

Comparison of Perceptions of Ethical and Unethical Behaviour of Psychologists

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Declarations

Statement of Originality

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library*, being made available for loan and photocopying subject to the Copyright Act 1968.

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Acknowledgement of Collaboration

I hereby certify that the work embodied in this thesis has been done in collaboration with other researchers. I have included as part of this thesis a statement clearly outlining the extent of collaboration, with whom and under what auspices.

This work was a collaboration between Associate Professor Sean Halpin (research supervisor), and I, Joshua Caban (student researcher). The overall concept for this study was developed in collaboration. I completed the literature review, data collection, analysis, and majority of writing. My supervisor, A/Prof. Sean Halpin, aided with the analysis, interpretation, and writing as well. A/Prof. Halpin created the clinical vignettes used for the study, whilst I sourced the personality and personal values measures.

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Formatting Style Used in This Thesis

This thesis is formatted according to the *Publication Manual of the American Psychological Association (APA), seventh edition*. The manuscript was formatted for submission to Clinical Psychology, in line with the submission guidelines and instructions which are contained in Appendix A. The aim and scope of Clinical Psychology, which outlines why this journal was identified as an appropriate choice, is provided in Appendix B.

Comparison of Perceptions of Ethical and Unethical Behaviour of Psychologists

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Abstract

Objective: Improved understanding of how the ethical behaviour of psychologists is perceived by the general public, psychology students and registered psychologists could hold implications for how regulatory agencies manage complaints, as well as for education and professional training. The current study explored how different populations perceived psychologist behaviours and aimed to identify predictors of accuracy in recognising ethical behaviours.

Method: A cross-sectional online survey was completed by 738 participants, including 104 psychologists, 118 psychology students and 516 members of the public. Participants provided demographics and completed measures of personality and personal values. Participants then read ten vignettes outlining ethical dilemmas, rating whether the psychologist's behaviour presented in each vignette was ethical or unethical.

Results: Psychologists performed better than psychology students and general public on measures of overall accuracy. Agreeableness and emotional stability were significant predictors of overall accuracy. Emotional stability and security were significant predictors for psychology students, whereas age and hedonism were positive and negative predictors respectively for the general public.

Conclusion: Psychologists were more accurate in rating ethical behaviours compared to psychology students and the general public. Whereas the students and public performed reasonably well, further education could improve awareness of the ethical principles that guide psychologist behaviour.

Keywords: ethics; ethical behaviour; psychologist; psychology; Australia

Comparison of Perceptions of Ethical and Unethical Behaviour of Psychologists

Introduction

Health practitioners in Australia are governed by the Health Practitioner Regulation National Law Act (2009), which established a national registration and accreditation scheme for health practitioners, including Psychologists. This act enhances public protection by ensuring that health practitioners obtain adequate training and qualifications to practice in a professionally competent and ethical manner. Practising psychologists are governed by the Psychology Board of Australia (PsycBA), one of the fifteen boards of the Australian Health Practitioner Regulation Agency (AHPRA) (AHPRA, 2017).

Australian psychologists are bound by ethical and professional standards that guide expected behaviours. These standards are implemented to protect the public from harm that results from the malpractice and misconduct of psychologists. Without regulation, the profession of psychology, as well as the general public, could be at risk of misappropriation and exploitation (Australian Psychological Society [APS], 2016). Additionally, psychologists in Australia are required to commit to a code of ethical conduct which outlines the necessary standards of care and professionalism they must adhere to whilst practising (APS, 2007). Set out in the APS Code of Ethics are three general principles to which Psychologists are bound: respect for the rights and dignity of people and peoples, propriety, and integrity. These principles allow for the protection of the public, individual psychologists, their colleagues, and the psychological profession itself (APS, 2007). Internationally, the *Canadian Code of Ethics for Psychologists* (CCEP, (Canadian Psychological Association, 2017)) outlines standards not dissimilar to the APS Code of Ethics (e.g., confidentiality, respect, and integrity), though these standards are ranked in order of importance. A recent study explored how

the general public perceived these ranked standards (Gothjelpsen & Truscott, 2018). Participants were asked to decide whether psychologists' behaviours, outlined in a vignette, were ethical or unethical. This study measured consistency; that is, if a participant reported a behaviour was ethical and it was congruent with the Code of Ethics, they were allotted a point (the reverse was true for unethical behaviours). From this, researchers were able to determine which of the four ranked ethical principles were perceived as most important by the Canadian general public. It was found that Canadians viewed the ethical values of the psychology profession differently than those who developed the CCEP. Specifically, the Canadian public valued integrity in relationships (i.e., honesty and openness) more than the CCEP, and they valued respect for the dignity of person and peoples less than the CCEP.

From the AHPRA Annual Report 2019/20 (AHPRA, 2020), there were 40,517 registered psychologists in Australia, an increase of 7.2% compared to 2018/19, making up approximately 5% of all registered health practitioners in the country. Even with the presence of ethical standards and guidelines, psychologists are faced with managing ethical dilemmas in their daily duties. Some common areas in which ethical dilemmas arise include fee arrangements, receiving gifts, choosing appropriate therapeutic approaches and dual relationships (Brown & Trangsrud, 2008; Politis & Knowles, 2013; Scopelliti et al., 2004). There were over 700 notifications/complaints about the conduct of practicing psychologists lodged with AHPRA in the 2019/20 period (AHPRA, 2020). The majority (66%) of notifications were made by patients, relatives of patients, or members of the public, whereas approximately 14% were made by colleagues of practicing psychologists. The majority of complaints were made related to issues of clinical care (e.g., therapeutic approach and standards of care), communication and confidentiality. Approximately 10% of notifications were made in response to perceived

boundary violations. These notifications resulted in impositions being placed on practising psychologist's registration, cautions or reprimands or suspension/cancellation of registration. However, most notifications (72%) resulted in no further action being taken by regulatory authorities. This means that those who received and/or investigated a notification deemed it unnecessary or inappropriate to impose any consequences on the practising psychologist. The high number of 'no further action' responses to notification seems to raise a question: do those people who have made complaints, be it the general public, clients, or practitioners, have a sound understanding of what is deemed by authorities, such as AHPRA, to be ethical or unethical psychologist behaviour?

The way a psychologist responds to an ethical dilemma is strongly guided by the formal ethical standards; however, there are other factors that may influence a psychologist's behaviour, including protecting clients' interests, upholding personal standards, and protecting clients' rights (Politis & Knowles, 2013). Psychologist behaviours are also influenced by personal/professional ideological stance, compassion, anxiety, level of formal training, law, morality, and personal values (Verges, 2010; Lincoln & Holmes, 2010; Boyle & Gamble, 2014; Kampf et al., 2008; Grace et al., 2020). It has been reported that there is more weight given to adhering to the standards set out in the APS Code of Ethics in the decision-making process than other contextual variables (Politis & Knowles, 2013).

A recent study explored ethical competence and the role of personality and personal values in ethical decision making (Pohling et al., 2016). When discussing the model of ethical decision making (Rest, 1986), Pohling et al. (2016) outlined the four-component model, comprised of moral cognition processes (i.e., moral sensitivity and moral judgement) and moral conation processes (i.e., moral motivation and the practice

of moral behaviour). As noted in their research, the terms “moral” and “ethical” are commonly used interchangeably throughout ethical decision-making literature (Pohling et al., 2016). Hannah et al., (2011) proposed an expansion to the ethical decision-making model, suggesting that for individuals to effectively enact the above processes they must have moral maturation (i.e., ability to attend, store and process morally relevant information) and moral conation (i.e., ability to take moral action in the face of adversity). Pohling et al. (2016) explored the influence of personality and personal values on ethical competence (using moral cognition and conation as outcome variables). Personal values of higher universalism and benevolence were indicative of higher moral cognition, whereas higher power and conformity were indicative of lower moral cognition. Higher tradition, conformity and benevolence scores were related to higher moral conation, whereas higher hedonism and stimulation scores were indicative of lower moral conation scores. When exploring personality, Pohling et al. (2016) reported that high agreeableness and high conscientiousness were indicative of higher moral conation scores. High neuroticism/low emotional stability was also correlated with lower moral conation scores. Higher openness to experience was associated with higher moral cognition scores.

Another recent study explicitly explored hedonism, the personal value that Schwartz (1992) described as an individual’s prioritisation of pleasure as a goal, compared to other possibly important goals (i.e., conformity, tradition, achievement). This study sought to explore the moral profile of these so-called ‘pleasure seekers’ (Ksendzova et al., 2015). Findings from this study indicated that those who value pleasure differed in their own moral principles when compared to those who value other goals (e.g., universalism); specifically, those with higher hedonism placed less emphasis on obeying authority and self-control.

There is a paucity of Australian research exploring perceptions of acceptable and unacceptable behaviours of psychologists. In the context of psychological practice, unethical behaviours can lead to a psychologist having a complaint made against them by a client, colleague or member of the public who recognises this behaviour as unethical. Generally, a psychology session comprises of a treating clinician and client. So, if the treating clinician acts unethically, any reporting of this behaviour relies first on whether this behaviour is recognised as unethical, and then on whether the client knows how to actually make a report. Thus, it is important to understand the extent to which members of the public can accurately recognise what does or does not constitute ethical behaviour. Research related to the public perception of the APS Code of Ethics itself is scarce; indeed, no studies were found that could be included for this project. There is also limited research examining the influence of personality, personal values, and level of training on the ethical decision making of psychologists, both practising and currently in training.

Thus, the aim of this study was to explore perceptions of what is considered ethical and unethical psychologist behaviours (as defined by the APS Code of Ethics). We aimed to explore and compare the perceptions of the general public, psychology students, and registered practising psychologists. This aim was largely exploratory in nature due to the lack of literature. However, considering international literature (e.g., Gothjelpsen & Truscott, 2018), we expected there would be differences in perception of ethical behaviours between registered psychologists, psychology students, and the general public due to differences in levels of formal training regarding the professional and ethical practice in psychology. Specifically, we expected there would be increasing stepped differences between general public, psychology students and practising psychologists' accurate recognition of what constitutes ethical behaviours. We also

aimed to explore whether participant self-report measures of personal values and personality predicted ratings of perceived ethical and unethical behaviour. This aim was also exploratory in nature, though it was hypothesised that higher hedonism scores would be a negative predictor and higher emotional stability would be a positive predictor, of accuracy ratings of perceived ethical behaviours, given findings from Pohling et al., (2016) and Ksendzova et al., (2015).

Materials and Methods

Design

The overarching research project utilised an anonymous cross-sectional with a mixed methods design to collect information on participants' perceptions of the behaviour of psychologists. The survey was created and administered using the web application, LimeSurvey, which was hosted on a secure University of Newcastle server. This project was approved by the University of Newcastle's Human Research Ethics Committee, Approval No. H-2020-0221 (see Appendix C). The current paper reports on the quantitative findings of the project.

Research Sample

Participants were recruited from three separate groups: registered psychologists (practising), undergraduate and postgraduate psychology students from the University of Newcastle (New South Wales, Australia) and the general public. Practising psychologists were recruited through a professional emailing list whose administrator granted approval to disseminate the survey (see Appendix D for the consent email for this method). Undergraduate psychology students were recruited via the University of Newcastle Research Participation System (SONA). Postgraduate students were

recruited via Facebook advertising, as well as the above mailing list. The general public was recruited via Facebook advertising (See Appendix E for the poster used for advertising). Facebook advertising was targeted at those that met the inclusion criteria of being aged 18 years and older, and residing in New South Wales, Australia.

Undergraduate psychology students received course credit via SONA for participating in this study as a part of the requirements of their respective courses. Practising psychologists, postgraduate students and the wider general public were eligible to be entered into a random draw for a single gift-card (the value of \$50). A post-hoc power analysis completed using achieved effect-size (0.17) and overall sample size (737) yielded a power of 0.99.

Procedure

Participants were initially presented with a brief written advertisement delivered via the professional mailing list, Facebook advertising, or SONA. This advertisement contained a link to the information statement outlining data collection procedures, and privacy of data, including collection, storage, use and destruction. The information statement outlined that the study aimed to understand which factors are associated with ratings of ethical and unethical behaviours in the practise of psychology (see Appendix F for the full information statement). Participants provided implied consent to participate by clicking to continue to the main survey, and then responded to measures. Upon completion of the survey participants were directed to an exit page that included a link and phone number to Lifeline, as well as a link to AHPRA's website in case participants had concerns about the behaviour of a psychologist (or other health professional). The full survey is presented in Appendix G.

Data Collection Tools

Demographics

A range of participant demographics were collected, including age, gender, sexual orientation, level of education, employment status, country of birth, Aboriginal and/or Torres Strait Islander identification and primary language spoken. Participants indicated whether they currently or previously studied psychology (including year of enrolment and highest psychology qualification to date). Participants indicated whether they were practising psychologists or not, and their length of practice. Participants indicated whether they had seen a psychologist in the past for any reason and rated how satisfied they were with their overall experience of seeing a psychologist using a Likert scale ranging from 1 (very unsatisfied) to 5 (very satisfied).

Personal Values

Participants' personal values were measured using the Twenty Item Value Inventory (TwIVI; Sandy et al., 2017). The TwIVI is a 20-item measure of Schwartz's values (Schwartz, 2012), and assesses the ten basic personal values that are cross-culturally recognised. Participants rated each item on a 5-point Likert scale ranging from 1 (not like me at all) to 5 (very much like me). Each personal value had two corresponding questions, and overall scores were the average of responses on both questions related to each value. Higher scores indicated greater endorsement of each personal value. The TwIVI demonstrated adequate convergent and discriminant validity, as well as sound reliability (see Sandy et al., 2017). A measure of internal consistency on the measure as used in this study yielded a Cronbach's Alpha of 0.76.

The ten personal values explored include: Self-direction, which is the value of how important independence and autonomy is; Stimulation, which is the value of

excitement and challenge in life; Hedonism, the value of pleasure and self-gratification; Achievement, the value of personal success through competence; Power, the value of social status, prestige, or dominance; Security, which indicates how important safety and stability are for an individual; Conformity, which refers to the extent a person values social norms and expectations; Tradition, which relates to the weight given onto respect, commitment, and culture by an individual; Benevolence, which indicates how important the welfare of others is for an individual; and, Universalism, which refers to how much one appreciates and tolerates the welfare of all people and/or nature (Schwartz, 2012).

Personality

Participants' personality was measured using the Ten-Item Personality Inventory (TIPI; Gosling et al., 2003). The TIPI is a 10-item measure in which each item represents a pole of each Big Five personality dimension: agreeableness, extraversion, conscientiousness, emotional stability and openness to experience. Participants rated the extent to which a pair of traits applied to them using a 6-point Likert scale ranging from 1 (disagree strongly) to 6 (agree strongly). Each personality domain had two corresponding questions, and overall scores were the average of responses on both questions related to each value. Higher scores indicated greater endorsement of each personality domain. The TIPI demonstrated adequate convergent and discriminant validity, and sound test-retest reliability (see Gosling et al., 2003). A measure of internal consistency on the measure as used in this study yielded a Cronbach's Alpha of 0.60.

Perception of Ethical Behaviours

A series of ten vignettes were created by an experienced clinical psychologist, and independently reviewed by clinical psychologists not involved in the research team.

The vignettes were reviewed by experienced clinical psychologists to ensure they were aligned with the APS Code of Ethics (2007). Each vignette described a scenario in which a psychologist acted in either an ethical or unethical manner (as defined by the APS Code of Ethics), with the theme of each chosen to represent a scenario commonly experienced by psychologists. The vignettes were approximately two-three sentences long, and had a readability scores between 32.6 and 55.7. There were five main themes for the vignettes, each theme including an ethical and unethical example. The five themes included involved dual relationships, receiving gifts from clients, claiming through the Medicare system, intimate relationships, and provision of evidence-based intervention. The vignettes were created to be somewhat ambiguous to not only match the everyday ethical dilemmas that psychologists face but also to induce deep thinking by the participants. Participants were to decide whether the psychologist's behaviour in each vignette was ethical, probably ethical, probably unethical, or unethical. The ten vignettes were all presented to participants in random order (see Appendix G).

Participant ratings of the vignettes were scored using two methods. The first method of scoring incorporated both accuracy and confidence of the rating. For the ethical vignettes, participants scored 1 for responding "definitely unethical"; 2 for responding "probably unethical"; 3 for responding "probably ethical" and 4 for responding "definitely ethical". For the unethical vignettes, participants scored 1 for responding "definitely ethical"; 2 for responding "probably ethical"; 3 for responding "probably unethical" and 4 for responding "definitely unethical". Participants' ratings using the first scoring method resulted in an overall score ranging from 10 to 40. The second method of scoring removed the contribution of certainty, with the vignettes scored dichotomously (correct/incorrect). Correct responses received a score of 1, whereas incorrect scores received a score of 0, resulting in an overall score between 0-

10.

Data Analysis

Data were analysed using IBM SPSS Statistics Version 25 (International Business Machines Corporations, 2017). Descriptive statistics were used to describe sample characteristics and participants responses on the TwIVI and TIPI. Analyses of variance were used to compare each group's responses on the ethical vignettes. Correlation and regression analyses were used to explore the relationships and/or predictive value of personal values and personality on selection of ethical behaviours. The population groups were coded into three variables: practising psychologists, psychology students, and the general public.

Results

A total of 907 participants accessed the created survey. After inclusion criteria were accounted for and incomplete responses were removed, a total of 738 complete entries remained for data analysis (see Table 1). (Incomplete responses were those in which a participant commenced the first page of the survey but did not proceed further to complete the measures of interest). The sample population were approximately representative of the Australian population across most variables, except for gender. According to the available data from the Australian Bureau of Statistics (ABS), this sample was more educated than expected, and there was a higher unemployment rate (ABS, 2021; ABS, 2017). Though, not having an option for 'retired' included in the survey and directly targeting students and practising psychologists for participation may have influenced these statistics.

Table 1 presents the demographic information of the entire sample, along with demographics broken down by participant groups. Of the total sample, ages ranged

from 18-78 years, with a mean of 37 years and median of 34 years ($SD = 13.98$). The majority of participants identified as female, and most participants identified as straight. More psychologists identified as straight, when considering frequency statistics, compared to students and the general public. The bulk of participants were born in Australia and were from English speaking homes. Approximately 2.8% of the sample identified as Aboriginal and/or Torres Strait Islander. Over half of participants had completed a tertiary education degree. The majority of participants were engaged in some form of employment. Most participants had never studied psychology in the past. Most participants had seen a psychologist in the past, with more than half either “satisfied” or “very satisfied” with their experience. Postgraduate students who were also practising as a psychologist were included in the ‘Practising Psychologist’ population group.

[Table 1]

Population Differences in Perceived Ethical Behaviours

Overall Accuracy in Rating Vignettes

A one-way between subjects ANOVA was conducted to examine the relationship between sample group (i.e., general public, psychology students and psychologists) and overall accuracy in ratings of the vignettes. One participant’s data was removed due to having incomplete data on several vignettes. Figure 1 plots the mean score of each population group.

[Figure 1]

Results indicated there was a significant effect of population type on overall accuracy: $F(2,734) = 75.15, p < 0.001$ (see Table 2).

[Table 2]

When looking at the mean differences between groups, using a Bonferroni post-hoc test, psychologists scored significantly higher than both the general public and psychology students, with mean differences of 2.77 and 3.64 respectively (both $p < 0.001$; see Table 3). Further, psychology students scored significantly higher than the general public, with a mean difference of 0.87 ($p < 0.05$).

[Table 3]

Dichotomised Accuracy

Another one-way between-subjects ANOVA was conducted to examine the relationship between sample group (i.e., general public, psychology students and psychologists) and mean accuracy when scores were dichotomised to remove the contribution of participant confidence in the rating. Figure 2 plots the mean score of each population group.

[Figure 2]

As shown in Table 4, there was a significant effect of population type on dichotomised accuracy: $F(2,734) = 62.38, p < 0.001$.

[Table 4]

Bonferroni post-hoc tests revealed that practicing psychologists scored significantly higher than both psychology students and the general public, with mean differences of 1.31 and 1.53 respectively (both $p < 0.01$; see Table 5).

[Table 5]

Personality and Values Sample Characteristics

Table 6 summarises the mean personality and personal values scores for each population group as well as the overall sample.

[Table 6]

Predictors of Perceived Ethical Behaviour

Included in Table 7 are correlations from a Pearson's Correlation analysis undertaken for all demographic, personality and personal values variables among the overall sample. Age, agreeableness, and emotional stability were all significantly and positively correlated to overall accuracy (all $p < 0.01$). Conscientiousness was significantly and positively related to overall accuracy ($p < 0.05$). Stimulation was negatively correlated to overall accuracy ($p < 0.05$), as was hedonism ($p < 0.01$). Age and emotional stability were both significantly positively correlated with dichotomised accuracy scores ($p < 0.01$), as were agreeableness and conscientiousness ($p < 0.05$). Stimulation, universalism, and hedonism were significantly negatively correlated with dichotomised accuracy scores ($p < 0.05$).

[Table 7]

There were no significant correlations when analysing only those participants who were practising psychologists. When exploring the data from those participants who were currently studying a degree in psychology, emotional stability was significantly and positively correlated to overall accuracy ($r = 0.21, p = 0.02$). Security was significantly and negatively correlated to overall and dichotomised accuracy scores ($r = -0.28, p < 0.01$ and $r = -0.24, p = 0.01$, respectively). When analysing the general public participant pool, hedonism was significantly and negatively correlated to overall and dichotomised accuracy scores ($r = -0.14, p < 0.01$ and $r = -0.11, p = 0.01$,

respectively). Further, stimulation was significantly and negatively correlated with overall accuracy scores ($r = -0.09, p = 0.05$). Age was also significantly and positively associated with overall and dichotomised accuracy scores ($r = 0.15, p < 0.01$ and $r = 0.12, p < 0.01$, respectively).

Regression Analyses

A series of multiple linear regression analysis were conducted on significant correlations as listed above; variables were entered using the standard method. When analysing predictor variables for overall ethics score accuracy, a significant model emerged: $F(6,730) = 6.28, p < 0.01$. This model explained 4% of the variance in overall accuracy (adjusted $R^2 = 0.04$). Table 8 gives information about regression coefficients for the predictor variable entered into the model. Both agreeableness and emotional stability were significant positive predictors of overall accuracy. Hedonism was not significantly associated at the .05 significant level. Conscientiousness, stimulation, and age were not significant predictors.

[Table 8]

When analysing predictor variables for dichotomised ethics scores for the overall sample, a significant model emerged: $F(7,729) = 3.81, p < 0.01$. This model explained 3% of the variance in dichotomised ethics scores (adjusted $R^2 = 0.03$). Table 9 gives information about regression coefficients for the predictor variable entered into the model. Emotional stability was a significant positive predictor of dichotomised accuracy ($p = 0.04$). Universalism was not significant at the 0.05 level ($p = 0.06$). Age, agreeableness, conscientiousness, hedonism, or stimulation were not identified as significant predictors.

[Table 9]

Regression analysis, akin to those above, were undertaken to assess the predictive value of those variables significantly correlated to overall and dichotomised accuracy scores, at each population level. As there were no significant correlates among those participants who were practising psychologists, no regression analysis was done.

There was a significant model identified for the general public group overall accuracy scores: $F(2,513) = 8.70, p < 0.01$. This model explained 3% of the variation in overall accuracy for the general public (adjusted $R^2 = 0.03$). Age was a significant positive predictor of overall accuracy score ($p < 0.01$) and hedonism was a significant negative predictor ($p = 0.01$). A significant model was also identified for dichotomised accuracy scores: $F(3,512) = 3.89, p < 0.01$. This model explained 2% of the variation in dichotomised accuracy scored (adjusted $R^2 = 0.02$). Age was a significant positive predictor of dichotomised accuracy within the general public ($p = 0.03$). Neither hedonism nor stimulation were significant predictors for dichotomised accuracy scores. Table 10 gives information about regression coefficients for the predictor variable entered into the model.

[Table 10]

There was also significant model identified for those participants who were currently studying psychology: $F(2,114) = 7.47, p < 0.01$. This model explained 10% of the variance in overall accuracy (adjusted $R^2 = 0.10$). Table 11 gives information about regression coefficients for the predictor variable entered into the model. Both emotional stability (positive) and security (negative) were significant predictors of overall accuracy. A significant model was also identified for dichotomised accuracy, $F(1,115) = 6.79, p = 0.01$. This model explained 5% of the variance in dichotomised accuracy

(adjusted $R^2 = 0.05$). Security was identified as a significant negative predictor of dichotomised accuracy scores ($p = 0.01$).

[Table 11]

Discussion

This study examined the perceptions of ethical behaviours of psychologists in Australia. More specifically, this study aimed to explore the perceptions of the general public, psychology students and practicing psychologists themselves. The main aims of the study were to explore whether there were any differences in what was deemed ethical psychologist behaviour between these three groups. Finally, this study also aimed to explore whether there were any significant predictors of how participants rated these behaviours.

The current study found, in support of the initial hypothesis, that there were significant differences between the three groups' ratings of ethical behaviours. Practising psychologists were, as expected, the most accurate in their ratings. They outperformed both psychology students and the general public regardless of whether the vignettes were scored using a method that included the contribution of confidence in the rating, or using a method where accuracy alone was considered. Psychology students were more accurate in their ratings of ethical behaviours when compared to the general public when confidence was included in the rating; however, when accuracy alone was considered psychology students and the general public performed at similar levels. This suggests that psychology students express more confidence than the general public when making ratings of ethical behaviours, but the actual accuracy is similar. It is likely that the high level of accuracy of professional psychologists reflects their greater level of formal training in ethical practice, as well as their professional experiences of

actually resolving ethical dilemmas within their work. Similarly, the greater confidence of psychology students compared to the general public is likely attributable to their higher level of training in ethics within psychology, albeit with less experience in practical application of the APS Code of Ethics compared to the professional psychologists.

Interestingly, when exploring the dichotomised accuracy means, all groups performed well. Practising psychologists, who clearly performed the best, were still not perfect, highlighting that even with extensive formal training and regard for the APS Code of Ethics (2007), they are fallible. Even with minimal-to-no formal training in ethical decision making, students and the general public were still able to decide whether a psychologist was acting within the ethical guidelines with around 70% accuracy. It is particularly vital for the general public to have the necessary skills to identify if a practitioner is behaving unethically, as the process for making notifications of unethical behaviours largely relies on clients identifying unethical behaviour and reporting it to the relevant authorities.

When exploring the predictive value of the variables assessed, a number of significant contributors to accurate perception of ethical behaviours were found. With regard to the overall sample, agreeableness and emotional stability were significant predictors of overall accuracy. Hedonism was trending towards being significant predictor of overall accuracy, though was not found to be significant at the 0.05 level. The positive predictive relationship found was akin to reports from previous research, for example, Pohling et al., (2016), in that higher agreeableness scores were indicative of higher accuracy in identifying ethical and/or unethical behaviours. The finding that emotional stability was a positive predictor of overall accuracy, was also in-line with Pohling et al., (2016). Emotional stability was also a positive predictor of dichotomised

accuracy, indicating that this result was not influenced by confidence in decision making.

The participants groups also varied when examining the predictive value of personality and values as applied to accuracy of ethical ratings. For psychology students, high scores on the emotional stability scale of the TIPI predicted greater accuracy, whereas high scores on the security scale of the TwIVI predicted less accuracy. However, only security remained as a significant (negative) predictor of accuracy when the contribution of confidence was removed. For the general public, both hedonism and age were correlated, and predictive of overall accuracy scores. However, only age remained as a significant (positive) predictor of accuracy when the contribution of confidence was removed. For practising psychologists, there were no correlations between either values or personality and accuracy. Further, personality traits and values were not predictive of accuracy. This suggests that psychologists might successfully put aside personal values and personality traits when making ethical decisions. This approach is often a key component of formal training in professional ethics, which often highlights the importance of self-awareness and self-reflection to minimise unconscious biases when making such decisions. This further corroborates previous research, suggesting that psychologists place emphasis on the standards set out in the APS Code of Ethics (Politis & Knowles, 2013).

The results of the current study were largely consistent with previous researchers. The predictive value of hedonism on overall accuracy, albeit only within the general public, somewhat corroborates the research of Ksendzova et al., (2015). They concluded that those who had more hedonistic values were less likely to endorse moral principles such as obeying authority, ingroup loyalty and self-control. However, they were more likely to endorse the moral principle of fairness. Ksendzova et al.,

(2015) also reported that those who have more hedonistic values feel more carefree in their daily activities. Further, it was also discussed in their research that those who value pleasure can be driven by impulsivity, emotional instability, and “perpetual dissatisfaction” (Ksendzova et al., 2015, p. 69). The latter assumptions made could be a reason why higher hedonism scores resulted in lower accuracy in deciding whether psychologists were acting in an ethical or unethical manner. Maybe ‘hedonists’ do not ‘care’ as much about the ethical behaviours of psychologists as much as those who scored higher on other values, or maybe, as a general rule, they assumed a more negative view of all behaviours, including those that were ethical, resulting in lower scores. These results could also be interpreted in corroboration with Pohling,

et al., (2016), in that hedonism was related to lower moral conation scores, that is, lower motivation to practice moral behaviours, including ethical decision making.

Similarly aligned with Pohling et al., (2016), results suggested that emotional stability was a positive predictor of accuracy scores amongst psychology students. Pohling et al., (2016) had suggested a negative relationship between emotional stability (neuroticism) and moral conation (motivation and practice of moral behaviour). Pohling et al., (2016) used the German adaptation of the NEO-PI-R (Costa & McCrae, 2008; Ostendorf & Angleitner, 2004). Higher emotional stability scores on the TIPI measure indicate that a participant was less anxious, calmer and less easily upset. Whereas higher emotional stability/neuroticism scores on the NEO-PI-R were indicative of one that is more angry, insecure, and depressed. It should be noted that both this current study, and Pohling et al., (2016) study both explored a sample of university students, thus allowing for such comparisons, however both had a difference in outcome variables (i.e., accuracy of perceived ethical behaviours vs. moral conation) indicating this comparison should be interpreted with caution. Rogerson et al., (2011) reiterated

the impact emotions have on cognitive processing, discussing the idea that all stimuli (e.g., ethical dilemmas) produce an affective response, which in turn influences judgement and behaviour. They also suggest that discomfort or uncertainty may also lead to inconsistent decisions, or avoidance altogether. Thus, it could be deduced that a person who is more emotionally stable, less anxious, or less susceptible to affective bias, may be better at making ethical decisions.

Another predictor of the accuracy of perceived ethical behaviours was the personal value of security, albeit only for current psychology students. High scores on the security scale from the TwIVI were indicative of an individual who valued organisation, authority, and the protection of the social order. In general, security is a value that emphasises safety. Interestingly, Schwartz (2012) described security as a ‘boundary value’, in that it mostly concerns others’ interests, whilst also working to regulate the pursuit of one’s own interests. Students who valued security were less accurate in deciding whether psychologist behaviours were ethical or not, which does not seem to be congruent with this notion. Maybe it was a combination of having a number of students participating who were yet to receive formal training in ethics and had to rely on other rules or heuristics that serve their personal values, with those having higher security scores potentially more likely to incorrectly perceive an ethical behaviour as unethical. Alternatively, these participants may be sensitised to the dangers of unethical behaviours and adopt an overly rigid belief about what is considered ethical behaviour. For example, considering the ethics around gift giving, participants who value security may believe a therapist who accepts a child client’s drawing at the conclusion of the therapeutic relationship has behaved unethically as the gift acceptance ‘blurs’ professional boundaries.

Strengths and Weaknesses

There were a number of strengths and limitations identified for this study.

Firstly, the study achieved a large sample of participants ($N = 738$) making it one of the largest studies completed exploring ethical decision making and the ethical behaviour of psychologists in Australia. Further, each population group had sufficient representation within the overall sample. However, this was a cross-sectional study exploring the perceptions of ethical behaviours rather than actual behaviour in real-world situations. It could be quite possible that individuals would act differently if they were themselves in the presented scenarios, having access to all other contextual information. Additionally, this study explored what participants identified as ethical vs unethical behaviours, rather than having them act on this information. This externalisation of perceived acceptability may be quite different if it were based on personal behaviours. The ethical vignettes used were appropriate to measure for accuracy, though in the future they may benefit from separate validation studies. Whilst the results indicated that there were significant predictors from our variables, they only explained between 2-10% of the variance. This limits conclusions on ethicality, with over 90% of variance not being explained by these variables. As briefly reported in the results section, there was some cross-over with our population groups. Particularly, current post-graduate students could also be practising psychologists, though for the purpose of this study they were categorised as practising psychologists. It would have been ideal to have had a population group large enough to allow for a separate 'post-graduate' group. Whilst the included post-graduate degrees were not professionally oriented, there may have been different levels of knowledge on clinical ethical principles.

Future Directions

There are a number of pathways that could be taken following this research. It would have been interesting to have added a separate question accompanying each vignette, such as, “would you report psychologist x based on their behaviour?”. This may have allowed for further analysis on confidence in decisions (i.e., if they were confident in their decision, they would report the practitioner). Not explored in this study were item level differences, based on each type of scenario (e.g., choice of therapy or gift giving). Certain scenarios could prompt different responses from individuals based on, for example, perceived negative consequences. It may be possible that one or more of the discussed predictors has an effect on only one type of scenario, e.g., those who value security may have accurately rated all unethical scenarios as unethical, but inaccurately rated some ethical scenarios as unethical to suit their personal values. Further, additional scenarios could be added in future research that are in alignment with AHPRA’s Annual Report (2020), that were unavailable at the time of this research commencing. This could include other highlighted areas that commonly result in complaint, such as, confidentiality and communication.

Recommendations and Conclusions

From this research a number of recommendations can be made. Whilst significant differences were found between each population groups’ accuracy, overall scores on average were rather high. Though, further education regarding the APS Code of Ethics (2007), and what is considered ethical and unethical psychologist behaviour should be provided to both the general public and students. Psychology students could be introduced to ethical principles earlier in their studies/training. The general public could be informed further as well. For example, they could be made more aware of where to find information regarding disciplinary action of psychologists, as well as,

where to find more information on their rights as a client. Whilst a conclusion could be made that, overall, the core principles covered under the APS Code of Ethics (2007) were aligned with the values of the majority of the general public, it could also be deemed misaligned by others (e.g., those who value hedonism may see it as too 'strict', whereas those who value security may deem it as too lenient). It could be beneficial for those receiving or investigating claims to consider these differences in personal values and personality as influential factors in determining whether an individual believes a psychologist has acted in an ethical or unethical manner.

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Table 1.

Overall Sample Characteristics

Demographic Categories	Overall Sample <i>n</i> = 738 (%)	Practising Psychologist <i>n</i> = 104 (%)	Psychology Student <i>n</i> = 118 (%)	General Public <i>n</i> = 516 (%)
Age				
18-24	189 (25.6)	2 (1.9)	58 (49.2)	129 (25)
25-34	184 (24.9)	37 (35.6)	24 (20.3)	123 (23.8)
35-44	141 (19.1)	29 (27.9)	16 (13.6)	96 (18.6)
45-54	134 (18.2)	22 (21.2)	19 (16.1)	92 (18)
55-64	62 (8.4)	10 (9.6)	1 (0.8)	51 (9.9)
65+	28 (3.8)	4 (3.8)	-	24 (4.7)
Gender				
Female	612 (82.9)	84 (80.8)	102 (86.4)	426 (82.6)
Male	93 (12.6)	19 (18.3)	14 (11.9)	60 (11.6)
Non-Binary	18 (2.4)	1 (1.0)	1 (0.8)	16 (3.1)
Other	8 (1.1)	-	-	8 (1.6)
Prefer not to say	7 (0.9)	-	1 (0.8)	6 (1.2)
Sexual Orientation				
Straight	484 (65.6)	87 (83.7)	73 (61.9)	324 (62.8)
Gay	44 (6)	3 (2.9)	10 (8.5)	31 (6)
Bisexual	152 (20.6)	13 (12.5)	28 (23.7)	111 (21.5)
Other	37 (5)	-	5 (4.2)	32 (6.2)
Prefer not to say	21 (2.8)	1 (1.0)	2 (1.7)	18 (3.5)
Country of Birth				
Australia	624 (84.6)	85 (81.7)	101 (85.6)	438 (84.9)
Other	114 (15.4)	19 (18.3)	17 (14.4)	78 (15.1)
Aboriginal and/or Torres Strait Islander Identity				
Aboriginal	18 (2.4)	2 (1.9)	5 (4.2)	11 (2.1)

Torres Strait Islander	1 (0.1)	-	-	1 (0.2)
Both	2 (0.3)	-	1 (0.8)	1 (0.2)
Neither	717 (97.2)	102 (98.1)	112 (94.9)	503 (97.5)
Primary Language				
English	713 (96.6)	102 (98.1)	112 (94.9)	499 (96.7)
Other	25 (3.4)	2 (1.9)	6 (5.1)	17 (3.3)
Highest Level of Study Completed				
Less than Higher School Certificate	29 (3.9)	-	1 (0.8)	28 (5.4)
Higher School Certificate	160 (21.7)	-	49 (41.5)	111 (21.5)
TAFE Diploma	119 (16.1)	-	18 (15.3)	101 (19.6)
Undergraduate Degree	229 (31)	18 (17.3)	35 (29.7)	176 (34.1)
Postgraduate Degree	201 (27.2)	86 (82.7)	15 (12.7)	100 (19.4)
Study Status				
Studying Full-Time	170 (23)	13 (12.5)	57 (48.3)	100 (19.4)
Studying Part-Time	162 (22)	12 (11.5)	57 (48.3)	93 (18)
Not Currently Studying	406 (55)	79 (76)	4 (3.4)	323 (62.6)
Employment Status ^a				
Unemployed	154 (20.9)	7 (6.7)	23 (19.5) ^a	124 (24) ^b
House Duties	99 (13.4)	1 (1)	24 (20.3)	74 (14.3)
Casual Employment	139 (18.8)	10 (9.6)	30 (25.4)	99 (19.2)
Part-Time Employment	138 (18.7)	25 (24)	18 (15.3)	95 (18.4)
Full-Time Employment	197 (26.7)	61 (58.7)	14 (11.9)	122 (23.6)
Studying Psychology				
Currently Studying	136 (18.4)	1 (1)	118 (100)	-
Studied in the Past	157 (21.3)	85 (81.7)	-	72 (14)
Never Studied	445 (60.3)	18 (17.3)	-	444 (86)
Psychology Study Type ^c				
Undergraduate	155 (52.9)	3 (2.9)	100 (84.7)	52 (10.1)
Honours Degree	75 (25.6)	42 (40.4)	15 (12.7)	18 (3.5)
Master's Degree	49 (16.7)	46 (44.2)	2 (1.7)	1 (0.2)

Professional Doctorate	5 (1.7)	4 (3.8)	1 (0.8)	1 (0.2)
PhD (Research)	5 (1.7)	4 (3.8)	-	-
PhD (Clinical)	4 (1.4)	4 (3.8)	-	-
Practise Psychology				
Never Practised	634 (85.9)	-	118 (100)	516 (100)
Currently Practising	95 (12.9)	95 (91.3)	-	-
Practised in the Past	9 (1.2)	9 (8.7)	-	-
Seen Psychologist in the Past				
Yes	609 (82.5)	78 (75)	87 (73.7)	444 (86)
No	118 (16)	25 (24)	28 (23.7)	65 (12.6)
Prefer not to Say	11 (1.5)	1 (1)	3 (2.5)	7 (1.4)
Satisfaction of Experience				
Seeing a Psychologist ^d				
Very Satisfied	130 (21.3)	23 (22.1)	20 (23)	87 (16.9)
Satisfied	230 (37.8)	33 (31.7)	33 (37.9)	164 (31.8)
Neutral	123 (20.2)	10 (9.6)	19 (21.8)	94 (18.2)
Unsatisfied	77 (12.6)	9 (8.7)	11 (12.6)	57 (11)
Very Unsatisfied	49 (8)	3 (2.9)	4 (4.6)	42 (8.1)

^a Ten participants data were unavailable for this question.

^b Two participants data were unavailable for this question.

^c. N = 293

^d. N = 609

Table 2.

Test of Between-Subjects Effects for overall accuracy.

	Sum of Squares	df	Mean Square	F	Sig
Corrected Model	1151.07	2	575.54	75.15**	.00
Intercept	445372.98	1	445372.98	58156.02**	.00
Population Group	1151.07	2	575.54	75.15**	.00
Error	5621.15	734	7.66		
Total	700841.00	737			
Corrected Total	6772.22	734			

**. $p < 0.001$

Table 3.

Multiple Comparisons Table for differences between mean group accuracy.

		95% Confidence Interval				
Population Group	Contrasts	Mean Difference	Std. Error	Sig.	Lower Bound	Upper Bound
Practising	Studying					
Psychologist	Psychology	2.77**	0.37	.00	1.87	3.66
	General Public	3.64**	0.30	.00	2.92	4.35
Studying	Practising					
Psychology	Psychologist	-2.77**	0.37	.00	-3.66	-1.87
	General Public	.87*	0.28	.00	0.19	1.55
General Public	Practising					
	Psychologist	-3.64**	0.30	.00	-4.35	-2.92
	Studying					
	Psychology	-.87*	0.28	.00	-1.55	-0.19

*. $p < 0.05$ **. $p < 0.001$

Table 4.

Test of Between-Subjects Effects for Dichotomised Accuracy.

	Sum of Squares	df	Mean Square	F	Sig
Corrected Model	202.40	2	101.20	62.38**	.00
Intercept	25877.57	1	25877.57	15949.87**	.00
Population Group	202.40	2	101.20	62.38**	.00
Error	1190.87	734	1.62		
Total	40346.00	737			
Corrected Total	1393.27	736			

**. $p < 0.001$

Table 5.

Multiple Comparisons Table for differences between mean group dichotomised accuracy.

		95% Confidence Interval				
Population Group	Contrasts	Mean Difference	Std. Error	Sig.	Lower Bound	Upper Bound
Practising	Studying					
Psychologist	Psychology	1.31**	0.17	.00	0.90	1.72
	General Public	1.53**	0.14	.00	1.20	1.86
Studying	Practising					
Psychology	Psychologist	-1.31**	0.17	.00	-1.72	-0.90
	General Public	0.22	0.13	.28	0.09	0.53
General Public	Practising					
	Psychologist	-1.53**	0.14	.000	-1.86	-1.20
	Studying					
	Psychology	-0.22	0.13	.28	-0.53	-0.09

** . $p < 0.001$

Table 6.

Mean personality and personal values scores.

	Practising Psychologist mean score (SD)	Psychology Student mean score (SD)	General Public mean score (SD)	Overall sample mean score (SD)
Personality Domain				
Agreeableness	5.58 (0.94)	4.90 (0.98)	5.11 (1.14)	5.14 (1.11)
Extraversion	3.97 (1.46)	3.90 (1.55)	3.71 (1.63)	3.78 (1.59)
Conscientiousness	5.63 (1.06)	5.41 (1.16)	4.86 (1.34)	5.06 (1.31)
Emotional Stability	4.65 (1.33)	3.80 (1.52)	3.69 (1.54)	3.84 (1.54)
Openness to Experience	5.19 (1.17)	5.38 (1.16)	5.27 (1.14)	5.28 (1.15)
Personal Values Scale				
Conformity	3.65 (1.03)	3.84 (1.13)	3.69 (1.24)	3.70 (1.19)
Tradition	2.26 (0.98)	2.21 (1.08)	2.18 (1.10)	2.20 (1.08)
Benevolence	5.20 (0.66)	5.27 (0.70)	5.11 (0.85)	5.15 (0.80)
Universalism	4.98 (0.83)	5.29 (0.72)	5.11 (0.80)	5.12 (0.80)
Self-Direction	4.78 (0.88)	4.92 (0.82)	4.82 (0.93)	4.83 (0.90)
Stimulation	3.54 (1.01)	3.91 (1.13)	3.66 (1.11)	3.68 (1.10)
Hedonism	3.90 (0.95)	4.31 (0.90)	3.95 (1.13)	4.00 (1.08)
Achievement	3.29 (1.24)	4.03 (1.18)	3.26 (1.31)	3.39 (1.31)
Power	2.80 (1.07)	3.29 (1.14)	2.97 (1.17)	2.99 (1.16)
Security	3.70 (0.97)	4.10 (0.98)	3.70 (1.02)	3.76 (1.02)

Table 7.

Correlation Matrix for Overall and Dichotomised Accuracy Scores (n = 737).

	Mean (SD)	Overall Accuracy	Dichotomised Accuracy
1. Overall Accuracy	30.69 (3.03)	--	
2. Dichotomised Accuracy	7.27 (1.38)	.85**	--
3. Agreeableness	5.14 (1.11)	.13**	.09*
4. Extraversion	3.78 (1.59)	.06	.01
5. Conscientiousness	5.06 (1.31)	.09*	.075*
6. Emotional Stability	3.84 (1.54)	.15**	.11**
7. Openness to Experience	5.28 (1.15)	-.04	-.06
8. Conformity	3.70 (1.19)	-.05	-.04
9. Tradition	2.20 (1.08)	.01	.01
10. Benevolence	5.15 (.80)	.06	.01
11. Universalism	5.12 (.80)	-.03	-.08*
12. Self-Direction	4.83 (.90)	-.03	-.05
13. Stimulation	3.68 (1.10)	-.08*	-.08*
14. Hedonism	4.00 (1.08)	-.11**	-.09*
15. Achievement	3.39 (1.31)	-.05	-.04
16. Power	2.99 (1.16)	-.03	-.05
17. Security	3.76 (1.02)	-.03	-.05
18. Age	36.78 (13.98)	.12**	.11**

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed)

Table 8.

The unstandardised and standardised regression coefficients for the variables entered into the model for Overall Accuracy.

Variable	B	SE B	β	<i>p</i>
Agreeableness	0.25	0.08	0.09	0.02
Conscientiousness	0.10	0.09	0.04	0.25
Emotional Stability	0.22	0.08	0.11	<0.01
Stimulation	-0.11	0.12	-0.04	0.35
Hedonism	-0.23	0.13	-0.08	0.07
Age	0.01	0.01	0.04	0.38

Table 9.

The unstandardised and standardised regression coefficients for the variables entered into the model for Dichotomised Accuracy.

Variable	B	SE B	β	<i>p</i>
Agreeableness	0.08	0.05	0.06	0.12
Conscientiousness	0.04	0.04	0.04	0.35
Emotional Stability	0.07	0.04	0.08	0.04
Stimulation	-0.07	0.05	-0.06	0.19
Hedonism	-0.04	0.06	-0.03	0.46
Universalism	-0.12	0.07	-0.07	0.06
Age	0.01	0.00	0.05	0.24

Table 10.

The unstandardised and standardised regression coefficients for the variables entered into the model for Overall and Dichotomised Accuracy for General Public.

Variable	B	SE B	β	<i>p</i>
Overall Accuracy				
Age	0.02	0.01	0.12	<0.01
Hedonism	-0.28	0.11	-0.11	0.01
Dichotomised Accuracy				
Age	0.01	0.00	0.10	0.03
Hedonism	-0.08	0.06	-0.07	0.22
Stimulation	-0.05	0.06	-0.04	0.40

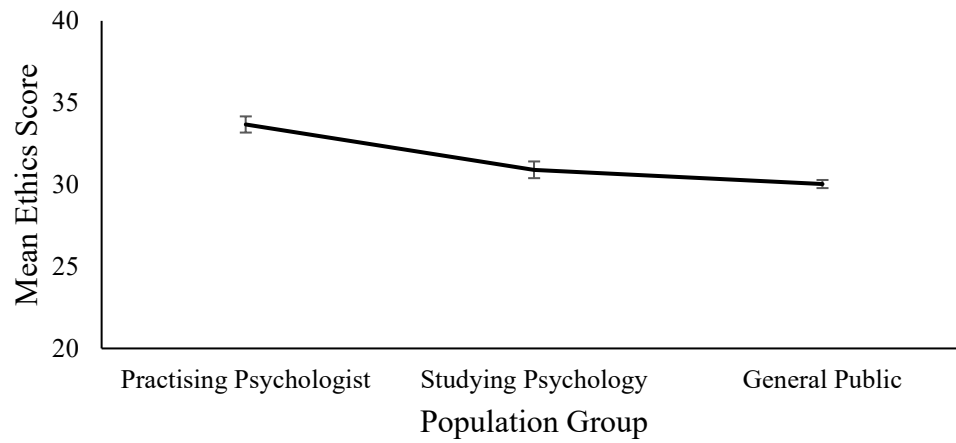
Table 11.

The unstandardised and standardised regression coefficients for the variables entered into the model for Overall and Dichotomised Accuracy for Psychology Students.

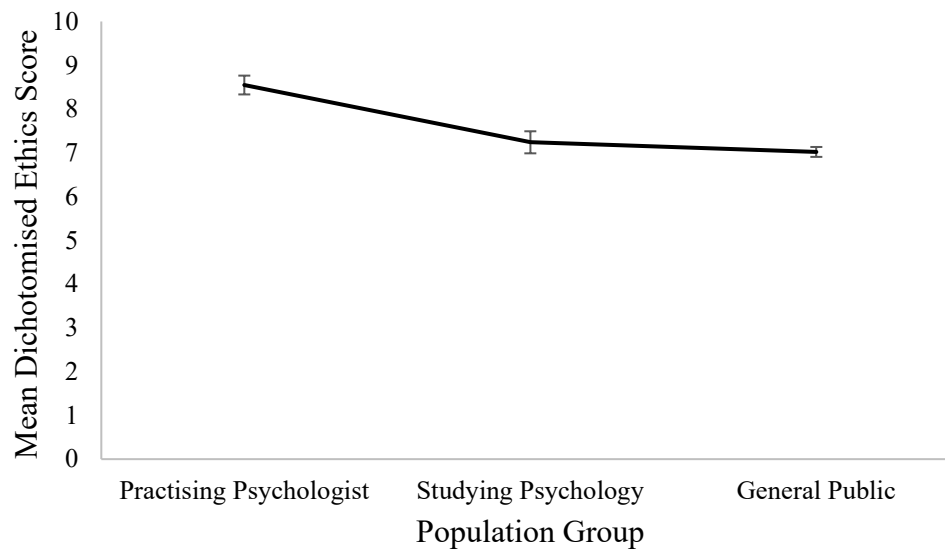
Variable	B	SE B	β	<i>p</i>
Overall Accuracy				
Security	-0.76	0.25	-0.27	<0.01
Emotional Stability	0.35	0.16	0.19	0.03
Dichotomised Accuracy				
Security	-0.33	0.13	-0.24	0.01

Figure 1.

Overall Accuracy of Perceived Ethical Behaviours.

**Figure 2.**

Mean Dichotomised Accuracy Scores.



Appendix A: Clinical Psychologist Submission Guidelines for Authors

Preparing Your Paper

Original article

- Should be written with the following elements in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list)
- Should be no more than 6000 words.
- Should contain a structured abstract of 200 words. Please use the headings: Objective, Method, Results, and Conclusions
- Should contain between 3 and 6 keywords. Read [making your article more discoverable](#), including information on choosing a title and search engine optimization.

Obtained from:

<https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=rcnp20>

This layout guide will help you to format your manuscript to get it ready to submit to a Taylor & Francis or Routledge journal.

If you'd like to save even more time, our [downloadable templates](#) are a useful resource that can be used along with this guide to help you prepare your article for submission.

How should I format my manuscript?

This guide contains general advice, but some journals will have specific layout and formatting requirements. **Before you submit your article, please make sure you've checked the instructions for authors for your chosen journal, so you are aware of everything that is needed.** You can find the instructions for authors on the journal's homepage on [Taylor and Francis Online](#).

If your article is accepted for publication, the manuscript will be further formatted and typeset in the correct style for the journal.

Font

Use Times New Roman font in size 12 with double-line spacing.

Margins

Margins should be at least 2.5cm (1 inch).

Title

Use bold for your article title, with an initial capital letter for any proper nouns.

Abstract

Indicate the abstract paragraph with a heading or by reducing the font size. The instructions for authors for each journal will give specific guidelines on what's required

here, including whether it should be a structured abstract or graphical abstract, and any word limits.

Keywords

Keywords help readers find your article, so are vital for discoverability. If the journal instructions for authors don't give a set number of keywords to provide, aim for five or six.

[Learn more about choosing suitable keywords to make your article and you more discoverable.](#)

Headings

Please follow this guide to show the level of the section headings in your article:

1. First-level headings (e.g. Introduction, Conclusion) should be in bold, with an initial capital letter for any proper nouns.
2. Second-level headings should be in bold italics, with an initial capital letter for any proper nouns.
3. Third-level headings should be in italics, with an initial capital letter for any proper nouns.
4. Fourth-level headings should be in bold italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark.
5. Fifth-level headings should be in italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark.

Tables and figures

Show clearly in the article text where the tables and figures should appear, for example, by writing *[Table 1 near here]*.

Check the instructions for authors to see how you should supply tables and figures, whether at the end of the text or in separate files, and follow any guidance given on the submission system.

[Find more detailed advice on including tables in your article.](#)

It's very important that you have been given permission to use any tables or figures you are reproducing from another source before you submit.

Here's our [advice on obtaining permission for third party material](#) and our [guide to submission of electronic artwork](#).

Data availability statement

If you're submitting a [data availability statement](#) for your article, please include it within the text of your manuscript, before your 'References' section. So that readers can easily find it, please give it the heading 'Data availability statement'.

Spelling and punctuation

Each journal will have a preferred method for spelling and punctuation. You'll find this in the instructions for authors, available on the journal's homepage on [Taylor and Francis Online](#). Make sure you apply the spelling and punctuation style consistently throughout your article.

Special characters

If you are preparing your manuscript in Microsoft Word and your article contains special characters, accents, or diacritics, we recommend you follow these steps:

- European accents (Greek, Hebrew, or Cyrillic letters, or phonetic symbols): choose Times New Roman font from the dropdown menu in the "Insert symbol" window and insert the character you require.
- Asian languages (such as Sanskrit, Korean, Chinese, or Japanese): choose Arial Unicode font from the dropdown menu in the "Insert symbol" window and insert the character you require.
- Transliterated Arabic: choose either Times New Roman or Arial Unicode (unless the instructions for authors specify a particular font). For ayns and hamzas, choose Arial Unicode font from the dropdown menu in the "Insert symbol" window. Type the Unicode hexes directly into the "Character code" box, using 02BF for ayn, and 02BE for hamza.

Running heads and received dates

These aren't required when submitting a manuscript for review. They will be added during the production process if your article is accepted for publication.

Manuscript Formatting Guide found at:

<https://authorservices.taylorandfrancis.com/publishing-your-research/writing-your-paper/journal-manuscript-layout-guide/>

Appendix B: Aim and Scope of Clinical Psychologist

The Clinical Psychologist is the official journal of the Australian Psychological Society's College of Clinical Psychologists. It is an international peer-reviewed journal which bridges the gap between clinical research and evidence-based practice. It publishes topics of broad general relevance to clinical psychologists working in clinical and clinical health settings around the world, including:

- Assessment of psychopathology
- Models and treatment of psychopathology
- Issues relevant to training in clinical psychology

Reviews, research papers (including quantitative and qualitative studies, and clinical case studies), and clinical guidelines are encouraged. The focus is international, but with local perspectives encouraged (e.g., with respect to clinical training, Indigenous people's issues).

The Clinical Psychologist operates a double-blind peer review policy. Authors can choose to publish gold open access in this journal.

Read the Instructions for Authors for information on how to submit your article.

The manuscript and peer-review reports may be transferred to one of the other journals of the Australian Psychological Society (Australian Journal of Psychology, Australian Psychologist, or Educational and Developmental Psychologist) if the scope of the paper is not found suitable for publication in the Clinical Psychologist, but is suitable for these other journals. Authors will receive a notification if their manuscript is being considered for transfer, and at that time can decide if they want to pursue the transfer. If authors do NOT wish to be considered for transfer to an alternative journal after rejection for this journal, this should be noted in the cover letter.

Obtained from:

<https://www.tandfonline.com/action/journalInformation?show=aimsScope&journalCode=rcnp20>

Appendix C: Ethics Approval

HUMAN RESEARCH ETHICS COMMITTEE



Notification of Expedited Approval

To Chief Investigator or Project Supervisor:	Associate Professor Sean Halpin
Cc Co-investigators / Research Students:	Mr Joshua Caban
Re Protocol:	Comparison of Perceptions of the Ethical Behaviour of Psychologists in NSW
Date:	18-Aug-2020
Reference No:	H-2020-0221

Thank you for your **Response to Conditional Approval (minor amendments)** submission to the Human Research Ethics Committee (HREC) seeking approval in relation to the above protocol.

Your submission was considered under **Expedited** review by the Ethics Administrator.

We are pleased to advise that the decision on your submission is **Approved** effective **18-Aug-2020**.

In approving this protocol, the Human Research Ethics Committee (HREC) is of the opinion that the project complies with the provisions contained in the National Statement on Ethical Conduct in Human Research, 2007, and the requirements within this University relating to human research.

Approval will remain valid subject to the submission, and satisfactory assessment, of annual progress reports. *If the approval of an External HREC has been "noted" the approval period is as determined by that HREC.*

The full Committee will be asked to ratify this decision at its next scheduled meeting. A formal *Certificate of Approval* will be available upon request. Your approval number is **H-2020-0221**.

If the research requires the use of an Information Statement, ensure this number is inserted at the relevant point in the Complaints paragraph prior to distribution to potential participants
You may then proceed with the research.

Conditions of Approval

This approval has been granted subject to you complying with the requirements for *Monitoring of Progress, Reporting of Adverse Events, and Variations to the Approved Protocol* as detailed below.

PLEASE NOTE:

In the case where the HREC has "noted" the approval of an External HREC, progress reports and reports of adverse events are to be submitted to the External HREC only. In the case of Variations to the approved protocol, or a Renewal of approval, you will apply to the External HREC for approval in the first instance and then Register that approval with the University's HREC.

● Monitoring of Progress

Other than above, the University is obliged to monitor the progress of research projects involving human participants to ensure that they are conducted according to the protocol as approved by the HREC. A progress report is required on an annual basis. Continuation of your HREC approval for this project is conditional upon receipt, and satisfactory assessment, of annual progress reports. You will be advised when a report is due.

● Reporting of Adverse Events

1. It is the responsibility of the person **first named on this Approval Advice** to report adverse events.
2. Adverse events, however minor, must be recorded by the investigator as observed by the investigator or as volunteered by a participant in the research. Full details are to be documented, whether or not the investigator, or his/her deputies, consider the event to be related to the research substance or procedure.
3. Serious or unforeseen adverse events that occur during the research or within six (6) months of completion of the research, must be reported by the person first named on the Approval Advice to the (HREC) by way of the Adverse Event Report form (via RIMS at <https://rims.newcastle.edu.au/login.asp>) within 72 hours of the occurrence of the event or the investigator receiving advice of the event.
4. Serious adverse events are defined as:
 - Causing death, life threatening or serious disability.
 - Causing or prolonging hospitalisation.
 - Overdoses, cancers, congenital abnormalities, tissue damage, whether or not they are judged to be caused by the investigational agent or procedure.
 - Causing psycho-social and/or financial harm. This covers everything from perceived invasion of privacy, breach of confidentiality, or the diminution of social reputation, to the creation of psychological fears and trauma.
 - Any other event which might affect the continued ethical acceptability of the project.
5. Reports of adverse events must include: Participant's study identification number; date of birth;
 - date of entry into the study; treatment arm (if applicable); date of event; details of event;
 - the investigator's opinion as to whether the event is related to the research procedures;
 - and action taken in response to the event.
 -
 - 6. Adverse events which do not fall within the definition of serious or unexpected, including those reported from other sites involved in the research, are to be reported in detail at the time of the annual progress report to the HREC.
 -

● Variations to approved protocol

If you wish to change, or deviate from, the approved protocol, you will need to submit an *Application for Variation to Approved Human Research* (via RIMS at <https://rims.newcastle.edu.au/login.asp>). Variations may include, but are not limited to, changes or additions to investigators, study design, study

population, number of participants, methods of recruitment, or participant information/consent documentation. **Variations must be approved by the (HREC) before they are implemented** except when Registering an approval of a variation from an external HREC which has been designated the lead HREC, in which case you may proceed as soon as you receive an acknowledgement of your Registration.

Linkage of ethics approval to a new Grant

HREC approvals cannot be assigned to a new grant or award (ie those that were not identified on the application for ethics approval) without confirmation of the approval from the Human Research Ethics Officer on behalf of the

HREC.

Best wishes for a successful project. **Human Research Ethics Committee**

For communications and enquiries:

Human Research Ethics Administration

Research & Innovation Services
Research Integrity Unit
The University of Newcastle
Callaghan NSW 2308
T +61 2 492 17894
Human-Ethics@newcastle.edu.au

RIMS website - <https://RIMS.newcastle.edu.au/login.asp>

Linked University of Newcastle administered funding:

Funding body	Funding project title	First named investigator	Grant Ref

Appendix D: Email of Consent for Survey Distribution

09/06/2020

Email - Joshua Caban - Outlook

Re: Clinical Master's Research Recruitment

Chris Willcox (Hunter New England LHD) <Chris.Willcox@health.nsw.gov.au>

Wed 04/03/2020 12:50

To: Joshua Caban <Joshua.Caban@uon.edu.au>

Yes

Happy to help

Chris

Sent from my iPhone

On 4 Mar 2020, at 9:12 am, Joshua Caban <Joshua.Caban@uon.edu.au> wrote:

Hi Chris,

Hope you are well. My name is Joshua Caban, I am currently enrolled in my second year in the Masters of Clinical Psychology at UON. I am currently completing my thesis with Associate Professor Sean Halpin. We are creating a survey to explore and compare perceptions of ethical behaviour amongst psychologists. Our main comparison groups (hopefully) will be the general public, UON students, and already practising psychologists. This project is still in it's developmental stages, and we are yet to submit an ethics application as we are still working out the logistics of the project.

Sean and I were discussing at our last meeting about recruitment of participants and were wondering whether there would be any chance that, once the survey is constructed and has gained ethics approval, you would be able to send it out to those on your mailing list? This would allow us to reach a greater number of practising psychologists and for a better comparison with our other participant groups. It would be greatly appreciated if this were something that you were able to do.

If you have any questions or want to discuss this further, email is probably the fastest way to contact me, however my mobile number is: 0437959295 if that is easier for you.

Look forward to hearing from you,

Kind regards,

Joshua Caban

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Appendix E: Advertisement Poster used for General Public Recruitment



An Online Survey

This research aims to explore individuals' perceptions of ethical and unethical behaviours displayed by psychologists. We aim to understand what factors influence how individuals rate these behaviours.

You are invited to participate if you are:

- Over the age of 18

We would like to invite members of the general community, students of psychology and registered psychologists to participate in an online survey.

For detailed information about this study, with a link to participate, please go to <https://psych.Newcastle.edu.au/ls/EBPgp>

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-2020-0221

Appendix F: Information Statement for Study

Associate Professor Sean Halpin
 School of Psychology
 University of Newcastle
 University Drive
 Callaghan NSW 2308
 (02) 4921 6319
 Sean.Halpin@newcastle.edu.au



Information Statement for the Research Project:

Perceptions of ethical behaviours of practising psychologists: An Online Survey

Document Version 3; dated 19/08/2020

You are invited to participate in the research project identified above which is being conducted by Joshua Caban and Associate Professor Sean Halpin from the School of Psychology at the University of Newcastle. This research is part of Joshua Caban's Clinical Master's studies at the University of Newcastle, supervised by Associate Professor Sean Halpin from the School of Psychology.

Why is the research being done?

This research aims to explore individuals' perceptions of the ethical and unethical behaviours of practicing psychologists. We aim to understand which factors are associated with ratings of ethical and unethical behaviours in the practise of psychology. The factors we are studying include demographics, personality and personal values.

Who can participate in the research?

You are invited to participate if you are aged 18 or older. We would like to gather information from members of the general public, undergraduate or postgraduate psychology students, and registered psychologists.

What would you be asked to do?

If you agree to participate, you will be asked to complete an online survey. You will be asked a number of demographic questions about yourself. You will be then asked questions about your personality traits and personal values. Finally, you will be asked to read a number of vignettes depicting psychologist behaviours portraying common ethical dilemmas. You will then rate whether you believe the psychologist acted in an ethical or unethical manner.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage

you. If you do decide to participate, you may withdraw from the project at any time prior to submitting your completed questionnaire. Please note that due to the anonymous nature of the questionnaire, you will not be able to withdraw your response after it has been submitted.

How much time will it take?

The survey/questionnaire should take about 30 minutes to complete.

What are the risks and benefits of participating?

Some of the questions deal with potentially sensitive issues such as previous experience seeing a psychologist for any unspecified reasons. Should you find any of the questions upsetting you can stop your participation at any time.

You can also contact Lifeline on 13 11 14 or Beyond Blue on 1300 224 636 should you wish to seek support regarding any of the issues raised within the survey/questionnaire. Alternatively, if this survey raises any concern about a psychologist's behaviour you can contact AHPRA on 1300 419 495 or visit <https://www.ahpra.gov.au/About-AHPRA/Complaints.aspx>

By participating in this questionnaire you will have the opportunity to share your views on what you consider ethical or unethical behaviour of practicing psychologists. Your responses will help us understand how psychologist behaviour is perceived by various population groups. This will give us information on whether ethical standards are congruent with perceptions of the general public, students and practising psychologists.

Undergraduate psychology students at the University of Newcastle who are eligible for course credit via the SONA system can claim credit for participation in this study.

Members of the general public, undergraduate psychology students from other Universities, postgraduate students of psychology, and registered psychologists will be eligible to enter a random draw for a \$50 gift voucher.

How will your privacy be protected?

The survey software, LimeSurvey, is a web application hosted online on a secure University of Newcastle server. The privacy controls of LimeSurvey, ensure that the collected data is anonymous and password-protected. Due to the anonymous nature of the survey/questionnaire the responses you provide will not be identifiable and your IP address will not be tracked. The collected data will be stored securely on a password protected computer in the Chief Investigator's office. A backup of the data will be stored on the LimeSurvey application on the secure University of Newcastle server. Data will be retained for a minimum of 5 years as per University of Newcastle requirements. Only members of the research team will have access to the data collected except as required by law. For further information regarding LimeSurvey's privacy policies please visit: <https://www.limesurvey.org/policies/privacy-policy>

After completing the survey, you will be directed to a separate page where you can leave a contact email address. This email address will only be used for participation in the random gift voucher draw and to notify the winner of the draw. You may choose to leave this email address blank if you do not wish to participate in the draw. Your email address will not be connected with your responses in any way.

How will the information collected be used?

The collected data will contribute towards Joshua Caban's Master of Clinical Psychology thesis. This data may be presented in academic publications, other students' theses and/or conferences. Individual participants will not be identifiable in any reports arising from the project, although individual anonymous responses may be quoted. Non-identifiable data may also be shared with other parties to encourage scientific scrutiny and to contribute to further research and public knowledge, or as required by law.

If you would like a summary of the results of the research emailed to you, you will have the option to submit your email address after completing the survey. This email address will be saved separately from your survey responses and will not be linked to them in any way. It will only be used to email you a summary of results, after May 2022.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, please contact the researcher.

If you would like to participate, please choose the relevant link below and complete the online questionnaire.

I am an undergraduate psychology student at the University of Newcastle and would like SONA credit:

<http://www.Link1.com>

I am a member of the general public, a postgraduate psychology student, or a registered psychologist:

<http://www.Link2.com>

Completion and submission of online survey will be taken as your implied consent to participate.

Further information

If you would like further information please contact Associate Professor Sean Halpin at Sean.Halpin@newcastle.edu.au

Thank you for considering this invitation.

Associate Professor Sean Halpin
Chief Investigator

Joshua Caban
Student Researcher

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-2020-0221

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the Ethics Officer, Research and Innovation Services, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 4921 6333 or email Human-Ethics@newcastle.edu.au.

Appendix G: Online Survey

(Online Survey. Version 2. 13 August 2020)

Demographic Characteristics:

1. What is your age?
 - 0-99 (dropdown box)
2. What gender do you identify as?
 - a. Male
 - b. Female
 - c. Non-binary
 - d. Other (please specify)
 - e. Prefer not to say
3. Do you consider yourself to be:
 - a. Straight
 - b. Gay
 - c. Bisexual
 - d. Other (please specify)
 - e. Prefer not to say
4. What is your highest level of education achieved?
 - a. Less than Higher School Certificate (or equivalent)
 - b. Higher School Certificate (or equivalent)
 - c. TAFE Diploma (or equivalent)
 - d. Undergraduate Degree
 - e. Postgraduate Degree
5. What is your current employment status?
 - a. Unemployed
 - b. House duties
 - c. Casual employment
 - d. Part-time employment
 - e. Full-time employment
6. What is your current study status?
 - a. Not currently studying
 - b. Studying part-time
 - c. Studying full-time
7. What is your country of birth?
 - a. Australia
 - b. Other (please specify)
8. What is the primary language spoken in your household?
 - a. English
 - b. Other (please specify)
9. Do you identify as Aboriginal or Torres Strait Islander?
 - a. Yes, Aboriginal
 - b. Yes, Torres Strait Islander
 - c. Yes, Both

Personal Values (TwIVI)

<p>Here we briefly describe some people. Please read each description and think about how much each person is or is not like you. Using a 6-point scale from “not like me at all” to “very much like me,” choose how similar the person is to you.</p> <p>How much like you is this person?</p>	<div style="display: flex; justify-content: space-around; padding: 10px;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Not Like Me At All</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Not Like Me</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">A Little Like Me</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Somewhat Like Me</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Like Me</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Very Much Like Me</div> </div>					
1. S/he believes s/he should always show respect to his/her parents and to older people. It is important to him/her to be obedient	O	O	O	O	O	O
2. Religious belief is important to him/her. S/he tries hard to do what his religion requires.	O	O	O	O	O	O
3. It's very important to him/her to help the people around him/her. S/he wants to care for their well-being.	O	O	O	O	O	O
4. S/he thinks it is important that every person in the world be treated equally. S/he believes everyone should have equal opportunities in life.	O	O	O	O	O	O
5. S/he thinks it's important to be interested in things. S/he likes to be curious and to try to understand all sorts of things.	O	O	O	O	O	O
6. S/he likes to take risks. S/he is always looking for adventures.	O	O	O	O	O	O
7. S/he seeks every chance he can to have fun. It is important to him/her to do things that give him/her pleasure.	O	O	O	O	O	O
8. Getting ahead in life is important to him/her. S/he strives to do better than others.	O	O	O	O	O	O
9. S/he always wants to be the one who makes the decisions. S/he likes to be the leader.	O	O	O	O	O	O

Clinical Vignette Topics

(Note: Clinical vignettes will be randomly presented to participants)

You will now be presented a number of vignettes describing scenarios involving common ethical dilemmas psychologists face while practicing. After carefully reading them, please indicate whether the psychologist acted in an 'ethical' or 'unethical' manner.

Five years ago, Psychologist *x* completed a brief occupational assessment session with an adult female client. The Psychologist has discovered that her child and the former client's child are now school friends in Kindergarten. The Psychologist's child has been invited to the other child's birthday party. The Psychologist agrees that her child can attend, and spends \$20 on a gift for the birthday child.

Did the psychologist act in an ethical or unethical manner?

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical
- ☐ Unethical

Psychologist *x* successfully treated a male client who was experiencing depression. Twelve months later this male client's partner is referred due to stress and anxiety related to workplace bullying. Psychologist *x* agrees to accept the referral for the partner.

Did the psychologist act in an ethical or unethical manner?

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical
- ☐ Unethical

Psychologist *x* accepts a box of assorted chocolates from a grateful client after their final session in a social skills group program.

Did the psychologist act in an ethical or unethical manner?

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical
- ☐ Unethical

Psychologist x accepts a \$100 gift-card to a department store from a grateful client after their final session, following a very successful treatment of severe anxiety.

Did the psychologist act in an ethical or unethical manner?

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical
- ☐ Unethical

Psychologist x has been treating a child under Medicare and the progress has been slow but beneficial. The Medicare sessions have run out, but the child needs more sessions and the parent is experiencing severe financial pressure. Psychologist x offers free sessions to the client until their Medicare annual session limit resets.

Did the psychologist act in an ethical or unethical manner?

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical
- ☐ Unethical

Psychologist x has been treating a child under Medicare and the progress has been slow but beneficial. The Medicare sessions have run out, but the child needs more sessions and the parent is experiencing severe financial pressure. The Psychologist offers to bill more sessions for the child through Medicare under the parent's name.

Did the psychologist act in an ethical or unethical manner?

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical
- ☐ Unethical

Psychologist x is treating a client with a specific phobia of heights. The psychologist introduces treatment in which the client is exposed to a number of situations involving increasing heights, even though this causes the client marked anxiety.

Did the psychologist act in an ethical or unethical manner?

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical

☐ Unethical

Psychologist x is treating a young female client with a history of trauma. The client expresses a strong desire to incorporate crystal healing in the work. Psychologist x agrees to this unconventional approach as he thinks that it is important for the client to be involved in treatment decisions.

Did the psychologist act in an ethical or unethical manner?

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical
- ☐ Unethical

Psychologist x had been successfully treating an adult client experiencing anxiety. During this period, the client described feeling attracted to Psychologist x. The Psychologist also felt very attracted to the client. Psychologist x spoke about these feelings with a senior colleague, and followed that colleague's advice to transfer the client's care to a different psychologist in the practice

Did the psychologist act in an ethical or unethical manner?

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical
- ☐ Unethical

Psychologist x was in a café and was approached by an adult former client, Mike, who had been treated for depression six months previously. Mike struck up a conversation and they discussed a shared interest in movies. The Psychologist and Mike decided to see an upcoming movie release together and really enjoyed each other's company. Over the next few months this initial friendship gradually developed into a committed, intimate romantic relationship.

- ☐ Ethical
- ☐ Probably Ethical
- ☐ Probably Unethical
- ☐ Unethical

(Participants will then be directed to a separate page/link: Optional Entry to Gift-Card Draw)

Option to Enter Draw for Gift Card and Receive Study Results

Thank you for completing this survey.

If you wish to enter the draw to win a \$50 Gift Card please enter your email address below; if you do not wish to enter you can leave the field blank:

If you wish to receive an email with a summary of the research results once this study is completed, please enter your email address below. If you do not wish to receive the results, you can leave the field blank:

[Click here to submit](#) (Link to exit page)

The survey software, LimeSurvey, is a web application hosted online on a secure University of Newcastle server. The privacy controls of LimeSurvey, ensure that the collected data is anonymous and password protected. Due to the anonymous nature of the survey/questionnaire the responses you provide will not be identifiable and your IP address will not be tracked. The collected data will be stored securely on a password protected computer in the Chief Investigator's office. Data will be retained for a minimum of 5 years as per University of Newcastle requirements. Only members of the research team will have access to the data collected except as required by law.