.	0.8	1.9	7.2	18.5	68.6	3	5.5	2.5	10.7	24	50.4	6.9
85	I have disclosed a client's confidential data unintentionally.	1.1	3	10.7	29.8	49.3	6.1	3.6	9.6	8	16.8	60.9	8.8
86	I use psychometrics tests which are downloaded from the Internet.	2.5	7.7	21.8	27.5	38	2.5	11.3	9.1	11	30.9	32	6.9
87	I engaged in a sexual fantasy about a client.	0.3	1.1	11.8	27.5	56.5	2.8	3	1.9	8.5	19.6	60.9	6.1
88	I provide therapy while under the influence of alcohol.	0.6	0.6	3	7.2	85.7	3	2.8	1.9	1.9	8	79.9	5.5
89	I receive a fee in cases of referring clients to someone.	1.1	4.4	14	16.8	61.2	2.5	5.5	5.5	7.4	20.1	55.6	5.8
90	I obtain informed consent before any intervention.	12.9	15.2	24.5	22.6	19.3	5.5	23.7	12.4	17.1	26.4	11.3	9.1
91	I accept homosexuals or transgender as a client.	12.4	10.2	18.2	10.5	14	34.7	19.3	8.3	17.9	13.8	5.8	35
92	I treat homosexuality per se as pathological.	7.2	10.2	19.3	12.7	25.9	24.8	15.2	7.2	24.5	13.5	12.9	26.7

Note: Frequency of Occurrence: 5=very often, 4=fairly often, 3=sometimes, 2=rarely, 1=never, NA=not applicable; Ethical?: 5=unquestionably yes, 4=under any circumstances, 3=don't know/not sure, 2=under rare circumstances, 1=unquestionably not, NA=not applicable.

Table 2: Participant Ratings of Effective Sources of Information (percentages)

Sources of Information	Terrible 1	Poor 2	Adequate 3	Good 4	Excellent 5
Your internship	2.8%	3.4%	14.7%	30.4%	48.6%
Your graduate program	4.4%	10.4%	16.5%	27.5%	41.1%
Agencies for which you work	1.6%	9.8%	27.8%	31.6%	29.1%
The IPA	2.2%	7.6%	27.2%	35.4%	27.5%
PCOIRI	3.6%	8.7%	25.6%	28.5%	33.7%
Codes of conduct (Iran)	5.3%	12.6%	32.9%	28.2%	20.9%
Published research	3.2%	14.9%	26%	32.8%	23.1%
Colleagues (friends)	4.9%	18.5%	29.2%	29.5%	17.9%
Court decisions	11.8%	23.9%	34.3%	17%	13.1%
IR Iran's laws	18.9%	16.6%	33.9%	18.6%	12%
The APA ethical code or ethical codes of other countries	7.5%	13.1%	37.3%	22.9%	19.3%