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INTO THE CLIENT'S MIND: INVESTIGATING THE EFFECTIVENESS OF INFORMED CONSENT AND ACTIVE LEARNING MATERIALS ON ETHICAL KNOWLEDGE OF THE CLIENTS

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ABSTRACT

INTO THE CLIENT'S MIND: INVESTIGATING THE EFFECTIVENESS OF INFORMED CONSENT AND ACTIVE LEARNING MATERIALS ON ETHICAL KNOWLEDGE OF THE CLIENTS

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The present study aims to examine the effectiveness of delivering informed consent using an active learning strategy featuring ethical dilemma cases presented both verbally and in writing to enhance potential clients' knowledge of ethical codes, violations, and the mutual rights and responsibilities in psychological counseling. A quasi-experimental design was adopted with posttest-only nonequivalent design, utilizing purposive sampling to assign 60 adult participants, all without prior ethics training or counseling experience, into control and experimental groups. While the control group received informed consent solely in written form, the experimental group participated in one-on-one interactive sessions involving case discussions, visual aids, and guided reflection. To measure ethical understanding, Ethical Situational Judgment Test in Psychological Counseling (ESJT-PC) was specifically developed for the study, targeting four core areas of counseling ethics: Informed

Consent (IC), Confidentiality (C), Multiple Relationships (MR), and Competence (CP). The results revealed statistically significant differences favoring the experimental group across all dimensions. For IC, C, MR, and CP, the experimental group demonstrated higher scores than the control group ($p < .05$). Most notably, total ethical knowledge scores were significantly higher in the experimental group (Mdn = 42.02) than the control group (Mdn = 18.98), U = 104.50, z = -5.146, $p < .001$. These findings support the use of active learning approaches in delivering informed consent, highlighting their effectiveness in improving ethical knowledge and awareness among potential clients. The study contributes to ethical practices in counseling by promoting informed consent as an educational tool, enhancing client understanding and autonomy.

Keywords: counseling ethics, ethical knowledge, informed consent, client, quasi experimental design

ÖZET

DANIŞAN ZİHNİNE DOĞRU: BİLGİLENDİRİLMİŞ ONAM VE ETKİN ÖĞRENME MATERYALLERİNİN DANIŞANLARIN ETİK BİLGİSİ ÜZERİNDEKİ ETKİLİLİĞİNİN ARAŞTIRILMASI

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Bu çalışma, bilgilendirilmiş onamın etik ikilemler içeren vakaların hem sözlü hem de yazılı olarak sunulduğu etkin öğrenme stratejisiyle aktarılmasının, potansiyel danışanların etik ilkelere, ihlallere ve psikolojik danışmada danışan ve danışman arasındaki karşılıklı hak ve sorumluluklara ilişkin bilgilerini artırmadaki etkililiğini incelemeyi amaçlamaktadır. Çalışmada yarı deneysel desen benimsenmiş ve etik eğitimi almamış, daha önce psikolojik danışmanlık deneyimi bulunmayan 60 yetişkin katılımcı amaçlı örnekleme yöntemiyle deney ve kontrol gruplarına atanmıştır. Kontrol grubuna bilgilendirilmiş onam yalnızca yazılı olarak sunulurken, deney grubuna vaka tartışmaları, görsel materyaller ve rehberli yansıtma içeren birebir etkileşimli oturumlar gerçekleştirilmiştir.

Etik bilgi düzeyini ölçmek amacıyla çalışmaya özgü olarak Psikolojik Danışmada Etik Durumsal Yargı Testi (PD-EYDT) geliştirilmiştir. Test, psikolojik danışma etiğinin dört temel alanını hedeflemektedir bunlar Bilgilendirilmiş Onam (IC), Gizlilik (C), Çoklu ilişki (MR) ve Yeterlik (CP) olarak verilmiştir. Sonuçlar, tüm boyutlarda deney grubu lehine anlamlı farklar olduğunu ortaya koymuştur. IC, C, MR ve CP boyutlarında deney grubu kontrol grubuna göre daha yüksek puanlar almıştır ($p < .05$). Özellikle, toplam etik bilgi puanları açısından deney grubu (Ortanca = 42.02), kontrol grubundan (Ortanca = 18.98) anlamlı düzeyde daha yüksek skorlar elde etmiştir, U = 104.50, z = -5.146, p <.001.Bu bulgular, bilgilendirilmiş onam sürecinde etkin öğrenme yaklaşımlarının kullanılmasının, potansiyel danışanların etik bilgi ve farkındalıklarını artırmada etkili olduğunu göstermektedir. Çalışma, bilgilendirilmiş onamı yalnızca yasal bir zorunluluk değil, aynı zamanda danışanların anlayışını ve özerkliğini güçlendiren eğitsel bir araç olarak ele alarak, psikolojik danışmadaki etik uygulamalara önemli katkılar sunmaktadır.

Anahtar Kelimeler: psikolojik danışma etiği, etik bilgi,bilgilendirilmiş onam, danışan, yarı deneysel desen

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LIST OF ABBREVIATIONS

IC	Informed Consent
MR	Multiple Relationship
CP	Competence
C	Confidentiality
STJ	Situational Judgment Test
ESJT-PC	Ethical Situational Judgment Test in Psychological Counseling
ACA	American Counseling Association
TPCGA	Turkish Psychological Counseling and Guidance Association

CHAPTER 1

1. INTRODUCTION

This section outlines the research problem, the purpose of the study, the research question, the significance of the study, and definitions of the main concepts used in the research.

1.1. Background of the Study

The counseling profession addresses the needs of individuals fairly on growth and development across all stages of life by valuing and respecting the diversity and individuality by following ethical guidelines on the context of client and counselor relationship within their social and cultural environments. Also, codes, ethical standards, and guidelines are presented in the Code of Ethics so that counselors do not harm the clients and thus benefit client's well-being (ACA, 2014). In Türkiye's context, ethical guidelines are published by the Turkish Psychological Counseling and Guidance Association (2024) to ensure that clients are protected from potential harm and that counselors rely on ethical codes. Mental health professionals provided with framework to resolve ethical problems in their practice and also ethical codes define the professional identity for authenticity of the profession (Mabe & Rollin, 1986). Considering some of the earliest studies, it is highlighted that mental health professionals promote clients' equality of status and responsibility by ensuring their rights, empowering their active participation in therapy and life (Hare-Mustin, 1979). Creating commitment and establishing roots for ethical behavior and decision making, counselors internalize values of autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity which are fundamental principles of counseling ethics (ACA, 2014). On account of the fact that it is against code of ethics for mental health professionals to enforce their values on their clients, mental health professionals should be conscious of how their values influential on clients, either directly or through indirect means, and how the power differentials that arise within each relationship may lead to the imposition of such values because clients are influenced

from mental health professional's imposed values due to power differential, perceiving mental health professionals as experts and being vulnerable when accessing mental health options are unavailable or limited (Fransis & Dugger, 2014). Clients are also in a vulnerable position expecting acceptance and understanding attitude from mental health professionals to be worked with the framework of their own value system (Corey et al., 2014). It is imperative for mental health professionals to cultivate a sense of ethical awareness and sensitivity in order to effectively safeguard the well-being of their clients as well as their own professional integrity (Prass et al., 2024).

The counseling profession might be prone to be intertwined with the ethical considerations affecting both mental health professionals and clients in their relationships. It is essential to uphold ethical standards for therapeutic alliance as any deviation from ethics can have adverse effects on alliance (Meissner, 1992) and the working alliance is an important predictor of successful therapy outcome (Horvath & Greenberg, 1989). Gelso and Carter (1985) define the working relationship as emotions and behaviors embraced and expressed for one another. Working alliance has components of emotional bond, agreement on tasks and goals within counseling relationship (Bordin, 1979). Clients implicitly consider the counselor's intentions, consistency, and perceived likelihood of success, forming impressions of its effectiveness which influence the overall success of counseling (Hiebert, 1997). As Gladstein (1969) states clients have multidimensional expectations about mental health profession in such undergraduate students' expectations about mental health professionals as a point view of clients are expertise, genuineness, trust, and acceptance (Tinsley & Harris, 1976). The relationship between mental health professionals and clients is typically one-sided, with the mental health professional gaining significant insight into the client's innermost thoughts and emotions, while the client learns little about the mental health professional where clients are assumed to require more emotional support than professionals and are thus seen as more vulnerable to psychological harm (Smith & Fitzpatrick, 1995). Within this perspective, it is possible to overlook ethical concerns that may benefit and harm the counseling process. It is noteworthy to remain vigilant and address ethical considerations in order to ensure that the process is not compromised. It is understood

that the critical importance of ethical guidelines in counseling to ensure client protection, respect for diversity, and the prevention of value imposition by counselors, thereby fostering an empowering and professional therapeutic relationship. Additionally ethical principles, codes and values are not only tools for resolving ethical dilemmas but also foundational elements that shape the professional identity and quality of the counseling profession.

The principle of informed consent is of paramount significance in a range of academic and professional domains, encompassing medicine, law, psychology, and philosophy disciplines (Berg et al., 2001). In mental health profession informed consent delivery is a process where professionals provide sufficient information to enable individuals to make informed decisions about participating in a professional relationship which supports the prevention of possible exploitation or harm with enabling welfare and autonomy for the client (e.g., Barnett et al., 2001; Wise, & Bucky, 2007). Informed consent represents an essential prerequisite for interventions that consist of moral obligation. It embodies the principle of respect for autonomy and dignity, affirming the individual's right to self-determination. It aligns with the ethical principle of beneficence by promoting client well-being and safeguarding their interests thus non-maleficence, by ensuring that interventions do not cause harm to the client (Trachsel & Holtforth, 2019). While the primary focus has been on determining what information a mental health professional should disclose to a client or what information the client is entitled to, an equally significant but more distinguished ethical concern relates to how the mental health professional communicates this information to the client (May, 1984).

The participatory model is embraced in informed consent delivery which promotes exchanges and discussion as a process and a single occurrence with various range of options. Informed consent should be viewed as an ongoing process, necessitating regular reassessment of the established goals and progress over time (Knapp & Fingerhut, 2024). As Tryon and Winograd (2011) found, positive therapy outcomes are influenced by the partnership and unanimity on goals between client and mental health professional. To guarantee the ethical principles of respect for autonomy and beneficence to clients, the process of defining the outcome of counseling should

include the active participation of the client (Gerger et al. 2020). There are current studies that might be embodied the idea of collaborative and negotiable delivery of informed consent to unfold any misunderstanding and behold critical issues with additional methods that promote shared decision making between mental health professional and the client (Lenet et al., 2018; Gerke et al., 2022; Gerke et al., 2024; Ladwig et al., 2024). Other earliest attempts were focused on creating an active learning environment on ethical codes and violations with brochure and training other than alternating informed consent which are beneficial to influence ethical knowledge of the participants (Belter & Grisso,1984; Thorn et al., 1993; Donovon, 1997). Ethical codes are also embedded in the informed consent to ensure to be delivered in the most proper manner. When discussing ethics, it is necessary to mention not only values and principles but also ethical codes.

ACA (2014) covers dual and multiple relationships under the non-counseling roles and relationships. The principle of dual relationships and multiple relationships codes are accepted as having similar meanings and used on another (Corey et al., 2014). It is crucial to have appropriately established boundaries because it sustains a basis for a safe environment to form relationships (Smith & Fitzpatrick, 1995). Also, there is a distinguishment related to harmful and unharmful boundary crossing as boundary crossing refers to a deviation from standard practices that may have the potential to benefit the client, whereas a boundary violation is a significant transgression that causes harm to the client and is considered unethical (Corey et al., 2014). Harmful boundary crossing is evaluated as boundary violation (e.g., Barnett et al., 2007; Gutheil & Gabbard, 1993). Boundary violations refer to situations where the mental health professional loses objectivity or competence, or where therapeutic relationships are damaged across contexts (Wu & Sonne, 2021). Lazarus (1994) further states that potential harm and exploitation experienced by the client due to boundary violations vary based on factors such as the specific circumstances, theoretical approach, the nature of the client's issues, and their demographics. Dual relationship and boundaries are one of the common areas of ethical dilemmas (e.g., Akfert, 2012; Bodenhorn, 2006; Hill et al., 2023; Pope & Vetter, 1992; Sivis-Cetinkaya, 2015; Tarvydas & Barros-Bailey, 2010).

Another factor that might disturb the professional boundaries is self-disclosure practices. The role, time, place and space, money, clothing, language, gift, and services thus physical contact are evaluated under the scope of boundary related problems (Gutheil & Gabbard, 1993). Client evaluations on mental health professional's self-disclosure practices varied to be positive and negative such as in some cases self-disclosure blurred the boundaries or enhanced or diminished perceived credibility and competence of the mental health professional (Audet, 2011). Likewise, mental health professional's self-disclosure can harm therapeutic relationships when it is crossed professional boundaries (Tarvydas et al., 2015). More recently, both client and mental health professionals are searching for personal information about each other via internet which varies the traditional view of boundaries and nature of professional relationships (Kolmes & Taube, 2016). In such online personal information that can be found by clients can create ethical issues related to transparency and self- disclosure (Zur & Donner, 2009) and can be harmful for therapeutic alliance (e.g., Kolmes & Taube, 2016; Baier, 2019). The field of therapeutic relationships and social media is currently in its early stage of development, with much research still underway (Kaluzeviciute, 2020). In this perspective, creating an active learning environment for the clients on social media related ethical issues might have broadened their understanding of therapeutic relationships. It might be crucial to be prepared on how social media is going to be interfering with ethical codes and professional relationship between client and the mental health professional. Younggren and Gottlieb (2004) suggest implications for preventing multiple relationships related issues independently whether entering this type of relationship intentionally or unintentionally, first risk managed should be made for the optimal consequences, also decision-making process should be done with the active participation of client about engaging in multiple relationship, then potential conflicts should be openly discussed, mental health professionals document decisions with the informed consent by ensuring adherence to professional standards before proceeding cautiously.

Competence is another factor in upholding common features of ethical, legal, and professional standards (Pope & Vasquez, 2011). Developing competence is a gradual process that involves various elements, including academic learning, practical training, guided practice under supervision, real-world experience, continuous

professional development, and obtaining relevant licenses and certifications (Barnett & Johnson, 2015). Competency-based education aims to guarantee that learners achieve a predefined and clearly stated level of competency in a specific field and professional practice (Kaslow, 2004). On the course content wise Sivis-Cetinkaya (2015) recommended that counseling ethics courses should maintain their focus with improved emphasis on the critical topics of dual relationships, multiculturality, and confidentiality. Also, counselor education in Türkiye, the skills, and qualities that psychological counselors need in their professional lives are not adequately provided during their formal education, likewise, dealing with psychological effects of rapid social changes, the effective use of technology and the internet, and the ability to work with individuals affected by migration and terrorism are proposed to be included (Yılmaz & Ergene, 2022).

It is imperative to comprehend the ethics codes within the context of cultural framework (Corey et al., 2014). Multicultural counseling encompasses the competencies that are integrated into the counseling process related to being aware of the culture and having specific knowledge and skills to establish professional relationship (Arredondo et al., 1996). Pack-Brown et al. (2008) emphasize that in order to become competent on the diverse culture of the clients, recognizing personal dynamics on biases, prejudices and stereotypes are needed for counselors. For this sake self-care practices are referred for the mental health professionals. Self-care activities are undertaken by mental health professionals to sustain and enhance their emotional, physical, mental, and spiritual well-being, ensuring they can effectively fulfill their professional responsibilities (ACA, 2014). For the sake of hindering burnout and resolving problems interfering the competence, counselors acknowledge the requirements of strategies related to self-care strategies (Barnett & Johnson, 2015).

Confidentiality is another code which is a core element of counseling because it is based on client and counselor relationship quality and establishing trust (Hook & Cleveland, 1999). Trust is established by forming persisting partnerships with professional boundaries by assuring confidentiality (ACA, 2014). Mental health professionals disclose information by the law as a protection the client or others from harm if the client gives permission (Corey et al., 2014). Across all settings counselors

must provide explanations for their service, limitations of confidentiality with client's rights and responsibilities to be fully and clearly understood (e.g., Berg et al., 2001; Carlisle & Neulicht, 2010; Shaw & Tarvydas, 2001;) so that clients can make decisions whether to start or end the counseling process by their own will (e.g., Barnett & Johnson, 2015; Carlisle & Neulicht, 2010; Pope & Vasquez, 2011). On a report published about ethical challenges and dilemmas, confidentiality is carrying a potential to create ethical issue as reported frequently by the counselors (e.g., Akfert, 2012; Hill et al., 2023; Sivis-Cetinkaya, 2015; Tarvydas & Barros-Bailey, 2010), school counselors (Bodenhorn, 2006; Maki et al., 2022) and psychologists (Pope & Vetter, 1992).

Nonetheless, in the counseling practice, to fulfill ethical obligations towards their clients, counselors should actively engage in acquiring clients' diverse cognitive frameworks on ethics which will combine the ethical system of client and the counselors while resolving the ethical dilemmas (Hillerbrand & Stone, 1986). Also to support effective ethical decision-making, both theoretical or philosophical frameworks and practical models have been developed to assist counselors in navigating ethical dilemmas (Cottone & Claus, 2000) in the categories of theory and practice-based models (Betan, 1997; Corey et al., 2014; Forester-Miller & Davis, 1996; Hill et al., 1998; Jordan & Meara, 1990; Kitchener, 1984; Rest, 1984; Sileo & Kopala, 1993)

1.2 Purpose of the Study

The purpose of this study is to examine the effectiveness of informed consent practices in psychological counseling from the perspective of potential clients in Türkiye. Ethical codes in psychological counseling can also be elaborated on by incorporating additional resources that highlight the potential risks of not adhering to these guidelines. Overall, gaining valuable insights to counselors regarding the effectiveness of informed consent and active learning strategies from their clients' perspective might be crucial by delving into topics such as confidentiality, informed consent, multiple relationships thus competence. Lustgarten et al. (2017) suggested that informed consent practices can be improved by making documents accessible online, using

standardized and simplified language, ensuring readability, enabling sufficient time for clients to review, sustaining verbal explanations with opportunities for questions, and offering versions in multiple languages to support diverse client needs. These recommendations are emphasized for mental health professionals because clients begin mental health services while experiencing distress which might potentially reduce their readiness or ability to thoroughly read informed consent forms. To the researcher's knowledge, there is no prepared and validated consent form available in Türkiye based on the specified qualities presented.

In this study informed consent form is developed to be aligned with informed consent document qualities and content for Türkiye's context with two designs. One of them is designed to enhanced with actively learned procedure and the other one is not. The purpose of that is observe whether potential clients performed enhanced learning of the counseling ethics with active consent delivery. So that the intervention of presenting informed consent is distinctive and developed departing from other written or discussed informed consent procedures. Another purpose of the study is to develop situational judgement test to measure the effectiveness of informed consent on the counseling ethics inquiry. By simulating decision-making in ethically dilemmatic situations, SJTs provide an applied measure of whether informed consent has increased clients' practical understanding of ethical principles, not just their theoretical knowledge. These products might assist both mental health professionals and clients with ethically established communication. Therefore, based on the previous studies discussed and by serving the purpose of this study, the research problem has been formulated as follows:

"Is there a significant difference between the ethical knowledge levels of the potential client in the experiment and control group based on their exposure to active learning materials and informed consent?"

1.3. Significance of the Study

This study is significant because it addresses a gap in the literature on ethical practices in psychological counseling in Turkey. It aims to contribute to the development of more client-centered ethical guidelines and raise awareness about client rights by

focusing on informed consent procedures. The significance of involving clients in the decision-making process regarding ethical dilemmas, as well as emphasizing their rights, can be addressed more comprehensively. This approach, implemented both before and during meetings, could foster outcomes that benefit both clients and mental health professionals alike. The informed consent presentation might be standardized for the maximum comprehension exerted by the clients.

During the interactions of clients and mental health professionals, it is anticipated that ethical issues may arise that might conclude with ethical dilemmas and violations. In such circumstances, it could be imperative to gather information directly from clients as solely relying on the counselor's perspective might result in biased or omitted ethical beliefs and dilemmas. Disciplinary actions taken against mental health professionals between years of 2010 to 2014 to American state licensing boards is provided with a content analysis resulted with dual relationships with 21.5% of the cases including sexual and nonsexual relationships is being the most frequently cited suggests a significant challenge in maintaining appropriate boundaries. Unable to collect sufficient education credits with 16.8% of the cases is another significant area of ethical violations leading to disciplinary action. This might highlight issues for maintaining professional competence. Another category of prevarication of credentials contains 6.7% of the cases. This involves counselors misrepresenting their qualifications, licenses, or expertise which necessities the cruciality of ongoing training and truthfulness (Wilkinson et al., 2019). Demonstrating more comprehensive violation reviews of content analysis of peer-reviewed journals published between dates of 2014-2020, articles mostly focused on multicultural counseling and diversity which included value related contradictions between mental health professionals and clients. The topics of (a) confidential information and its restrictions, (b) upholding standards of autonomy and informed decision-making (c) multiple relationships and crossing therapeutic boundaries (d) practicing within the scope of professional capability are explored to be ethical when encountering diverse populations. Thus, the necessity of upholding codes and ethical decision-making models surfaced as well on the topics of social media and technology consumption by means of handling boundary and privacy violations. The researchers highlighted that for the best ethical

decision and practice, emerging ethical issues and effective models are demanded (Park et al., 2023).

Unfortunately, it is unknown of the perception of counselors related to informed consent delivery by means of its content, importance and necessity. A deliberate attempt to reach out a consensus related with informed consent in point of views of clients and counselors might be needed in Türkiye's mental health professions. In Türkiye there are attempts to explore ethical beliefs of counseling students (Arslan & Sommers-Flanagan, 2018) and ethical judgments of counselors (Sivis-Cetinkaya, 2014) not the clients. However, it seems to lack a concerted effort towards fostering ethical knowledge of clients or seeking their perspectives on matters related to ethical conduct.

In this context it is crucial to acknowledge that individuals who lack a clear understanding and involvement in counseling ethics may inadvertently become vulnerable to experiencing harm. As a result, they may be at greater risk of failing to recognize ongoing harm or of remaining unaware of counseling ethics, which, even when delivered through informed consent, can go unnoticed by counselors. Therefore, it is essential to prioritize the importance of comprehensive knowledge and involvement in counseling ethics to ensure the safety and well-being of all individuals involved in the counseling process because fostering trust between the mental health professional and client is paramount to the success of the gestalt of the counseling process (Glosoff et al., 2000) and informed consent is the initial step of creating trust. Although mental health professionals are primarily responsible for upholding trust and ethical considerations it is essential to highlight the significance of ethical comprehension and the involvement of clients in the process with additional strategies. There are gaps in the literature on ethical practices in psychological counseling in Türkiye. One of the most critical gaps is the limited number of studies addressing client rights, the process of informing clients, and particularly the practice of informed consent. In the literature, some researchers have pointed out difficulties in adhering to ethical principles and the uncertainties experienced by clients; however, the lack of comprehensive and systematic studies is striking. Focusing specifically on the process of informed consent is a crucial requirement for safeguarding client autonomy and

rights. When this process is not emphasized, clients may be unable to make well-informed decisions, may experience mistrust in the counseling process, and the ethical boundaries of the counselor client relationship may become blurred.

In conclusion, clearly identifying the gaps in ethical practices, discussing the importance of informed consent, and explicitly addressing the negative consequences of neglecting this process highlight the need for further studies on ethical practices in psychological counseling in Türkiye. As a result, delving into informed consent delivery that includes codes of confidentiality, multiple relationships, and competence, the evaluation of client involvement and comprehension might be necessity.

1.4. Definition of the Terms

- **Informed Consent:** a process of information sharing associated with possible actions clients may choose to take, aimed at assisting clients in acquiring a full appreciation and understanding of the facts and implications of a given action or actions (ACA, 2014).

- **Active Learning:** educational approach in which learners take ownership of their learning, granted opportunities to make decisions regarding various facets of the learning process and engage in self-regulation that includes complex instructional tasks with requirement of the active application of cognitive abilities, promoting deeper engagement in thinking throughout the educational experience (Ün-Açıkgöz, 2011).

- **Ethical Knowledge:** Client's knowledge about counseling ethics.

CHAPTER 2

2. LITERATURE REVIEW

This section begins with an overview of the psychological counseling and guidance profession, including its definition and the development of ethical codes. Ethical issues in counseling are then addressed, with a focus on professional values, moral principles, and ethical decision-making processes. Ethical dilemmas and violations are considered from the perspectives of both mental health professionals and clients. Particular emphasis is placed on the code of ethics, especially informed consent, as these are central to protecting client rights. Finally, the role of active learning in strengthening ethical awareness and practice is explored.

2.1. Psychological Counseling and Guidance Profession

In this part of the study, the literature review of various definitions of counseling and guidance are construed with the addition of development of psychological counseling and guidance and its impact on Türkiye's profession is outlined. Hence, the code of ethics by American Counseling Association and Turkish Psychological Guidance and Counseling Association by utilizing its objectives and purpose is elucidated.

2.1.1. The Definition of Psychological Counseling and Guidance

The definition of "counseling" and "guidance" stands in various definitions due to the unique and evolving nature of the individual's needs in different cultures. The term counseling encompasses a professional relationship which aims empowering a wide range of individuals, families, and groups to achieve mental health, wellness, educational, and career objectives (ACA, 2014). According to Tan (2000) counseling is the systematic and professional assistance provided to an individual in order to help them acquire the knowledge and skills needed to make choices, interpret situations, plan, and make decisions that are essential for their optimal development and satisfactory adjustments. This support also extends to helping the person implement the choices and decisions they have reached. Counseling integrates diverse methods

and theories to accommodate clients' cultural backgrounds and life stages, assisting them in setting and achieving goals to promote internal and external positive changes in a more dynamic process (Turkish Psychological Counseling and Guidance Association, 2024). Likewise, Mcleod (2013) defines counseling by including client and the counselor together as counseling is a deliberate and confidential dialogue initiated by an individual, couple, or family with the objective of contemplating and addressing challenges in life, supported by the readiness of another person to aid in this venture. Several descriptions of counseling highlight distinct interactions and authentic, in-person meetings as integral components of helping relationship within the counseling process (Gibson, & Mitchell, 1990; Kuzgun, 2002). Overall, an attempt to reach consensus, Kaplan, Tarvydas and Gladding (2014) presented the definition of counseling by referring 29 counseling organizations as by pioneering empowerment of people individually and as family it is tailored to attain mental health goals by means of wellbeing, career and educative goals.

Tan (2000) defines guidance by covering various definitions and commonalities providing systematic and expert support to aid individuals acquire the knowledge and skills needed to reach out informed choices, interpretations, plans, for productive development and fulfilling adjustments. Guidance is a process that involves assisting individuals in understanding their values, strengths, and interests, and providing them with the necessary support to make informed decisions (Gladding, 2018). In other ways, guidance is an information giving process related to self and surroundings (Kuzgun, 2002). Proceeding to Türkiye's practitioners' deportment the terms of guidance and counseling are referred together to define all the professional helping services that systematically support individual's improvements and adjustments. In practice when these terms referred separately psychological counseling is mostly stated as therapeutic relationship and guidance is referred as information and direction giving process (Bond, 2021, trans. ed. Yeşilyaprak). The phrasing simultaneously distinguishes between counseling and guidance yet subtly endorses the inclusion of advice and guidance as components within certain counseling approaches. This indicates the alterations from singularity and alignment of diverse global practices, based on cultural context and the assigned purpose (Bond, 2000). Although the definition of this helping profession alternates, the practices are constant for creating

healthier lives which are identifying the goals that emerge from the needs, deciding and executing strategies and services that lead individuals to make better decisions related to their problems with enhanced self-awareness (Schmidt, 2008). Counseling and guidance is a professional helping process that accounts for preventive and developmental approaches which results in persisting and improving the well-being of individuals in subfiles of school counseling, career counseling, mental health counseling, rehabilitation counseling, marriage and family counseling, substance abuse counseling, and crisis counseling which are obliged to be guided by ethics (TPGCA, 2024).

2.1.2. The Historical Development of Psychological and Counseling Profession

The diversity of the definitions for psychological guidance and counseling are derived from historical developments (Neukrug, 2015). Nonetheless, in 1898 and 1910, guidance practices originated in the United States due to employment requirements of industrial development until 1950's. The profession has its influences chronologically as 20's for school guidance influenced by Davis, vocational guidance by Parson with the help of social reform movement (Aubrey, 1977). In the 40's practice of the theory of Carl Rogers and World War II lead to great depression weakened the vocational stand (Gladding, 2018). Rogers (1942) influenced the counseling movement in later stages of 40's as stating that ongoing exploration, both theoretically and practically, aimed at enriching and refining appreciation of methods leads to facilitating individual's ability to achieve desired fulfillment and adjustment. Impactful investigations leading to the 1950's as the most significant influence on the counseling profession (Aubrey, 1977).

Türkiye is as well introduced with the profession as around 1950 and until 1958 significant progress was made in establishing the concept of guidance in education (Kepçeoğlu, 1986), respectively, key developments included increased interaction between local and foreign experts, various training efforts, important conferences, and numerous publications on guidance (Kepçeoğlu, 1987). In the 1950s, the first efforts in this field were initiated under the leadership of American experts who were invited to Türkiye as part of the Turkish American cooperation agreement as Marshall Plan

(Yeşilyaprak, 2009). Psychological support services began and developed in two distinct fields: one in the field of education and the other in the field of medicine (Kuzgun, 2002). The years 1951-1956 marked a particularly dynamic period for guidance efforts within our educational system in such, as part of the Turkish American collaboration, American educators and psychologists focused on the subject of guidance during their evaluations and critiques of Turkish education leading to successfully garnered the understanding and support of key officials and decision-makers within the Ministry of National Education (Tan, 2012).

In the 1960s, educational policymakers increasingly recognized the critical role of counseling in promoting students' well-being. As institutionalization efforts in the field of education began, a department of special education was established, and prospective students received training at the university, finally in 1967, the first independent program was launched (Özgüven, 1990). This growing emphasis on the integration of guidance and counseling into educational settings necessitated the employment of professionally trained counselors within schools, eventually over the 60-year history of the counseling profession in Türkiye, significant progress has been achieved in various key areas, including research and publication, counselor training, professional development, and recognition of the field (Owen & Güneri, 2015). As a result of increased need for an association, in 1989 the Psychological Counseling and Guidance Association was established in Türkiye (TPGCA, 2024). Increasing diversity in the recognition of special interest groups categorized by gender, age, socioeconomic status, and lifestyle brings forth challenges and prospects for assessing ethical conduct in the field of psychological guidance and counseling (Pedersen, 1997).

2.1.3. Psychological Guidance and Counseling Code of Ethics

The discipline of ethics pertains to the commonly accepted correct behaviors within the framework of a professional community (Remley & Herlihy, 2024). Nonetheless, the profession's objective is to minimize unethical conduct and to hinder informatory objections for professionals on ethicality (Welfel, 2016). The initial objection of a code is to behold members about ethical manner (Herlihy & Corey, 2015). Counselors

depend on the code of ethics and standards of practice for ethical guidance by means of core professional values, fundamental principles of professional ethical behavior and ethical codes by the latest version of the ethical principles is the ACA Code of Ethics published by American Counseling Association in 2014 as a seventh version. The ACA Code of Ethics comprises nine primary code sections that covers: "(1) the counseling relationship, (2) confidentiality and privacy, (3) professional responsibility, (3) relationships with other professionals, (4) evaluation, assessment and interpretation, (5) supervision, training and teaching, (6) research and publication, (7) distance counseling, (8) technology and social media, (9) resolving ethical issues" (ACA, 2014, p.3).

With an alignment to American pioneers the Turkish Psychological Counseling and Guidance Association (TPCGA) was established in 1989 and in 1995 the ethical codes were published (TPCGA, 2024). The third and newest publication of the ethical codes in 2024 consists of 15 sections related to fundamental values, basic principles, and ethical codes. The fundamental values and principles are presented in the first section with additional materials of responsibility cards for school counselors and clients which are for online and face to face interactions to be shared before the beginning of the sessions. Detailly the ethical codes are outlined under 9 headings which are (1) values and principles (2) professional responsibility and supervision, (3) confidentiality and record keeping, (4) the counseling relationship, (5) multiple relationships and boundaries, (6) education, training, supervision, (7) evaluation, assessment, and interpretation, (8) research and publication, (9) technology and social media. Under the following chapter the resolution of ethical dilemmas through ethical decision-making list is also specified, and other 5 sections of ethical standards for (1) family, (2) addiction, (3) career, (4) school and (5) culturally sensitive counseling is presented in the contents (TPCGA, 2024). The delivered headings of TPCGA are demonstrated as equivalent as ACA. Thereupon, the most recent comparison made between the versions of ACA, 2014 and TPGCA, 2006 is an instance that TPGCA codes are considerably embracing narrower scope and compassing deficit detail (Sivis-Cetinkaya, 2014). However, to the researcher's knowledge there is an absence of comparative data regarding the of counseling ethics in Turkey recent scope. In both cases, the purpose of the ethical codes is to delineate the ethical objectives and

principles of the profession and to provide guidance to professionals in navigating common challenges in their practice (Gladding, 2018).

Ethical codes serve both clients and counselors, establishing conduct expectations and facilitating the development of ethical action plans (Çerkez et al., 2018). Ethical codes often prioritize safeguarding the profession over the interests of the consumer and tend to overlook numerous critical ethical concerns (Kitchener, 1984). According to Mabe and Rollin (1986) ethical codes face limitations in addressing complex issues, enforcement challenges, inclusion of client counselor and other participants, conflicts with other codes, and difficulties in adapting to various or cutting-edge topics, therefore, it is significant that counselors recognize both the advantages and constraints of ethical codes to ensure the counseling profession upholds the autonomy in an accountable manner.

2.2. Psychological Counseling and Guidance Ethics

Under the heading of ethics, professional values, moral development and principles thus theory and practice based ethical decision-making processes are presented.

2.2.1. Professional Values and Fundamental Moral Principles

In terms of professional values, counseling is a value-laden process in which counselors demonstrate values through their actions that influence the client within the counseling relationship (Cottone & Tarvydas, 2016). Hence, promoting lifespan human development, appreciating diversity and embracing multicultural approaches, advocating for social justice, safeguarding the integrity of the counselor-client relationship, and practicing ethically thus competently are values to be internalized by the counselor's professional practice aside from their personal values. The fundamental moral principles of professional behaviors are demonstrated as autonomy, nonmaleficence, beneficence, justice, fidelity and veracity which are core elements of ethicality (ACA, 2014). Moral principles form the foundation of principle ethics, which concurred convictions regarding ideals collectively held by mental health professionals on the actions to resolve ethical dilemma and theoretically, hence, all these principles are of equal significance and should be evaluated collectively in

ethical decision-making. However, in practice, ethical principles may conflict, leading counselors to potentially prioritize one principle over another (Remley & Herling, 2024). Despite the fact that codes guide and foster ethical judgment, they are insufficient to be applied to every ethical dilemma (Gibson & Pope, 1993; Pedersen, 1997; Pope & Vasquez, 2011; Remley & Herlihy, 2024; Welfel, 2016). In ethical practice, it is therefore necessary that values and principles be understood as these concepts interconnected and integrated which may in conflict or agreement.

On earliest two research, potentially, autonomy, nonmaleficence and beneficence are principles that are in conflict and researchers frequently encounter a dilemma between maximizing benefits for the greatest number of people, which is beneficence, and avoiding harm to individual participants which is nonmaleficence (Jordan & Meara, 1990). In one of the studies, the greatest frequency of the principles conflict among 33 dilemmas were related to autonomy versus beneficence and fidelity versus beneficence (Vaughn et al.,1998). Still mental health professionals frequently encounter various ethical dilemmas in their practice, themes emerging from 309 rehabilitation counselors' reports dealing with ethical dilemmas are demonstrated as protecting client confidentiality, avoiding inappropriate conduct, maintaining clear personal and professional limits, clients' right to autonomous decisions, building appropriate relationships, managing multiple relationships, collaborating with external organizations responsibly, recognizing the agency's limits, handling overlapping professional roles with care, and helping clients get ready for the services they will receive (Hill et al., 2023). Common ethical dilemmas encountered across various institutions include restrictions on privacy, establishing multiple relationships thus transferring competencies and values. To address these challenges, individuals often rely on methods such as considering ethical guidelines, seeking assistance, conducting personal reflections, or attempting to adhere to legal procedures (Kolay Akfert, 2012).

When addressing ethical dilemmas caused by value conflicts or inadequacy and difficulties of solely relying on ethical codes in practice, necessities development of additional methods for ethical decision making. To understand the moral reasoning of the decisions to be ethical, framework of moral development is crucial. A significant

portion of contemporary research on ethical decision-making models is grounded in the cognitive developmental approach to ethics pioneered by Kohlberg and subsequently built upon by Rest (MacDougall et al. 2014). Kohlberg's (e.g., 1973, 1981,1984) framework of moral development, rooted in Piaget's (1948) foundational work, offers a structured approach to understanding how individuals progress through six stages of moral reasoning. Moral judgment, as established by Piaget and Kohlberg, is understood to develop through a process of cognitive restructuring rather than through the direct acquirement of rules and virtues. This developmental progression is not facilitated by modeling behaviors, delivering lectures, or employing punitive and reward-based systems. Instead, it is shaped by the individual's active engagement in reorganizing cognitive frameworks, allowing for the integration of increasingly complex moral concepts and principles (Duska & Whelan, 1975). This process is organized in Kohlberg's (e.g., 1973, 1981,1984) moral development by three primary levels (1) pre-conventional, (2) conventional, and (3) post-conventional or autonomous stages. Each level represents a distinct perspective on moral reasoning, with two interrelated stages within each. These levels reflect unique moral frameworks, each offering a different interpretation of social and ethical principles. These six stages defined as human life are often mistakenly valued in terms of material worth, linked to social status or physical traits, or seen as a means to fulfill personal or other's needs. Following that, it may also derive its worth from the empathy and fondness of relationships with family and friends. Additionally, life is sanctified within a moral or religious framework of rights or liberties and the accompanying commitments. At a broader level, human life is valued as a universal right essential to community well-being and is ultimately upheld as sacred, reflecting a universal respect for individual dignity. ACA (2014) internalizes similar values at a broader level for helping profession such as promoting lifespan human development, appreciating diversity and embracing multicultural approaches, advocating for social justice, safeguarding the integrity of the counselor-client relationship, and practicing professionally, ethically thus competently.

Kohlberg's six stage approach theory is also influential for Ethical Decision-Making Scale Revised developed by Dufrene (2000) which is eligible not only in research but also for training and education. It measures the ethical position of mental health

professionals with the addition of integrating moral development. The scale consists of 3 sections to be answered. The last section is where the six ethical dilemmas are presented that can be encountered in the mental health profession. The contexts of dilemmas are related with (1) confidentiality concerns in couples' therapy and (2) navigating multiple relationships, (3) ethical complexities surrounding suicidal clients, particularly confidentiality boundaries, (4) issues of sexual misconduct involving client-professional interactions, (5) competency-related termination and the appropriate handling of referrals thus (6) managing a minor client's experience of abuse within the family. These dilemmas are answered by means of the most appropriate action, rated pathways' importance for reaching a decision and ranked for the most and least important reasons to be used for reaching out an ethical decision. Kohlberg's theory of moral stages incorporates the notion that reasoning involves employing a moral principle to navigate a dilemma and derive a solution (Carpendale, 2000). With a similar purpose of these models, this study creates an opportunity for clients to gather awareness and information by trying ethically to decide and to answer dilemmas together with counselors at the onset of meetings. That's why acknowledging the models of ethical decision making is crucial. Moreover, this study derived from the similar position of moral development as prioritizing greater good of clients by means of leading to ethically informed clients on their rights and acknowledging the occurrence of ethical dilemmas and possible violations caused by inappropriate decision-making strategies of the mental health professionals.

2.2.1.1. Ethical Decision Making in Psychological Counseling and Guidance

Ethical decision-making models are required by the ACA (2014) for counselors to consult when resolving ethical dilemmas. Numerous theory-based (Betan, 1997; Hill et al., 1998; Jordan & Meara, 1990; Kitchener, 1984; Rest, 1984) and practice-based (Corey et al., 2014; Forester-Miller & Davis, 1996; Sileo & Kopala, 1993) models are developed in favor of counselors for ethical decision-making (Sheperis et al., 2015).

To begin with theory based ethical decision-making models, Kitchener (1984) provides Ethical Justification Model by integrating principal ethics into a model of moral reasoning that encompasses both an intuitive level and a critical-evaluative

level. The intuitive level represents the instinctive feeling a counselor may have regarding the ethical appropriateness of a situation. In contrast, the critical-evaluative level involves a deliberate effort to identify and weigh competing principles within the framework of an ethical dilemma which is a situation where valid justifications exist for pursuing multiple courses of action. The importance of moral development rests another influence of theory driven ethical decision-making model such as Rest's (1984) Four-Component Model Of Morality (Cottone & Claus, 2000) which suggests that ethical decision-making involves four distinct psychological processes, all of which must be met for an individual to act ethically. These components outline the necessary steps that guide moral behavior. The components followed as; (1) interpretation of the incident on the influence of other's welfare, (2) devising and identifying moral behavior as ideal, (3) selecting competing values for moral behavior and (4) carrying out the finalized ethical decision (Rest, 1984).

The third theory based ethical decision-making model is Betan's (1997) Hermeneutic Model which is stated that subjective factors of moral beliefs, personal differences and perceptions of human nature carry an essential role for guiding ethical decision-making and professional conduct as an interpretative process that cannot be separated from the self. Comprehension of ethics is conceived as emerging through a continuous, dialectical, and interactive process between ethical principles and the individual's subjective perspective, with each shaping the other. This dynamic process serves to explain, amplify, and elevate the perspectives on ethical dilemmas, allowing for their reinterpretation and re-evaluation within evolving cognitive and moral frameworks. Similar to how principal ethics focus on resolving dilemmas Jordan and Meara (1990) mention virtue ethics which emphasize the importance of professional character without enforcing uniformity of values or exclusivity. Therefore, since virtues are embedded in the character, creating a mutual relationship and professional consensus may require balancing both principle and virtue ethics.

There are also models that focus on client inclusion and shared decision making of the resolution of ethical dilemmas. In such, Hill et al. (1998) propose feminist model for ethical decision making as the client's values and experiences can significantly impact the consultation provided to resolve ethical dilemma, thereby, including the client in

the decision-making process, where appropriate, aligns with feminist principles of equalizing power dynamics between counselor and the clients which often leads to better outcomes by incorporating the client's perspective. The stages of (1) realizing the incident, (2) describe the incident, (3) generating an explanation, (4) deciding on the explanation, (5) reassessment of the chosen explanation, (6) conducting the solution (7) and reassessing of the ongoing process are applied for the ethical dilemmas. Throughout the process, discussion with the clients about selected solutions on client's opinion and feelings. Thus, applying for further consultation of the client allows fully informed conclusions.

While mental health professionals bear ultimate responsibility for decisions, client collaboration can provide critical insights, even if clients might be unaware of the specific ethical codes involved. Likewise, Prilleltensky et al. (1996) developed participatory conceptual framework to accomplish equally shared power and control between mental health professionals and clients to reach out consensual decisions related to ethics intended to prevent harm and enhance therapeutic relationships. Last two model are distinct in their feminist position of client involvement. The commonality of these models is that ethical decision-making is not simply about following rules, rather than engaging in a thoughtful, relational, intuitive and evolving process that considers principles, character, context, and collaboration which is in line with the therapeutic relationship occurring between client and the counselor.

Theory and practice-based models guide mental health professionals to facilitate ethical conclusions by leading them to moral reasoning and step by step procedures. The practice based ethical decision-making models, Sileo and Kopala (1993) developed a practical approach as A-B-C-D-E worksheet named after assessment, benefit, consequences and consultation, duty and education. This sheet aims to pinpoint each phase of the ethical decision-making process that might be neglected when assessing possible courses of action, while also highlighting the importance of the decision-maker's character and virtues. Likewise, step-by-step models that guide counselors in real-world applications include starting with identifying the problem and alternating steps that results with the best possible action to be implemented (Corey et al.,2014; Forester-Miller & Davis, 1996). Forester-Miller and Davis (2016), ACA

published Practitioner's Guide to Ethical Decision-Making framework in favor of counselors for ethical decision making. The stages of framework are follow as (1) identifying and defining the ethical issue, (2) utilizing the ACA Code of Ethics as a guiding framework as (3) assessing the characteristics and scope of the ethical dilemma, (3) developing a range of possible actions, (4) analyzing the possible outcomes of each option and (5) deciding on the action, (6) critically appraising the chosen course of action and (7) executing the determined action plan is devised for systematic analyze of the line of the course of the procedure. In TPCGA (2024) published ethical decision-making list for correctly and quicker checked and generated decisions which is originated from Canadian Counseling and Psychotherapy Association (2020)'s Quick Check list which is asking questions and under the three criteria publicity, universality and justice.

In practice, the handling and resolution of ethical dilemmas indicates that ethical decision-making models might be applied in an unsystematic and incomplete manner. Moreover, the occurrence of these dilemmas is complex and manifests in diverse forms. Mental health professionals demonstrated feelings of powerlessness in terms of disagreement with supervisors and administrators in their ethical practice thus mental health professionals mostly found ethics training inadequate to resolve ethical issues (Burkholder et al., 2020). Overall, in most of the ethical decision-making models where ethical codes do not provide explicit guidance, it is crucial to engage in critical thinking, assess potential courses of action, and consider the role of personal character and virtues in the decision-making process, conversely, only feminist model and participatory conceptual framework included shared decision making with clients for resolving ethical dilemmas which might be considered as omission to be significant for ethical violations and how client's perceive these issues in the counseling process.

2.2.2. Ethical Dilemmas and Related Violations

This section details the occurrence of ethical dilemmas by the mental health professionals thus concluded violations. The incidents presented are mostly associated with confidentiality, multiple relationships, cultural and professional competence,

payment and boundary crossing. Since professional pledged to steer both themselves and clients in an ethical direction, covering frame of standpoints on each encountering individuals are provided.

2.2.2.1. Perspectives of Mental Health Professionals

The ethical violations could be unnoticed and be directed unintentionally therefore self-monitoring and accountability for unethical practice is critical by reason of only the mental health professional involved being aware of their actions' ethicality (Corey et al., 2014). To the researchers knowledge from comprehensive and earliest two studies, the first research investigating the frequency of engagement in unethical behavior by means of 83 items related with (a) avoiding harm, (b) competence, (c) avoiding exploitation, (d) respect, (e) confidentiality, (f) informed consent, (g) social equity and (d) justice; for the 7 items nearly 90 percent of the mental health professionals reported that they displayed unethical behavior (Pope et al., l987). The second study of Pope and Vetter (1992) demonstrated 703 ethical incidents from members of the American Psychological Association, similarly the most frequently occurring incidents are confidentiality (%18), multiple relationships (%17), payment methods, arrangements and other methods used (%14) competence (%8). Unchangeably, over the years violation of ethical codes yielding around corresponding codes such as the categorization of violations derived from competency, business and professional related implementations (Saunders et al., 2007). Other ethical dilemmas reported in Maki et al. (2022) study as being most prevalent in the area of (1) assessment and related intervention, (2) tension and coercion caused by administration, (3) contradictions with parents, (4) confidentiality, (5) informed consent, (6) professional competence, and (7) oppositions in the relationships.

Comparable previous and recent studies about code of ethics, ethical challenges and dilemmas denotes confidentiality as reported repeatedly by the mental health professionals and candidates (e.g., Bhola et al., 2015; Bodenhorn, 2006; Camadan et al., 2021; Haas et al., 1986; Hill et al., 2023; İkiz et al., 2017; Jacqueline et al., 2023; Pope & Vetter, 1992; Sivis-Cetinkaya, 2014; Tarvydas & Barros-Bailey, 2010; Tu et

al., 2024). Participant of certified rehabilitation counselors who responded to internet-based survey questions on the topics of (1) challenged ethical issues, (2) additional sources that applied for unresolved issues, (3) proclaims of future ethical incidents, (4) additional issues that need to be addressed. Firstly, the answers to these questions provided that confidentiality, unprofessional practice and boundaries are mostly cited ethical incidents. Secondly, in the absence of any resolution of ethical dilemmas optimal alternatives are guidance, consultation and applying codes. Third, the predicted future ethical challenge in the survey is that it ranged between online and distance interactions. Hence other future incidents are lined with the codes of confidentiality and dual relationships. Also, diversity, limits of practice and services and agencies with financial incidents are other predictions of ethical incidents. For the last, the additional incidents acquired to be addressed by the codes are (a) counselor preparation by means of education and licensure, (b) online counseling, (c) social networking related issues, (d) professional interactions thus (e) preparing clients on the topics of parent inclusion dealing with minors, and (d) strengthen client well-being without subordination (Hill et al., 2023). Likewise, 132 certified counseling psychologists' responds to two-part questionnaire as first part asked ethically rigorous incidents experienced within last two years and second part included addressing these dilemmas. Mostly, breaking confidentiality due to mandatory reporting, collaboration with educational personnels such as teachers and other staff thus interfering with school administration are reported as ethically rigorous (Tu et al., 2024). Similarly, 16 mental health professionals' answers to semi structured interview designed by following Pope and Vetter (1992)'s study of emerging ethical dilemmas showed that 36.6% of participants chose confidentiality as their first response to occurring ethical dilemma (İkiz et al., 2017). These challenges might be emphasizing the demand for ongoing ethical awareness on confidentiality, and responsive practices to protect client trust and privacy.

Multiple relationship and boundaries are another prevalent scope of ethical dilemmas (e.g., Akfert, 2012; Bodenhorn, 2006; Hill et al., 2023; Pope & Vetter, 1992; Sivis-Cetinkaya, 2015; Tarvydas & Barros-Bailey, 2010). Forty psychological counselors who are in institutions of school, university and private centers reported encountering a broader range of dilemmas regarding privacy boundaries. Privacy related boundary

issues are identified mostly in school counseling, beyond the duty to minor students, these counselors also have obligations to parents and school administrators, creating a complex dynamic. This triple responsibility often challenges counselors in maintaining an appropriate balance of confidentiality across these interconnected relationships hence multiple relationships incidents observed in all institutions (Akfert, 2012). Multiple relationships raise critical considerations around confidentiality and power dynamics. In cultures valuing collectivism, the implications and manifestations of multiple relationships may differ significantly from those observed in individualistic cultural contexts. In such, Western ethical codes emphasize avoiding multiple relationships to prevent client exploitation and harm. In individualistic cultures, it is typically prohibited, while in collectivist cultures, such as China, Lebanon, Ukraine, and the United Arab Emirates, multiple relationships are more common and flexible due to cultural norms that value personal connections and community (Akhurst & Leach, 2023). The collectivist and individualistic culture's impact on perspectives of ethics is also investigated with international counseling students in United states, the students from collectivist countries mentioned the impact of culture on their evaluations of fairness (Karaman et al., 2018). Likewise, in Türkiye, 16 mental health professionals' answers to semi structured interview showed that multiple relationships (16.6%) ranked third as the most frequently encountered ethical dilemma (İkiz et al., 2017). Likewise, 132 certified counseling psychologists' responses of expected further incidents were related to multiple relationships, misconduct of other mental health professionals, retaining standards professionally and respecting autonomy (Tu et al., 2024). These findings might underscore the critical importance of addressing multiple relationship dilemmas in Türkiye, where cultural norms, institutional dynamics, and role expectations frequently intersect highlighting the requirement for culturally sensitive approach for informed consent practice to clear out and professional boundaries.

Since there is an indication of importance of awareness in ethics, encompassing the code of ethics related with competency is also mentioned. Nonetheless, competence is identified by mental health professionals as a another frequently encountered dilemma (Arslan et al., 2019; Camadan, 2018; İkiz et al., 2017; Lawrence & Kurpius, 2000; Tarvydas & Barros-Bailey, 2010). As in line with the studies, there might be

additional effort for Turkish literature to vouge counseling ethics in terms of ethical violations and the precautions for potential harm, yet current challenges faced by psychological counselors in Türkiye included the issue of allowing individuals without proper credentials to work as counselors. Another significant concern is the confusion surrounding professional titles, especially with short-term training programs, hence, multicultural counseling, maintaining professional competence, and safeguarding confidentiality occur as ethical problems (Arslan et al., 2019). In İkiz et al. (2017) study competence (20%) is ranked as third mostly occurring dilemma with compromising the topics of possessing professional competencies, lack of solidarity, expertise in the field, colleague disparagement cited by child-adolescent, adult, couple and family counselors. However, ethics committee in Türkiye due to the TPCGA still attaining professional chamber status, the ethical codes are not legally enforceable and as a result, while the committee can assess ethical complaints, it doesn't possess the legal power to penalize offenders, however, it can caution, denounce, or expel its members in instances of misconduct (Sivis-Cetinkaya, 2014). Despite the presence of regulatory bodies, cultural, legal, and religious contexts significantly influence how mental health professionals interpret and apply informed consent, multiple relationships, and confidentiality in practice (Akhurst & Leach, 2023). For Türkiye examination of 68 counselor candidate comprehension on confidentiality and boundary related ethical issues with semi-structured interviews designed via assessing Turkish code of ethics and forming six vignettes on the topics of confidentiality, boundaries, privacy, initiating romantic relationships with previous clients, curiosity motivated questions asked to the client, disclosing personal information, and reporting third parties resulted that there is a requirement for ethics education on deepening the purpose of utilizing codes and related decisions (İkiz et al., 2017).

Dilemmas and incidents play an important part in the studies; also, mental health professional's attitudes and judgments and perspectives are presented in literature. Forty school counselors' attitudes signify unanimous stance on the code of confidentiality maintenance. It is indicated that when school counselors perceived a justified reason confidentiality is breached in half of the 18 cases related to behaviors or situations posing significant threat, actions constituting unlawful conduct, details pertaining personal and familial information. Counselors were most inclined to breach

confidentiality in cases involving danger included behaviors, less inclined in cases of behaviors contradicted with law and least inclined when it concerned family and individual centered information with the justifications of breaching confidentiality as ethical considerations legal and procedural grounds thus professional values and priorities (Lazovsky, 2008). Equivalently, ethical judgements survey by utilizing survey of Pope and Vetter (1992), answered by 767 Turkish practitioners resulted that, mostly deemed breaches of confidentiality in cases of child abuse, homicide and suicide are justified to be ethical. Situations involving sexual dual relationships and ethically inappropriate actions relevant to informed consent such recording a session without the client's approval, breaches of confidentiality with mentioning a client's name in casual conversations or during lectures are evaluated to be unethical. Additionally, practicing with alcohol consumption, and offering services beyond one's competence, changes in the duration spent under supervision were not evaluated to be ethical. When gender differences are considered among mental health professionals' unethical evaluations with male participants more inclined to consider both sexual and nonsexual dual relationships as ethically permissible (Sivis-Cetinkaya, 2015). While the perspectives of mental health professionals converge on certain points, they become more distinct in areas that remain open to discussion. As researchers provided, new dynamics are emerging other than codes of confidentiality and dual relationships. This situation may indicate a need to highlight the importance of continuously developing mental health professionals' ethical awareness in working with different settings.

2.2.2.2. Perspectives of Clients

Hillerbrand and Claiborn (1988) suggest that mental health professionals should be attentive to the diverse perspectives that clients hold regarding ethical behavior because clients lack clarity on their expected roles and rights and might not have the capacity to safeguard their rights. It seems that focusing on clients' expectations on various aspects might be beneficial for broadening the understanding of client expectations of counseling ethics. During the counseling process clients implicitly consider the counselor's intentions, consistency, and perceived likelihood of success, forming impressions of its effectiveness which influence the overall success of

counseling (Hiebert, 1997). In accordance with the perspectives of the clients, Strong (1968) proposed that a counselor's behavior significantly influences clients' perceptions of their expertise, attractiveness, and trustworthiness. While clients have beneficial and positive evaluations, the contradictive negative perspectives are evident.

The studies gathered around the perspectives of clients have the onsets approximately 30 years ago, even though there isn't a common trend of these types of studies, few recent studies are still presenting similar results on the partial comprehension of the clients on ethics. In such three early examples are given as, study evaluated the ethicality of 60 mental health professional practices, with clients reporting whether these practices occurred. These practices were grouped into six ethical domains: (1) confidentiality, (2) dual relationships, (3) informed consent and business practices, (4) competence, (5) cultural sensitivity, and (6) intervention methods. Both clients and non-clients generally demonstrated an understanding of core ethical principles; however, specific aspects generated uncertainty, partly due to misinterpretations of therapy and its associated risks (Calibron et al., 1994). Additionally, study on attitudes toward the ethicality of various types of dual relationships vary among nonclients, current clients, and former clients, the results indicate that most of the participants opposed actions of the mental health professional engaging in sexual activity during sessions and after termination, attending a social event with a client, accepting a valuable gift, having sessions with a current student, having dinner with a client after a session, or offering a client to become employee. Conversely, less than a third of participants found certain scenarios completely unacceptable. These encompasses a mental health professional attending a special event by invitation, self-disclosure of personal issues, having sessions with friends or relative, experiencing sexual attraction to a client, or forming a friendship with a client after therapy had ended (Nerison, 1992). More recently, Brown and Pomerantz (2011) studied college student's perceptions of mental health professional–client interactions related to non-cultural and cultural ethical violations with vignettes on the topics of multiple relationships, confidentiality and competence resulted that participant held more negative perceptions of clinicians who engaged in culturally-based violations compared to those who committed non-cultural infractions. Participants were more inclined to

perceive culturally based violations as ethically inappropriate and indicated a higher likelihood of reporting such violations to a supervisor, licensing board, or ethics committee. Participants expressed a greater propensity to terminate treatment with clinicians whose multicultural competence is absent. Another review of published articles between 2007 and 2017 about confidentiality and informed consent in counselling and psychotherapy, is concluded that confidentiality is shaped by cultural and contextual variables, with the mental health professional's practice setting influencing the extent to which client disclosures confidence within information giving process. Despite a robust quantity of professional literature underscoring the significance of informed consent and confidentiality related discussions, there remains limited exploration of client comprehension, the strategies mental health professionals use to ensure this understanding, and how therapists confirm that clients understood the given information (Lamont-Mills et al., 2018).

Clients' negative experience reports are encountered in the literature as well. Such as, the client victims of sexual boundary violation are presented their experience with by interviewing revealed that their mental health professionally respected and independent thus boundary violations emerged gradually over time resulted in client hurt and exfoliation (Somer & Saadon, 1999). In Neukrug and his colleagues study (2001), one thousand one hundred and eight ethical complaints and violations to licensing boards occurring around the codes of (a) dual relationship (24%), (b) incompetency (17%), (c) practicing without a license or other misrepresentation of qualifications (8%), (d) sexual relationship with a client (7%), (e) confidentiality (5%), (f) fee assessment (4%), (g) not informing clients about goals, techniques, rules, and limitations of the counseling relationship (l%), and (h) failure to report abuse (1%). In another review, Vybíral et al. (2023) analyzed 936 statements from 51 studies conducted between 1986 and 2022 concerning clients' adverse experiences. They identified four clusters, the first of which relates to therapist competence and client engagement, including misbehaviors such as failing to listen or understand, thereby showing disrespect, passing judgment, or even abusing the client. This may illustrate the salience of ethics in shaping positive client experiences. To the researcher's knowledge in Türkiye, there isn't available data on client's reports and complaints about ethical dilemmas and violations. Still, none of these perspectives of mental

health professionals and clients have been synthesized to uphold ethical standards by empowering client's comprehension of ethics and ultimately addressing these ethical incidents with proper ethical decision-making models with integration of clients.

2.2.3. Code of Ethics

In this section, ethical codes examined, and their significance in the field of mental health professions reviewed and emphasized in light of relevant research.

2.2.3.1. Informed consent

At the onset of counseling relationship, it is necessary to inform clients on their rights and responsibilities with the help of informed consent so that clients can decide whether to continue or discontinue the relationship (Hudgins et al., 2013; Corey et al., 2014; TPGCA, 2024). As ethical codes built upon values and standards, informed consent consists of three key components, the provision of information, the assessment of decisional capacity, and the assurance of voluntarism (Roberts, 2002). It is a process where professionals provide sufficient information to enable individuals to make informed decisions about participating in a professional relationship which supports the prevention of possible exploitation or harm with enabling welfare and autonomy for the client (Barnett et al., 2007). Respecting autonomy requires acknowledging that informed consent is a continuous exchange of relevant information throughout the relationship, not merely a one-time event at the start (Glosoff & Pate, 2002; Youngreen & Davis, 2012). In such a decision clients should be informed about profession and goals, mental health professional's background experience and training, arrangement for fees, payments, and sessions thus explaining the methods, risks, benefits, mentioning the alternatives to reaching an agreement (Barnett & Johnson, 2015; Bond, 2000). Clients need to be informed within an adequate time period on the necessary topics relating to their questions, worries and attractions. In such, mental health professionals inform clients that their awareness may bring to light leads feeling pain and being anxious. So as to examine the client's background with specific questions related to their problems should be further explained in terms of its purpose.

The initial sessions ought to prioritize a comprehensive exploration of the dynamics of change, alongside a clear articulation of therapeutic processes and objectives, emphasizing clients' autonomy to decline particular interventions (Corey et al., 2014). Also, valid consent obtained from client is grounded in three fundamental elements which are (a) cognitive capacity, encompassing the individual's ability to comprehend, remember, and evaluate pertinent information, as well as effectively communicate their decision, (b) comprehensive disclosure of information to ensure shared decision making, (c) autonomous voluntariness, requiring the decision without constraint (Ng, 2024). Mental health professionals should offer a detailed summary of their credentials, encompassing their training and specialized competencies, to effectively manage client expectations and mitigate the potential for malpractice concerns. Explanation of payment information, the duration of the sessions, therapy and termination process, necessary consultations with other professionals with client cases, unprepared and expected interruptions, profits and costs of the treatment with provision of alternative methods of the therapy are required. Further, clinical records that are kept by the mental health professional are explained in terms of how clients can access the records and how it will be kept. Thereby, the related information about confidentiality and its limitations are disclosed in the onset of the therapeutic relationship by acquiring informed consent (Corey et al., 2014). According to TPGCA (2024), obtaining informed consent is both an ethical and legal requirement thus is an informative process that outlines the counseling process (goals, techniques, fees, procedures), the characteristics of the counselor (counseling approach, experience), potential problems and solutions (limitations, risks, preventive measures), as well as the responsibilities of both the mental health professional and the client throughout the counseling process.

From earliest studies, it is known that the benefits of presenting informed consent with discussion and written format positively influence the clients' perceptions of the therapist by their expertise and trustworthiness. Thereupon, sustaining ethicality to clients in early stage of the therapeutic relationship is hindered the possible harm (Sullivan et al., 1993). Likewise, in terms of obtaining informed consent, somewhat mental health professionals provide an introductory explanation of the process and themselves in the first session, not many mentions about potential alternatives where

clients are not knowledgeable and as if they decide to terminate after the first meeting acknowledging the alternatives may guide them to pertain with another professional (Hare-Mustin et al.,1979). However, ensuring the client derives maximum benefit, it is crucial that informed consent is discussed during the initial session and provided in written form. Hence, the informed consent process has the potential to strengthen therapeutic relationships, ultimately contributing to improved therapy outcomes (Barnett, 2007; Fisher & Oransky, 2008). The written format easily understood by the client and not overwhelming and frightening (Sommers-Flanagan & Sommers-Flanagan, 2015) by being understandable and sustaining clear communication related to therapeutic process is trough ascertaining clients on receiving and acquiring the informed consent (Corey et al., 2014). Another crucial factor to determine is whether the therapeutic alliance is sustained starting from the initiation of informed consent through to the point in the therapeutic relationship where concerns about potential harm to others first became evident (Welfel et al., 2012). Because, fostering honest communication between mental health professionals and clients regarding the components of meetings improves therapeutic alliance and client outcomes (Boswell et al., 2015). Pomerantz and Handelsman (2004) developed revised informed consent by adding questions to early developed question format that will foster openly discussing issues for informed decisions on the topics of nature of the therapy, alternatives, confidentiality and credentials of the mental health professional. Thereby, the client centered approach and active client involvement serves to uphold key ethical considerations such as autonomy, beneficence, non-maleficence, and justice principles (Gerger et al., 2020). When informed consent protocols are properly enacted, they facilitate transparent exchanges between mental health professionals and clients, fostering a collaborative dynamic that enhances shared decision-making and empowers the therapeutic relationship which aim to address possible common questions from clients, thereby preventing misinterpretations and disillusionments in the therapeutic process, contracts impose responsibility on clients while aiding them in reclaiming their effectiveness and improving their self-control (Knapp & VandeCreek, 2012).

The informed consent delivery attempts supported by studies in terms of integration additional methods such as (a) consultation, (b) longer delivery duration, (c) further

education via web-based designs, (d) and checklist. The articulation of informed consent to the clients is studied with an online survey that is constructed for evaluating attitudes of mental health professionals about informed consent and in which way it's implemented. The questionnaire compromises sections of (1) information, perceptions and acquaintance in terms of informed consent, (2) personalized experiences of delivery and obtaining informed consent (3) disclosed information to the clients were asked. Outcomes declared that not all participants obtain informed consent, 84 percent of licensed psychotherapists and postgraduate psychotherapy trainees collected it by holding uncertainty to adhere (52%) ethical and (%63) legal regulations. Most often, clients are informed about the conditions of mental health process (%96) and approach of mental health professional (%91). Less commonly expressed information is framework of the therapy (%33) and significance of expectations from the process (%30). Overall, it is highlighted that there is a discrepancy between informed consent practices and ethical standards and yields to educating mental health professionals on how to provide comprehensive informed consent information (Gerke et al., 2022). So as to create optimized informed consent consultation, the first experimental study is about randomized controlled web-based trial designed in favor of both mental health professionals and clients. This consultation is structured to deliver comprehensive information to clients with mental disorders regarding the topics of therapeutic setting, anticipated efficacy, underlying mechanisms, and potential adverse effects with composition of semi-structured treatment manual. The Online Intervention Component (OIC) was characterized by the delivery of verbal information and the facilitation of collaborative discussions regarding expectations, with an emphasis on shared decision-making within an empathetic relationship. One hundred and twenty-two adults with at least one diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders are participated in the study and as a result, 35-minute duration OIC has potential to enhance expectations, allow patients to make informed decisions and influences the outcomes thus efficiency as it fulfills legal and ethical requirements related with informed consent (Gerke et al., 2024). In clinical practice, incorporating an OIC is particularly advocated for individuals characterized by minimal to moderate foundational knowledge of psychotherapy and exhibiting constrained to moderate intrinsic motivation for self-directed therapeutic engagement

(Ladwig et al., 2024). Post-Evaluation Psychodynamic Psychotherapy Educational Resource (PEPPER) online document is also developed in the favor of clients so as to be presented with the informed consent that includes the overall structure of the process, anticipated outcomes of psychodynamic psychotherapy, details about how it works, and answers for the commonly asked questions which enhance shared decision making. The clients are provided with informed consent, and the PEPPER is to be read at home and discussed in a further session. This document allows easier ways to demonstrate informed consent information and assist clients to be more active in the process, and the researchers pose the significance of actively presentation of informed consent (Lenet et al., 2018). Moreover, incorporating interactive digital tools or short explanatory videos might further strengthen clients' comprehension and engagement. Importantly, these approaches might transform ethical education into an interactive process that empowers clients, supports shared decision-making, and reinforces the therapeutic relationship in digital platforms.

Another improvement attempt is that in favor of mental health professionals, informed consent checklist is developed so that the practices can be enhanced and adjusted to be ethical and adequately explained to the client because mental health professionals mainly focus on explaining evidence-based practice and rather than other informed consent related factors. Case-based scenarios are employed to exemplify various ethical dilemmas related to evidence-based practice and the process of obtaining informed consent. The checklist is used to evaluate these cases, and it has components of continuous professional development, assessing client's capacity for informed consent, providing information process and other options, disclosing verbally and written format on common aspects of, continuous feedback for monitoring progress (Blease et al., 2018).The importance of correctly enacting informed consent with improved versions' effectiveness might also be explored in Türkiye's literature and ethical codes might also be explained in detail with the support of additional material in the field of psychological counseling and guidance, such as the risks that will occur if the codes are not followed, the importance of inclusion of the client into decision making process about ethical dilemmas and emphasizing their rights might be covered in more detail prior to sessions might lead to similar beneficial outcomes for the sake of client and mental health professionals.

There are other types of examples of attempts to enhance ethical knowledge and understanding of clients starting from 1980's to current literature with informed consent enhancements that is mentioned before. Thorn et al. (1993) created a brochure persisting in information about improper conduct such as acknowledged client rights, normality of experiencing feelings of attraction towards mental health professionals, indicators of sexual misconduct, procedures to be taken when confronted with sexual misconduct. The results showed that individuals who were provided with the sexual misconduct brochure reported higher scores on understanding unethical issues related with touch and sex in the therapeutic relationship also both clients and mental health professionals imply that the brochure should be demonstrated at the first session's beginning. Likewise, Belter and Grisso (1984) attempt to train minors with videos consist of session 1 as presenting their rights and session 2 for violations of their rights for three age levels in experiment and control groups and then assessed by asking whether and how it is a violation for their rights. The results show that experiment group of 15-21 years old participants recognized violation and generate ideas to defend their rights better than control group, conversely 9 years old group showed slightly difference in experiment and control group with inadequate comprehension and forming ideas. According to the findings of another study which used brochures to understand ethical knowledge of clients and non-clients, possessing counseling or psychotherapy experience does not necessarily correlate with a superior understanding of ethical principles, whether in broad terms or in specific contexts and the number of meetings attended by clients was not found to be associated with their ethical comprehension. Also, while clients may acquire knowledge regarding ethical issues in counseling or psychotherapy, it is appearing that they do not possess a comprehensive or precise understanding of these issues (Hillerbrand & Claiborn, 1988). Another study participants were divided into four groups, each assigned to active learning via brochure or passive intervention only by reading the brochure for ethics education. Additionally, participants were assigned to either expert or novice counselors for career counseling. Results presented that brochures with active learning enable clients to recall knowledge in counseling ethics better, conversely, didn't create change on the behaviors that might result in protection from violations (Donovan, 1997).

The informed consent process has undergone various studies and arguments by means of ethical issues encountered by mental health professionals within their expertise in different fields. These studies range from the emphasis placed on educational efforts aimed at informing clients, fostering their active participation, and advancing the training of professionals. For this purpose, perceptions of client and counselors on code of ethics, ethical dilemmas and informed consent are also contributed. To the researcher's knowledge even though there are early and recent attempts of educating clients on ethicality by additional materials and developing newest advanced informed consent protocols, there isn't any attempt in Türkiye's literature on this manner.

2.2.3.2 Confidentiality

Counselors are committed to protecting client confidentiality by respecting cultural differences, engaging in ongoing discussions about information disclosure, ensuring that disclosures are made only with consent or legal/ethical justification, informing clients about the limits of confidentiality, and consulting with peers when faced with potential exceptions, particularly in situations involving harm or end-of-life matters (ACA, 2014). Ethical principles encompassing fidelity, nonmaleficence, and beneficence are pertinent to the assurance of clients' rights to confidentiality (Glosoff & Pate, 2002). Mental health professionals are ethically, legally, and professionally obligated to uphold stringent confidentiality measures, ensuring that any information disclosed within the therapeutic relationship is protected against unauthorized access or disclosure (Corey et al., 2015). As in line with this, the assurance of confidentiality as fundamental to counseling, clients disclosing personal and intimate matters when it is trusted to be kept confidential wouldn't cause harm (Bond, 2000).

Jagim et al. (1978) found that confidentiality is deemed critical for fostering a positive therapeutic relationship by %98 of the 64 mental health professionals in North Dakota, with 95% of respondents indicating that clients generally trust their communications will remain private, often unaware of the potential limitations to confidentiality which draws attention to the significance of confidentiality. On the other hand of the influence on success and trust of counseling, confidentiality is dealt frequently as an ethical issue by the mental health professionals (Akfert, 2012; Bodenhorn, 2006; Hill

et al., 2023; Pope & Vetter, 1992; Rodriguez et al., 2015; Sivis-Cetinkaya, 2014; Tarvydas & Barros-Bailey, 2010). Confidentiality is a critical ethical issue for online counseling (Harris & Kurpius, 2014; Pulat et al., 2021) school counselors (Davis & Richie, 1993; Isaacs & Stone, 1999; Lehr et al., 2007; Maki et al., 2022; Terres & Larrabee, 1985), working with minors (Lawrence & Kurpius, 2000; Myers, 1982; Sori & Hecker, 2015), and addiction counseling (Scott, 2000). For online counseling, the findings reveal that many mental health professionals have limited awareness of ethical issues, often lacking confidence and knowledge in this area. Practitioners expressed the need for targeted training, particularly on appropriate procedures and strategies, as having client confidentiality and privacy as key concerns (Pulat et al., 2021) The process of informed consent in online sessions presents additional challenges and new questions. Specifically, issues arise regarding how the consent form is obtained, how signatures are verified, and how documents are securely transmitted (Tuzgöl, 2020). In such, 315 counseling and psychology graduate students search client's information via google or social network due to sustaining or validating client information's accuracy or for personal curiosity which is a violation of client privacy. Over 80% of participants who carried out online searches on their clients reported that they never sought the client's consent, failed to record the search in the client's file, did not account for the potential risk to breach confidentiality, and avoided discussing the advantages and disadvantages of the search with their client (Harris & Kurpius, 2014).

Confidentiality is an ethical issue back in to dates in 1970's and current instances. When clients being provided with information about the terms of confidentiality, they are not always aware of and briefed on the consequences of sharing confidential information (Noll, 1974). Miller and Thelen (1986) stated that general population in their study expect to be informed about limitations of the confidentiality, however, when they informed, they respond as limiting the therapeutic relationship such as leaving the therapy and not mentioning confidential content. Wagner (1981) observed a common trend among the attitudes of school counselors related to confidentiality: those who believed no harm would come to the child were inclined to fulfill parents' requests for information, even when the young client preferred confidentiality. These counselors tended to show stronger dedication to the parents. According to Isaacs and

Stone (1999) school counselors often face the complex task of balancing minors' rights to confidentiality with the valid rights and concerns of others, alongside their professional duty to act in the best interests of the minor child and most counselors report breaching confidentiality for serious issues. Similar instances are observed in recent research as 43 counselors working in school answered several open-ended questions related to explaining confidentiality to students, the process of sharing information with professionals and parents, informed consent age for students, challenges of confidentiality and handling situations of requested information, ideal view of confidentiality and how to achieve it. The appearing answers were counselors frequently navigated ethical dilemmas involving a child's autonomy, stakeholder responsibilities, and confidentiality. Tensions arose between professional ethics and the expectations of teachers and principals, especially when the student did not grant consent for information sharing. On the conclusion of this study there is a need for deeper discussion on the significance and application of informed consent for children. Counselors regularly act according to their belief system as the best interests of minors contradicting legal requirements. Misconceptions are held about informed consent, it is interpreted by some that children have the option to receive counseling by the absence of guardian consent, but this right is not extended to withholding admission to counseling records. (Lehr et al., 2007). Moreover, 240 school psychologists indicated that the most ethically demanding situations arose in the categories of assessment, followed by coercion from administration, intervention strategies, contradictions with parents, confidentiality related issues, informed consent procedures, professional competence, and adversarial relationship (Maki et al., 2022)

Sivis-Çetinkaya (2020) surveyed 252 Turkish school counselors on assessing the significance of specified factors in deciding whether to breach confidentiality to inform adolescents' risk-taking actions to the school principal resulted that it is overwhelmingly prioritized ensuring the student’s safety with (90.1%) rating it as extremely important. Second and third crucial factors are preserving rapport with the student (76.2%), followed by adhering to legal obligations (73%). On the contrary, gender (47.2%), and age (23.4%) ranked as insignificant. The present study identified considerable variations in item ratings between school counselors who took ethics training as mandatory in-service with minimal effect sizes. Counselors with

mandatory training rated ensuring students' safety greater than counselors with absence of this training. On the side of students, adolescents who are current clients gave importance to confidentiality provided by the mental health professionals. Also, their willingness to participate corresponds to confidentiality maintenance by the mental health professionals (Ardity & Thompson, 2023). Client perception of confidentiality's importance can vary depending on the severity of the issue in such when confidentiality is breached in cases involving serious problems, counselors are perceived as less trustworthy rather than moderately serious problems. Clients tend to value confidentiality more in situations where the consequences of disclosure are potentially life-altering or could result in significant harm (Merluzzi & Brischetto, 1983).

There is a controversial nature of confidentiality among individuals of different positions and responsibilities, on a study of comparison between attitudes of clients, mental health professionals and laypersons related with confidentiality and boundaries; clients and laypersons hold different ethical standards compared to mental health professionals in accordance with confidentiality. The client group was more likely to perceive their mental health professional as breaching confidentiality than the professional and lay person groups. Clients and laypersons exhibit less stringent attitudes towards boundaries when contrasted with mental health professionals. In the context of professional boundaries, a clear consensus exists among mental health professionals, who overwhelmingly oppose engaging in sexual relationships, conversely, individuals in the client and layperson groups exhibit a more permissive attitude toward this issue (Fenning et al., 2005). On a similar study collecting perceptions of confidentiality breach perceptions which is collected from mental health professionals, adolescents and parents in China by answering provided incidents with high and low possibility of breaching confidentiality, the results revealed that, in high-breach-likelihood scenarios such as suicidal thoughts and attempts, parents were significantly more likely than adolescents to believe that mental health professional would breach confidentiality. In contrast, in low-breach-likelihood scenarios such as sexual thoughts and acts, both adolescents and parents were more likely than mental health professionals to think that confidentiality should be breached (Rodriguez et al., 2015). However, counselors have an ethical duty to breach

confidentiality when it is required to prevent serious and predictable harm to the client or others (ACA, 2014). Mental health professionals' perception on confidentiality, a majority expressed the belief that they are legally allowed to disclose confidential information and have an ethical obligation to do so when a client is considered to be a potential danger, the findings highlight the uncertainty surrounding the breach of confidentiality and emphasize the necessity for clearer guidelines to assist mental health professionals (Kämpf et al., 2008).

ACA (2014) suggests exceptions for disclosure of confidential information on decision making process on the issues of, considerations include significant and predictable harm, transmissible and terminal illnesses, determinations of ending life, mandated court disclosures, and adherence to principles of minor necessary disclosure. Even so, when confidentiality must be breached, it is advisable to notify the client beforehand about the decision to proceed with this action and to encourage the client's involvement in the process (Corey et al., 2014). Hence, in consideration of the significance, with the aim of guiding confidentiality related issues systematically, Fisher (2008) developed a confidentiality practice model which consists of the steps of arrangement, transparency with clients from the outset, securing genuinely informed consent prior to voluntary disclosure, ethically addressing legal obligations, mitigating preventable breaches of confidentiality, and engaging in discussions about confidential information. Throughout these steps, arrangement involves acquiring knowledge on ethical and legal standards, deciding on ethical position by means of questioning the self and benefiting from consultation to conclude with an explanation statement on confidentiality for the self and client. Following that outlining the limits of confidentiality from the beginning clearly and honestly with the addition of obtaining fully informed consent that necessities not only signature to consent but consistently discussing confidentiality during the relationship with holding legal obligations. This model suggests avoiding informal disclosures with friends and colleagues in public places and over disclosures by providing more than enough information. Finally, the last step provides for having shared guided conversations with colleagues, students, employees, judges and the public. It also helps to address the unethical behavior of colleagues effectively; in order to establish trustworthiness, it is imperative to uphold the confidentiality of the client's information

and refrain from demonstrating any personal gain or inappropriate curiosity regarding the client's personal life thus the paramount focus should consistently center on the client's welfare.

It might be crucial to state that the way of implementation of trustworthiness not only complies with ethical standards but also strengthens the client's autonomy and sense of security within the therapeutic relationship. Therefore, disagreement or misunderstanding in explanation of the confidentiality or other ethical issues to the client might be prominent to lead to a clear understanding of the client's mind. Hence, it is crucial for clients to understand that confidentiality and privilege are their rights which can be learned with the help of informed consent (Werth et al., 2002). Overall, during the counseling process confidentiality is crucial as it builds trust between clients and mental health professionals that leads to successful therapeutic outcomes; however, perceptions of its importance may vary, making it essential to educate clients about confidentiality to empower them and enhance their understanding of their rights.

2.2.3.3 Multiple relationships

The studies related to multiple relationships or dual relationships fall under the studies of psychotherapy which might fall under the scope of psychological counselors to adhere to this topic. The studies gathered around boundaries, boundary crossing, boundary violation and dual relationships in various settings and conditions that's why clearly defined boundaries aim to ensure the client comprehends the nature and limitations of the professional relationship, facilitating a sense of connection while safeguarding against potential harm and the term boundaries refers to both the structural and interpersonal aspects of the professional-client relationship (Sawyer & Prescott, 2011). Following this definition, Smith and Fitzpatrick (1995) defined boundary crossing as clinical deviations that might direct the relationship to be healthy or harmful for the client. Other than crossing the boundaries, the violation of it is defined as entailing actions by the mental health professional that are detrimental, exploitative, and directly undermine the preservation of clients' and the therapeutic process dignity (Lazarus & Zur, 2002).

Zur (2014) emphasizes that multiple relationships arise when mental health professionals with a client, or someone closely related to the client, interacts in a capacity beyond the therapeutic role. These interactions categorized 26 types of multiple relationships in accordance with ethicality, permitted or prohibited, simultaneous or not, preventable or inevitable, optional or required, rare or frequent, sudden or not, and low or high impact. As it is assisted, multiple relationships have a wide range of categories that can be questioned, criticized and studied by their ethicality. Hence, there is a view that dual relationships are not inherently harmful and may, in certain instances, be helpful (Barnett & Yutrzenka, 2002; Lazarus & Zur, 2002; Moleski & Kiselica, 2005). Conversely, Kitchener (1988) stated that every dual role relationship may pose ethical issues and carry the potential for adverse consequences. Similarly, Gutheil and Gabbard (1993) emphasize that boundary crossings might be either benign or detrimental and may raise issues related to therapeutic effectiveness and legal liability, depending on the application of clinical judgment, the depth of prior discussions, and the comprehensiveness of documentation; this complexity and the variability of case outcomes necessitate rigorous empirical investigation. Following this, Kagel and Giebelhausen (1994) asserted that, covering all the dual relationship, the professional's impact on the client and the client's inherent vulnerability lead into a secondary relationship which could be exploitative.

ACA (2014) advises successfully navigating boundaries as counselors evaluate the potential risks and advantages associated with extending existing counseling relationships beyond traditional boundaries and by not strictly prohibiting multiple relationships. Also, it is clearly stated that mental health professionals are prohibited from sexual and romantic relationships with clients thus accepting clients who are friends and family. However, it is criticized that there is a scarcity of comprehensive guidance available in educational settings and guidelines for managing boundary related issues (Pope & Vasquez, 2011). Dual or multiple relationships allude to situations where a mental health professional assumes multiple roles with a client, leading to the coexistence of different professional or personal interactions and harmful boundary violations arise when mental health professionals are involved in exploitative dual relationships, such as engaging in sexual interactions with clients or

participating in exploitative interaction (Zur, 2019). Boundary related issues are challenging and prone to be misunderstood because, are often manifest unexpectedly, necessitating prompt decision-making that can significantly influence the therapeutic process by causing mental health professionals to inadvertently prioritize their own self-interest over the needs of the client that may elicit anxiety and fear (Pope & Vasquez, 2011).

Mental health professionals are advised to engage in discussions with their clients about the potential challenges associated with engaging in multiple relationships by actively involving the client in the decision-making process (Corey et al., 2014). As in line with counseling, the psychotherapy relationship involves a diverse range of boundaries, including touch, self-disclosure, treatment settings, personal space, gifts, attire, language, financial dealings, and dual relationships (Zur, 2019), time organization, attire, workplace environment, meals and beverages, social interactions, spiritual beliefs, political views, cultural influences, or online relationships (Sommers Flanagan, 2012). Boundary dilemmas are an integral part of counseling, and how mental health professionals identify and handle these dilemmas play a crucial role in various aspects, including their competency, the effective and ethical use of power, and the overall efficacy of the counseling process (Hermansson, 1997). Lazarus and Zur (2002) gathered six arguments on the opposition of dual relationships as the considerations surrounding boundaries, the potential for the slippery slope phenomenon, dynamics of power and misuse, transference issues, risk mitigation protocols, and the implications of unplanned interactions. In addition, a series of questions are provided for mental health professionals which is systematically and comprehensively evaluate the complexities of multiple relationships as, is such a relationship necessary, or should it be avoided, could it pose a risk of harm to the client, or might it offer potential benefits without harm. Is there a chance it could interfere with the therapeutic process, and could it be assessed objectively is the last part of the questions to be answered (Younggren & Gottlieb, 2004).

For the sake of multiple relationship related study, authors participated from four different countries discussed ethical standards, and it is indicated that, in urban environments, mental health professionals typically find it feasible to maintain

professional boundaries in a strict manner. Conversely, in rural or less population density communities and other structured organizations such as military, social and religious networks often intersect, the management of multiple relationships presents unique challenges. Correspondingly, interviews conducted with 8 mental health professionals on their perspectives related to barriers to rural mental health care emerged as rural communities have their own unique cultural characteristics, creating specific challenges for mental health professionals working in these areas. Residents of rural communities also encounter distinct barriers to accessing mental health care, highlighting the need for innovative approaches to overcome these obstacles (Jensen et al., 2020). Alongside with the authenticity of the multiple relationship, 256 doctoral level U.S. psychologists surveyed for digital boundary crossing that also occurred on the actions of promoting services through online platforms, offering psychoeducational resources digitally, participating in a nonsexual, multiple-role relationship in a virtual context, and searching for client information online. Participants predominantly assigned positive ethicality ratings to online advertising and the provision of psychoeducation through social media. In contrast, more cautious ethicality ratings were reported for client searching on internet and, in particular, engagement in nonsexual multiple relationships in digital settings. As a result of the study, the ethical ratings provided by participants highlighted the necessity for more guidance on navigating digital boundaries (Wu & Sonne, 2021).

Trainees' opinions are also gathered in the literature as according to answers provided to four open-ended questions by 35 clinical psychologists in training, boundary issues are mostly noted ethical dilemma and identified as being associated with the potential for dual relationships, followed by ambiguities surrounding gift acceptance and the therapist's self-disclosure of personal information (Bhola et al., 2015). Moving towards trainees to professionals in İkiz et al. (2017)'s study, it is observed that among 16 mental health professionals, most frequently expressed opinions about multiple relationship related dilemmas are based on their timing and context (41.17%). Within the theme of timing, it was mentioned that mental health professionals should avoid forming relationships outside of session hours but could provide their phone numbers to clients in case of a crisis. When examining responses based on context, it was emphasized that counselors should avoid working with or forming relationships with

the client's social circle. Additionally, it should be refrained from engaging in activities such as messaging, befriending, or following clients on social media (11.7%), it was highlighted that counselors should avoid sharing personal information with clients. Meanwhile, 5.88% of participants stated that they had no opinion about multiple relationships. As in line with arguments of the professionals for addressing the complexities and ethical considerations surrounding dual or multiple relationships might underscore the critical need for informed decision-making in maintaining professional boundaries with inclusion of the client by education, as these relationships can profoundly influence the therapeutic process and the welfare of clients who might not be aware of power differential with the mental health professional, boundary crossing and volitions' ethical background.

2.2.3.4. Competence

The competence of mental health professionals can be addressed under the categories of (1) professional (2) multicultural (3) ethical (4) and termination competencies. Bond (2000) defines professional competence through possessing comprehensive expertise, credentials and training, demonstrating efficacy, and adhering to rigorous ethical standards in practice. Professional competence alludes to mental health professionals' capability in performing specific tasks precisely and efficiently (Johnson et al., 2008). Hughes (2014) initially emphasizes the contextuality and subjectivity of competency with the addition of comprehensive blend of knowledge, skills, attitudes, and values necessary for providing effective counseling. The development of counselor competence is achieved by expertise, abilities, and ethical qualities (Miller et al., 2019). Equipping counselor candidates with knowledge and skills, as well as providing them with opportunities for practical application, is achieved through formal education (Gladding, 2018). As mentioned, competence has ethical and also legal sides which are, ethically, professionals must exhibit competence to safeguard and serve their clients effectively. because incompetency, even without malicious intent, can significantly contribute to client harm. Legally, mental health professionals who lack competence face increased susceptibility to malpractice litigation (Corey et al., 2014). Mental health professionals must possess robust ethical awareness and high ethical competencies to effectively navigate ethical dilemmas and

uphold their professional integrity while minimizing risks. The differing perspectives on what defines professional competence are further intensified by the wide array of settings in which counseling is delivered.

The development of competency is categorized in the cube model by Rodolfo et al. (2005) within foundational and functional competencies that developed in the stages of continuing education, training, and supervision. The foundational competencies contain domains of "reflective practice-self-assessment, scientific knowledge-methods, relationships, ethical-legal standards-policy, individual-cultural diversity, and interdisciplinary system". Also, functional competencies include domains of "assessment-diagnosis-case conceptualization, intervention, consultation, research-evaluation, supervision-teaching, and management-administration" (pp. 350-351). Likewise, therapeutic competence is fostered through supervision (Bernard & Goodyear, 2019; Ladany & Inman, 2012) and training (Corey et al., 2014). For counselor training in Türkiye, analysis conducted to examine the current state of psychological counseling skills compared to United States. In Türkiye, counseling skills, counseling practice, and supervision have traditionally occupied a secondary role compared to guidance courses (Meydan, 2014). In the school context counselors reported insufficient competency of legal procedures related to sexual abuse cases. Many had limited or nonexistent understanding of the legal process, often learning it through direct experience. It is also indicated that university training, which focused mainly on psychological counseling theories, did not adequately prepare to handle legal aspects or protective actions in such cases. This gap between academic training and real-world application contributed to a sense of inadequacy when addressing traumatic cases like sexual abuse, violence, and suicide (Avcı & Yıldırım, 2023). However, the perception of candidate counselors on the importance of ethical guidelines is stated with metaphors in themes of moral understanding, impartiality, guiding direction, acquirement of knowledge (Balcı, 2023) which is in line with the requirements of being competent mental health professional.

The dilemmas and conflicts related to competency are demonstrated at a wide range such as overestimating expertise can lead mental health professionals to operate beyond their scope, resulting in endangering clients. Failure to consult with colleagues

may result in poor self-assessment of competence. A narrow focus on technical skills, without considering cultural application, reveals a lack of critical cultural awareness. Overlooking the necessity of multicultural competence across all specialties can result in outdated practices. To ensure ethical and effective care, mental health professionals must continually refine and update their multicultural proficiency (Barnett & Johnson, 2015). The results might be especially crucial because mental health professionals are ethically bound to operate within the scope of their expertise, ensuring that they only offer services that align with their professional training, supervision, and credentials thus being culturally aware, sensitive, and skilled in working with clients from diverse backgrounds is another domain of competence which is multicultural counseling.

The development of multicultural competence begins with assessing cultural awareness, followed by acquiring knowledge to navigate complex cultural contexts from counselors and client point of view whom from different cultures, and ultimately honing skills, as lacking awareness leads to incorrect assumptions, and insufficient knowledge hinders meaningful understanding and skill development (Pederson, 2002). Hence, harmful, unethical, and inefficient practices could be the consequences of culturally biased counselor practices (Ivey et al., 2006). More comprehensively, encompassing 30-year content analysis of American counseling association journals on the topic of multicultural competency concluded that analysis of the variables studied and their contribution to multicultural counseling competence revealed that most research concentrated on intrapersonal factors of counselors' multicultural competency such as demographic factors, racial identity, and multicultural counseling competence courses. Studies also directed attention to counselor training, education, and curriculum interventions as other variables (Placeres et al., 2024). 97 mental health practitioners in Netherlands responded to 10 online questionnaires related to cultural competence indicated that psychiatrists (70%) and residents (76%) have difficulties dealing with clients from distinct cultural backgrounds. Hence, in terms of cultural competency psychiatrists (44%) and residents (34%) felt adequacy. A significant majority of both mental health practitioners expressed the requirement for further cultural competence training (Hoshmand et al., 2024). Perceptions of 17 psychological counselors working with clients from different cultures which are collected through semi-structured interviews consisting of 16 questions showed that,

while a substantial number of psychological counselors hold positive attitudes toward working with clients from diverse cultural backgrounds, many perceive themselves as lacking theoretical proficiency in the multicultural counseling approach. Awareness of multicultural counseling, both at the individual and institutional levels is insufficient in Türkiye. Counselors also reported that they would primarily address cultural differences during the counseling process by relying on their emotional attunement and skills in reflecting the content of clients' experiences (Akalın & Koç, 2024). This research may suggest that educational efforts aimed at developing multicultural competence and enabling professionals to perceive themselves as proficient in this area might be increasingly important for ethical practice.

To the researcher's knowledge, research conducted in the 1990s has highlighted the importance of training and supervision in terms of development competence and its contribution to literature up to the present day. Coll's (1993) study, following two weeks of counselor training through instructor-led presentations and open discussions create significant positive shifts in ethical attitudes in areas of self-awareness, dual relationships, impairment, and multiculturalism. By means of learning knowledge, Robinson and Gross (1989) found that completing an ethics-focused counseling course substantially enhances practitioners' capacity to identify violations in accordance with ethical standards and to recommend suitable ethical practices for addressing these issues. Additionally, multicultural training models typically incorporate objectives focused on fostering awareness, expanding knowledge, and cultivating essential skills (McRae & Johnson, 1991). Mental health professionals provided with ongoing clinical supervision demonstrated an enhanced level of self-efficacy compared to those who did not receive supervision (Cashwell & Dooley, 2001). However, study conducted with rural and urban health care providers on their opinion related to continuing professional education, rural providers did not perceive continuing professional education as more beneficial in enhancing the effectiveness of their care compared to their urban counterparts (Brems et al., 2006).

The earliest studies exploring adult, candidate students and minority group client's perspectives on evaluation of competency provide valuable insight to mental health professionals. Exploring 96 client perspectives on mental health professional

competence found that participants were able to distinguish clearly between ethically appropriate and inappropriate practices, indicating that such behaviors serve as key indicators clients rely on to evaluate a therapist's competence. Clients considered external indicators such as professional credentials, conduct, communication of relevant information, and training and experiences central to assessing therapist expertise (Claiborn et al., 1994). Assessing undergraduate psychology students' perceptions of psychologists, psychiatrists, and counselors resulted in the fact that counselors are perceived as much as having expertise and well training. In terms of positive personal attributes, counselors were perceived more favorably than psychiatrists or psychologists, being described as more empathetic, approachable, supportive, perceptive, emotionally balanced, and skilled at offering guidance (Warner & Bradley, 1991). Additionally, 230 graduate students who are ethnic minority clients' rates to inventories resulted that perceptions of counselor's attractiveness, trustworthiness, expertise, and empathy are strongly correlated with their multicultural competence (Fuertes & Brobst, 2002). As mentioned before these relevant external cues are presented in the initial step of the counseling relationship with the help of informed consent. Additionally, clients favor decisions of their mental health professional, influenced by the experiences of success and informed by research findings (O'Donohue et al., 1989).

The American Counseling Association (ACA, 2014) ethical guidelines emphasize that counselors have a professional duty to regularly evaluate their own emotional state, including any signs of burnout. Mental health professionals are also expected to engage in self-care practices to sustain and improve their psychological, spiritual, mental, and physical well-being, thereby ensuring they continue to deliver care to their client. Although self-care strategies are encouraged and required to effectively guide mental health professionals in practice (Bradley et al., 2013). Distress is an inevitable aspect of life that cannot be entirely eliminated. However, impairment, or diminished professional competence, occurs when distress is left unmanaged over time, leading to negative consequences on mental health professional's ability to perform their duties. Additionally, other personal or professional factors may contribute to this decline in competence. While distress itself does not always result in impairment, neglecting to address it increases the likelihood (Barnett et al., 2007). When mental

health professionals lack the expertise required to effectively assist their clients, it is recommended that they either avoid initiating or discontinuing the relationship to ensure ethical practice and client well-being (ACA, 2014). The ending of a counseling relationship is termination which is the concluding a professional relationship within an ethically and clinically suitable manner (Younggren & Gottlieb, 2008). Mental health professionals are ethically required to deliver services that are suitable and effective for the specific concerns presented by their clients. It must be avoided to abruptly discontinuing the meeting or abandoning clients after initiating the relationship (Chaffee, 2008). In a sample of 77 clients who experienced ghosting by mental health professionals, many initially reported being shocked, frustrated, anxious and a sense of resentment thus sadness. The ethical violation act of termination due to emotional consequences, mental health professional's ghosting behaviors occurs when a therapist suddenly ceases all contact with a client, providing no prior warning or transition support (Farber et al., 2022). However, professionals refer clients to alternative services for various reasons, including client requests, the need for specialized care, lack of progress, financial limitations, or alternations in the mental health professional's availability by discussing the advisability of allowing communication between the mental health professional and the referral source before the client's contact, it's important to ensure the client feels comfortable and informed about the process (Welfel & Danzinger, 2008). To successful ending, the termination phase should recognize and celebrate the client's accomplishments, fostering a sense of empowerment. This process is crucial for achieving a balanced therapeutic relationship, preparing the client to face future challenges and setbacks, and setting a positive direction for their life after this process (Graybar & Leonard, 2008).

2.2.4. Active Learning

Active learning defined as embodying an educational approach in which learners take ownership of their learning, granted opportunities to make decisions regarding various facets of the learning process and engage in self-regulation that includes complex instructional tasks with requirement of the active application of cognitive abilities, promoting deeper engagement in thinking throughout the educational experience (Ün-Açıkgöz, 2011). In international dictionary of adult and continuing education active

learning definition is “methods by which learners actively participate in the learning process, eg discussion group, problem-solving, experimentation, etc.” (Jarvis, 2005, p.4). Additionally, active learning fosters engagement through both individual reflection and collaborative interaction. Methods of individual interaction include minute papers as identifying key insights and unresolved questions, direct paraphrasing as articulating definitions for targeted audiences, application cards as demonstrating real-world applications, and lecture summaries as condensing key concepts from prior content (Millis, 2012). Hence discussion is a prevalent strategy for fostering active learning, complemented by problem-solving approaches like role-playing, simulation, debating, and dramatic presentations (Mills, 2006). Additionally, in mental health profession therapeutic alliance is built via the educational approach displayed by the mental health professional as it is actively encouraging clients to reason with presented information and assess the treatment process in the stage of informed consent delivery (Corey et al., 2014). Overall, active learning might hold significant value in the context of counseling, as it might foster a more profound engagement with the therapeutic process and cultivate advanced critical thinking capabilities. Techniques such as simulations, case analyses, and collaborative discussions might encourage the practical application of theoretical frameworks to complex, real-world ethical dilemma scenarios. This approach may not only enhance counselors' adaptability but also refine their capacity to meet diverse client needs. Active learning thus may promote understanding of clients with ethical practice, by optimizing professional competence and responsiveness of the counselor in therapeutic interventions. From the client's perspective, this active engagement may help to ensure their rights with their own hands and free will, as they become more informed and active participants in their own therapeutic process. By employing active learning within the informed consent delivery, this study seeks to empower clients as knowledgeable and autonomous participants in their therapeutic journey, while enhancing counselors' competence in ethical incidents.

CHAPTER 3

3. METHOD

The method section provides an overview of the study's research design and explains how participants were purposively selected. It also details the data collection instrument and its development, including the informed consent forms and Ethical Situational Judgment Test in Psychological Counseling, as well as the procedures followed for data collection. The section further outlines the strategies for data analysis and discusses the limitations of the study, highlighting factors related to quasi-experimental design.

3.1. Research Design

The aim of this study is to examine how effective it is to deliver informed consent using an active learning strategy of presenting cases with ethical dilemmas, both verbally and in writing, to help potential clients understand ethical codes, violations, and the rights and responsibilities of both counter players in the counseling relationship. The study uses two ways of informed consent delivery. One of them is one-on-one meetings with a specially designed informed consent form to increase clients' knowledge about ethical issues in counseling. Active learning strategies are included by engaging clients with these ethical dilemma cases during the informed consent process. The other one is basically reading the informed consent designed without active learning. Both participants in informed consent delivery completed a situational judgment test from the perspective of a potential client. Ethical Situational Judgment Test in Psychological Counseling is also specifically designed for the purpose of the study.

Quasi-experimental design is employed to facilitate the aim of the study. Quasi-experimental designs are used when researchers can't manipulate all variables that could impact an outcome (Creswell, 2018) and "where better designs are not feasible" (Campbell & Stanley, 1963, p.34). The expenses incurred, choosing appropriate groups, addressing ethical concerns, and the absence of a suitable control group makes

quasi experimental design feasible for the researchers (Heppner et al., 2008). Quasi-experimental designs include the manipulation of independent variables, groups of control and experiment without random assignment of the participants (Edlund & Nichols, 2019; Shadish et al., 2002; Shaughnessy et al., 2012). Moreover, independent variables in an experiment require variables with multiple levels to be manipulated and dependent variables are outcomes which can be more than one (Creswell, 2018). In this study the dependent variable is "the answers given for the situational judgement test" which is answered in experiment group after the informed consent presented by waiving importance on being open to questions and actively discussing with the cases of ethical code related dilemmas in the informed consent. Conversely, informed consent material presented to control group only in written format without cases of ethical code related dilemmas. Moreover, the independent variable is active learning by itself.

3.2. Participants

The participants in this research are adults who are accepted as potential clients as they can give informed consent. In order to select participants, intact groups are preferred. Normally, experimental designs include random sampling, and it is challenging to make inferences about a population as random sampling from a clearly defined population rarely occurs and not practical, when there isn't randomization researcher should be precocious to determine the characteristics of the participants (Heppner et al., 2008). Since there isn't randomization in quasi experimental design of this study, random sampling is not referred thus for the fever number of participants, random sampling might be biased (Miles & Huberman, 1994). That's why purposive sampling method is applied. Purposive sampling strategies depart from random sampling methods and are designed to ensure that specific cases are intentionally contained in the final sample (Campbell et al., 2020). It is used to optimize the comprehension of the concepts in depth (Miles & Huberman, 1994; Palinkas et al., 2015). Quasi-experimental designs address this by assigning participants to groups without using randomization, as the researcher cannot reorganize the groups specifically for the study which might be artificial group (Creswell & Guetterman, 2019). Also, pre-existing groups of potential clients become necessary due to

participant availability. For instance, when evaluating the effectiveness of actively learned informed consent procedure, already-formed potential client groups, assigned one as the experimental group and another as the control group.

That's why it is a criterion of inclusion and exclusion of the participants to be included in the final sample of this study. Inclusion criteria specify the attributes which are permissible for the study, conversely exclusion criteria identify the attributes that are not included in the study (Robinson, 2014).The inclusion criteria for the participants are (1) adults who did not acquire ethics training with some kind of purpose as the focus of this research is perceptions of clients who did not acquire knowledge with ethics training (2) who have not previously or currently clients so that they haven't any experience or knowledge about counseling ethics. Exclusion criteria for this study are (1) being candidate of mental health professional and (2) being mental health professional. Demographic characteristics of the 60 participants were presented in Table 1.

Table 1

Demographic Characteristics of the Sample

		f	**%**
Gender	Female	27	**55%**
	Male	33	**45%**
	Total	60	**100,0%**
Age Range	18-24	12	**20%**
	25-34	41	**68%**
	35-44	5	**8%**
	45-54	0	**0**
	55-64	2	**3%**
	65+	0	**0**
	Total	60	**100,0%**

The participants of this study consist of a total of 60 individuals, including 27 females 55(%), 33 males 45(%). Demographic characteristics of the sample were demonstrated in Table 1. Twenty percent of the participants are between 18-24 years old, 41% are between 25-34 years old, 5% are between 35-44 years old, 3% are between 55-64 years old. The majority of the participants are aged between 25-34 with 30 % of the sample. Participants provided the information that none of them had pervious counseling experience or training about counseling ethics.

3.3. Data Collection Instruments

This study utilized multiple instruments to collect data, including specially designed informed consent forms and a situational judgment test. These tools were developed to assess participants' understanding of key ethical principles in counseling, such as Informed Consent, Confidentiality, Multiple Relationships, and Competence.

3.3.1. Informed Consent

Based on the relevant literature on counseling ethics, moral development and code of ethics suggested by professional organizations, vignettes on predetermined code of ethics about confidentiality, multiple relationships, competence and informed consent are developed. For the purposes of this study, a comprehensive informed consent form was developed to be used with adult participants considered as potential clients in the control group (Appendix D1). Another informed consent form with active learning strategy (Appendix D2) is also designed for the experiment group. The form was designed to align with ethical standards in psychological counseling and to clearly communicate the mutual rights and responsibilities of both the counselor and the client, as well as the structure and nature of the counseling process. Its development was guided by widely accepted ethical codes and principles, outlined by the American Counseling Association (ACA, 2014) and along with relevant academic literature (e.g., Barnett & Johnson, 2015; Bond, 2000; Corey et al., 2014; Gerke et al., 2024; Ng, 2024; TPGCA, 2024; Welfel, 2016). Language and structure were adapted to ensure accessibility and comprehensibility for individuals without prior experience or training in counseling ethics.

3.3.2. Ethical Situational Judgment Test in Psychological Counseling

The Situational Judgement Test is also designed for the study and titled as Ethical Situational Judgment Test in Psychological Counseling (Appendix E) The method of STJ is referred to which is developed by Motowidlo et al. (1990). In this method subject-matter experts create hypothetical scenarios by analyzing critical incidents to demonstrate responses that one might anticipate being outstanding moderate, and poor performance. According to this approach, firstly, the written or spoken descriptions which are mentioned as low fidelity stimulus are taken into consideration for developing critical incidents related to work setting by the first group of subject matter experts. Secondly another expert group generates their answers about what would be displayed by reading the prepared incidents so as to reach problematic situations and possible answers. For the last, the correct answers were selected by the third expert group by evaluating the answers as the best and the worst. In terms of scoring, it is predefined of a scoring rule with the range of scoring system from 1 to -1, where the most likely response received a score of 1 if it was among the best options, -1 if it was among the worst, and 0 if it was neither. Alternatively, a different scoring method could be used, ranging from -2 to 2 (Motowidlo et al., 1990). Therefore, under the headings of the four specified ethical codes, three case scenarios were prepared, each accompanied by three response options. Specified codes are informed consent, multiple relationship, confidentiality and competence and there are 12 incidents at the final test. The cases involve potential ethical dilemmas that psychological counselors may encounter. The response options are categorized as “ethically appropriate,” “not ethically appropriate,” and “ethically appropriate but not the preferred correct action.” In light of this, the scoring of the situational judgment test is 2, 0 and 1.

The finalization stage of the test is gathered by three expert groups that also referred to finalizing the problematic incidents and alternative answers to be the best and the worst. At first there were 5 incidents for each ethical code at total of 20 with the evaluation of first expert group the incidents were diminished to be 3 for each code at total of 12 incidents. For this the first group generates incidents related to counseling ethics; the other group prepares possible answers for the incident, and the last group will score the answers. The 3 expert groups consist of Academicians in the Counseling

Department (2 members), psychological counselors in the field (2 members) and researchers on counseling ethics (1 member). Additionally, following the development of the test, pilot application is conducted with 1 potential client. The situational judgment scale is asked and participants in the pilot study answered them by thinking out loud as a technique of cognitive interview. The researcher takes notes during the interview to reevaluate the structure of the incidents and the answers. Consequently, comprehensibility of situational judgement test and their suitability for research purposes examined to be finalized.

The Situational Judgment Test (SJT) is constructed to be used in work setting related issues such as it is supposed to be chosen the best answers among choices related to a dilemma or problem that occur in the workplace thus the answers vary depending on how the problem is perceived and evaluated (Schubert et al., 2008). The issues that are related to the workplace can be in the form of written, verbal, or visual (Clevenger et al., 2001) and the ability to give answers to these problems are demanding cognitive ability, which is observed better in form of writing, rather than visual form such a video-based presentation with a voiceover (Weekley & Jones, 1999). In light of the information presented, this study the written form of SJT is designed to be used in psychological counseling related ethical issues to be answered by potential clients. Eventually, in this way it could be possible to investigate to the extent which clients acquire ethical knowledge and use deliberate cognitive thinking.

Reliability Analysis is conducted with the answers of 60 participants for the Ethical Situational Judgment Test in Psychological Counseling (ESJT-PC) using Cronbach's alpha which are categorized under four dimensions such as Informed Consent (IC), Multiple Relationships (MR), Confidentiality (C), Competence (CP). Also, the reliability analysis is illustrated in Table 2.

Table 2

Reliability Statistics

Cronbach's Alpha	Cronbach'sAlpha Based on Standardized Items	N of Items
.716	.705	12

The Cronbach's alphas for the number of 12 items were 0.716 respectively. A reliability coefficient of .70 is often regarded as the minimum threshold for a test to be considered acceptable (Kline, 1993) which is calculated trough formula developed by Cronbach (1951). When the number of items in a scale is sufficiently large, Cronbach's alpha can exceed .70 even in cases of low average item intercorrelation or multidimensionality indicating acceptable reliability (Cortina, 1993). Thus, the obtained alpha value of .716 suggests that the scale demonstrates an acceptable level of internal consistency for research purposes.

3.3.3. Demographic Information Form

Through the Demographic Information Form (Appendix C), participants were asked to provide the following details: their gender identity (female or male), age, The form also inquired whether participants were currently candidates, informed about counseling ethics or practicing mental health professionals for inclusion and exclusion.

3.4. Procedure

As the development of instruments is explained under data collection instrument heading after the situational judgment test is finalized, in order to collect data for the study the required approvals are obtained from the Human Research Ethics Committee of TED University. The study and the participation criteria are announced in WhatsApp groups. Each potential participant is contacted via telephone or face the face to inform them about the study's objective and assess their suitability for

participation. Informed Consents (Appendix B) and Demographic Form are sustained by participants before the intervention by sending their email or giving hardcopy.

There are two groups with potential clients in control and experiment groups. The ones that are accessible for face-to-face meetings for a longer duration and accept the training with active participation are selected for experiment group. The rest of the participants were in the control group. The first group as an experiment group is introduced to informed consent with active learning in face-to-face meetings which took around 30 to 45 minutes. The second group as a control group is introduced to informed consent to be only read without active learning which took around 20 to 30 minutes. The reason for this is to observe how actively learned informed consent comprehended and understood by the client to learn ethical codes. In more detail, the researcher provides participants in the experiment group with informed consent embedded with active learning material by clearly explaining the purpose, procedures, and their rights with discussions, visuals, questions and ethical dilemma cases. The individual meeting is engaging and interactive. In each title client reads the information written in italic letters after that counselor explained the same title orally and if there is any question that arises the client is encouraged to ask thus the ethical dilemma case is presented to be discussed as the most appropriate action to be taken as a client of psychological counselor point of view in case of ethical violation possibility. Each case's ethically appropriate answer is formed and to sum up in every discussion the same exact answer is delivered to the participant orally. After completion, informed consent delivery both in control group and participating in active learning in experiment group filled situational judgment test and collected from both groups as post-test. There was a short break of 5 to 10 minutes before the situational judgement test was answered. The test approximately takes 10 to 15 minutes to complete.

3.5. Data Analysis Procedure

Participants were selected through purposive sampling rather than random sampling and subsequently assigned to either the experimental or control group, rendering the quasi-experimental design (Edlund & Nichols, 2019; Shaughnessy et al., 2012). These groups are also pre-existing and not randomized, making them non-equivalent by

design. Aligned with the study' aim the posttest-only nonequivalent design is used by forming groups nonrandomly, one group of participants is administered the experimental treatment, referred to as (X), which aims to investigate its effects on the designated outcomes. In contrast, the second group serves as a control group and does not receive any form of treatment, allowing for a baseline comparison. Moreover, the effectiveness of the experimental intervention is evaluated by analyzing and comparing the posttest outcomes (O1 and O2) of both groups, thereby providing insights into the treatment's impact relative to the absence of intervention. Which is shown as Non-R X O1 and Non-R O2. (Heppner et al., 2008).

The experimental group received an interactive, active learning-based informed consent procedure incorporating ethical dilemma cases, visual aids, and reflective dialogue (X), while the control group was presented with a conventional written consent form. The control group received only written informed consent because not enabling any informed consent in mental health profession is not an ethical practice. To evaluate participants' ethical understanding, Ethical Situational Judgment Test in Psychological Counseling (ESJT-PC) which is (O1 and O2) specifically designed for the study was administered post-intervention, targeting four fundamental domains of counseling ethics: Informed Consent, Confidentiality, Multiple Relationships, and Competence. Also, the actively learned informed consent (X) cases are aligned with the Ethical Situational Judgment Test in Psychological Counseling (O1 and O2) questions. No pretest was administered, as the focus was on assessing ethical knowledge following the intervention, thereby aligning with the principles of the posttest-only control group design. Since pretests are not used because participants are required to be uninformed by counseling ethics via training or personal experience with a mental health professional, purposive sampling was applied. Importantly, posttest only control group design is common in studies testing new teaching methods, testing procedures, different instructions, or other interventions where the treatment and posttest can be delivered together naturally (Campbell & Stanley, 1963).

3.6. Limitations of the Study

Contrastingly to experimental designs, quasi-experimental studies lack randomization which leads to confronting obstacles in terms of managing variables, that lead to more

laborious effort to distinguish the effect of independent variables from other interferences. That's why the absence of total control in the study researcher conducted the interpretations carefully by means of threats to validity. The potential threats to internal validity are present in quasi experimental designs are in terms of participants which are history, maturation, regression, selection, mortality thus in terms of applications testing and instrumentation are possible (Creswell & Guetterman, 2019). Posttest-only nonequivalent group designs have limited validity due to the absence of random assignment and pretest data. Since groups may differ on important factors before the intervention, it's difficult to determine whether the observed outcomes result from the treatment or from pre-existing differences. Hence, reducing error variance from individual differences of the participants challenging. Furthermore, greater control in research design can make the setting overly simplified or unrealistic. As a result, counseling researchers must navigate the trade-off between maintaining experimental control and ensuring that their findings are applicable to real-world contexts. However, it is crucial to bear in mind that under certain conditions, non-random samples may still reflect key traits of a target population, allowing for cautious generalization of results which serve to good enough principle (Heppner et al., 2008). Still, in this study the precautions taken for validity threats might be insufficient, which can be evaluated as a limitation for interpreting results.

The improvement of posttest only design is achievable by implementing independent pretest, proxy pretest and matching or stratifying. When there is an absence of a pretest it leads to limited information about selection bias (Shadish et al., 2002). There hasn't been randomization that might eliminate selection bias threat, although, intact groups and purposive sampling might minimize differences between groups based on known variables of no prior ethics training or counseling experience. To minimize history threat, the effect of short-term intervention as single session actively learned informed consent was used. Since the time between treatment and posttest was minimal this threat might also be diminished. For maturation, the same one session intervention applies for preventing time-related changes. Thus, all participants completed the posttest which means no mortality occurred. For the last due to posttest-only design, there was no testing effect from pretest exposure. However, the inquiry of informed consent knowledge might have the potential to have a testing threat between informed

consent content and situational judgment test questions. Because only what has been taught is answered by the clients in the test. Ethical Situational Judgment Test in Psychological Counseling was rigorously developed and piloted, it remains a new instrument without extensive prior validation. Its reliability and construct validity might need further examination in larger and varied samples because ensuring the reliability and validity of measures is crucial for establishing trust in research findings (Edlund & Nichols, 2019).

This study addresses key principles of Informed Consent, Confidentiality, Multiple Relationships, and Competence. However, it does not cover the full spectrum of counseling ethics which may limit the comprehensiveness of the ethical knowledge assessed. Hence, with only 60 participants, the sample size is relatively small, which may limit the generalizability of the findings to broader populations. Moreover, the use of purposive sampling might further narrow external validity, as the sample may not fully represent the diversity of potential counseling clients. Another limitation of this study is the scarcity of research conducted on this topic within Türkiye, which restricts the availability of locally relevant literature and comparative findings.

CHAPTER 4

4. RESULTS

In this section the findings of the study's primary analyses are presented. The first section comprised data screening and examination of the assumptions underlying the non-parametric analysis and preliminary analyses. After that descriptive statistics for variables and the Mann Whitney U analysis statistics are demonstrated. All statistical analyses were performed using IBM SPSS Statistics for Windows, version 22.0.

4.1. Data Screening and Assumption Checks

To examine differences between groups, the normality of the data was tested using the Kolmogorov-Smirnov and Shapiro-Wilk tests. The Kolmogorov–Smirnov and Shapiro–Wilk tests evaluate whether the sample data differ from a normally distributed dataset with the same mean and standard deviation. A non-significant result ($p > .05$) suggests that the sample distribution does not significantly deviate from normality, implying it is likely normally distributed. In contrast, a significant result ($p < .05$) indicates a meaningful difference from a normal distribution, suggesting that the data are not normally distributed (Field, 2018).

In the Table 3 the IC scores, $D(60) = 0.255$, $p < .001$, C scores, $D(60) = 0.184$, $p < .001$, MR scores, $D(60) = 0.429$, $p < .001$, CP scores, $D(60) = 0.273$, $p < .001$, and Total scores, $D(60) = 0.160$, $p < .001$, all significantly differed from a normal distribution, indicating non-normality across all variables. Therefore, the Mann-Whitney U test, a non-parametric alternative, was used for group comparisons. The Mann-Whitney U test is based on assumptions of (a) the two samples are independently and randomly drawn from their respective populations (b) the groups being compared must be mutually independent, meaning that no participant is included in both groups (c) the dependent variable should be measured at an ordinal level allowing for meaningful rank-order comparisons between observations (Andrew, 1998). It is also a suitable statistical method for examining whether there are differences between two independent groups based on the researcher's questions.

One of its key advantages is its applicability to small sample sizes, typically ranging from five to twenty participants. Additionally, it is well-suited for analyzing ordinal data, especially when the measurements are obtained using imprecise or non-standardized scales (Nachar, 2008).

Table 3

Tests of Normality for Study Variables (N = 60)

Variable	Kolmogorov-Smirnov Statistic	p-value	Shapiro-Wilk Statistic	p-value
IC	.255	< .001	.861	< .001
C	.184	< .001	.886	< .001
MR	.429	< .001	.539	< .001
CP	.273	< .001	.776	< .001
Total	.160	< .001	.899	< .001

Note. IC = [Informed Consent]; C = [Confidentiality]; MR = [Multiple Relationship]; CP = [Competence]. Normality was assessed using both Kolmogorov-Smirnov and Shapiro-Wilk tests. All variables showed significant deviation from normality ($p < .001$).

4.2. Descriptive Statistics for Variables

Descriptive analyses were conducted to examine the distribution characteristics of each variable which is presented in Table 4. The mean scores and standard deviations were as follows: Informed Consent ($M = 1.61$, $SD = 0.34$), Confidentiality ($M = 1.53$, $SD = 0.37$), Multiple Relationship ($M = 1.81$, $SD = 0.42$), Competence ($M = 1.70$, $SD = 0.37$), and the Total Score ($M = 1.66$, $SD = 0.27$). The skewness and kurtosis values within -1.0 to +1.0 are generally regarded as ideal, However, values up to -2.0 to 2.0 are often considered acceptable, depending on the specific context or purpose of the analysis (George & Mallery, 2024). According to this, examination of skewness and kurtosis values revealed non-normal distributions, particularly for Multiple Relationship (Skewness = -2.56, Kurtosis = 6.74), Competence (Skewness = -1.42,

Kurtosis = 2.30) and the Total Score (Skewness = -1.24, Kurtosis = 1.86), supporting the decision to use non-parametric analysis.

Table 4

Descriptives

	Mean	SD	Median	Skewness	Kurtosis	Minimum	Maximum
IC	1.6056	.33889	1.6667	-0.819	0.470	0.67	2.00
C	1.5278	.36972	1.6667	-0.179	-0.997	0.67	2.00
MR	1.8056	.41756	2.0000	-2.561	6.741	0.00	2.00
CP	1.7000	.37179	1.6667	-1.416	2.302	0.33	2.00
Total	1.6597	.26983	1.7083	-1.243	1.861	0.75	2.00

4.2.1. Mann-Whitney U test Analysis

The Mann-Whitney U test is appropriate for comparing two independent groups when the assumptions of parametric tests cannot be met. It is particularly useful in cases where the data does not follow a normal distribution, the sample size is limited, or the groups exhibit unequal variances (Andrew, 1998). Considering this, a series of Mann-Whitney U tests were conducted to examine whether there were significant differences between the control and experiment groups across the dimensions of ethical knowledge. The results are shown in Table 5. and Table 6.

Table 5

Test Statistics

	IC	C	MR	CP	Total
Mann-Whitney U	192,500	167,500	280,500	311,500	104,500
Wilcoxon W	657,500	632,500	745,500	776,500	569,500
Z	-4,016	-4,322	-3,300	-2,203	-5,146
Asymp. Sig. (2-tailed)	,000	,000	,001	,028	,000

The Informed Consent (IC), Confidentiality (C), Multiple Relationships (MR), Competence (CP), and the total score. The results showed statistically significant differences in all dimensions in favor of the experiment group. Specifically, for Informed Consent, the experiment group (*Mdn* = 39.08) scored significantly higher than the control group (*Mdn* = 21.92), *U* = 192.50, *z*= -4.016, *p* < .001. For Confidentiality, the experiment group (Mdn = 39.92) also outperformed the control group (*Mdn* = 21.08), *U* = 167.50, *z* = -4.322, *p* < .001. Similarly, in Multiple Relationship, the experiment group (*Mdn* = 36.15) scored significantly higher than the control group (*Mdn* = 24.85), *U* = 280.50, *z* = -3.300, p < .001. A significant difference was also observed in Competence, with the experiment group (*Mdn* = 35.12) scoring higher than the control group (Mean Rank = 25.88), *U* = 311.50, *z* = -2.203, *p* = .028. Finally, the total ethical knowledge scores revealed a strong difference, with the experiment group (*Mdn* = 42.02) showing substantially higher scores than the control group (*Mdn* = 18.98), *U* = 104.50, *Z* = -5.146, *p* < .001. These findings indicate that the intervention applied to the experiment group was effective in enhancing participants' ethical knowledge across all assessed dimensions.

Table 6

Ranks

	Group	N	Mean Rank	Sum of Ranks
IC	control group	30	21,92	657,50
	experiment group	30	39,08	1172,50
	Total	60		
C	control group	30	21,08	632,50
	experiment group	30	39,92	1197,50
	Total	60		
MR	control group	30	24,85	745,50
	experiment group	30	36,15	1084,50
	Total	60		
CP	control group	30	25,88	776,50
	experiment group	30	35,12	1053,50
	Total	60		
Total	control group	30	18,98	569,50
	experiment group	30	42,02	1260,50
	Total	60		

CHAPTER 5

5. DISCUSSION

This chapter presents a discussion of the study findings in relation to relevant literature on informed consent practices encompassing confidentiality, competence, and multiple relationships principles. Discussions are on the improvement of diverse needs of clients in terms of their ethical knowledge, specifically around ethical dilemmas and violations which are attempted to prevent by informed consent delivery. The implications of the findings for both research and professional practice are thoroughly examined. Additionally, recommendations for future research are proposed based on the study's outcomes to enhance ethical standards and practices within the field.

5.1. Discussion of Findings

This study demonstrates that delivering informed consent through active learning strategies, enriched with culturally relevant case scenarios, significantly enhances clients' understanding of ethical principles in counseling. By moving beyond the traditional written consent form, the interactive approach allowed participants to engage with realistic dilemmas, apply ethical concepts, and clarify misunderstandings, resulting in higher ethical knowledge across the domains of informed consent, confidentiality, multiple relationships, and competence. The findings highlight the importance of culturally sensitive practices, where client awareness of rights and ethical standards may be limited. Importantly, the study illustrates that ethical education can be transformed into an interactive, participatory process that not only empowers clients but also strengthens therapeutic relationships and supports shared decision-making. These results underscore the critical role of innovative, client-focused ethics interventions in bridging gaps between ethical theory, professional practice, and cultural realities.

This study was conducted with potential clients aiming to enhance their knowledge of ethical practices in counseling, particularly focusing on informed consent content and

delivery methods. The results indicated a significant increase in participants' ethical knowledge related to principles of informed consent, confidentiality, multiple relationships, and competence following the intervention of active learning than those who only received the written form of informed consent. It is evident that clients should be aware of their rights and that a healthy therapeutic relationship depends on mutual understanding, internalization of ethical principles, and shared decision-making. Informed consent form supports power balance and shared problem-solving between the counselor and client. It also promotes client autonomy, and informed decision making. Such practices also support behavioral goals and therapeutic alliance to be achieved in counseling. While literature acknowledges that informed consent is a critical component of counseling and should be treated as an ongoing, discussable process (Corey et al., 2014; Glosoff & Pate, 2002; Youngreen & Davis, 2012) few studies have designed and implemented informed consent protocols with additional and improved methods to support client's acknowledgement on ethics (Belter & Grisso, 1984; Blease et al., 2018; Donovan, 1997; Gerke et al., 2024; Hillerbrand & Claiborn, 1988; Lenet et al., 2018; Pomerantz & Handelsman, 2004; Shealy & Briggs, 1993). In this research, two informed consent forms are developed. The more effective informed consent form was developed based on active learning strategies and enhanced with case-based scenarios, allowing clients to not only learn ethical concepts but also apply them in realistic counseling situations with active elaboration. The content of the form was aligned with key elements found in established ethics texts and was specifically adapted for use in educational and counseling settings. Importantly, the products of informed consent and Ethical Situational Judgment Test in Psychological Counseling (ESJT-PC) are developed in this study and serve as an effective educational tool. Twelve incidents for situational judgments test developed by the experts' critics. Critical incidents tried to be mastered to be culturally adjusted and not to trigger negative experiences and relevant to current developments in counseling. The answers are also clarified to be distinguishable from one answer to another with appropriate wording to be most ethical to unethical answer and scored to be completed for the pilot study. The final incidents that are decided to be used are especially vital concepts in collectivist cultures like Türkiye. In such, a culturally relevant informed consent process was designed, incorporating culturally appropriate

examples (e.g., invitations to social events like weddings, forming relationships in virtual and other settings, and inclusion of other parties to therapeutic relationships). Both materials were developed with language and context that resonate with Turkish clients, ensuring a better consensus between ethical practice and cultural reality. This product may serve as a useful resource for practitioners and researchers who wish to apply it to other individuals, groups or settings.

The enhancement in informed consent (IC) resulted in increased ethical knowledge in the experiment group aligns with prior research showing that participatory approaches allows client comprehension and retention of ethical information because mental health professional considers each client's linguistic, cognitive, communicative, and developmental abilities, deliver information in an accessible manner, actively verify comprehension, and account for diversity by adapting informed consent practices as needed (Barnett & Johnson, 2015). When informed consent protocols are effectively implemented in this way, it promotes open communication between mental health professionals and clients, fostering a collaborative environment that strengthens shared decision-making and the therapeutic relationship. Such protocols also address common client concerns proactively, reducing the likelihood of misunderstandings and dissatisfaction during therapy, while encouraging clients to take responsibility, reclaim their sense of agency, and enhance self-regulation (Knapp & VandeCreek, 2012). Also, The Online Intervention Component (OIC), which involved providing verbal information and fostering collaborative discussions about expectations while emphasizing shared decision-making within an empathetic therapeutic relationship, is particularly influential for clients with limited prior knowledge and moderate motivation to actively engage in the process (Ladwig et al., 2024) In light with OIC, participants included in this study were potential clients who were uninformed about counseling ethics and with the experiment group participants had higher scores on ethically related incidents supported with discussions of the cases via shared decision-making. Similarly, in Donovan's (1997) study brochures incorporating active learning improved clients' recall of counseling ethics knowledge. In this study participants in the experiment group scored higher on Ethical Situational Judgment Test in Psychological Counseling on all dimensions by recalling information from informed consent. The interactive format of actively learned informed consent allowed

participants to actively engage with realistic scenarios and clarify misunderstandings. This approach probably supported enhanced cognitive processing, as suggested by active learning theory (Ün-Açıkgöz, 2011). Additionally, considering cultural aspects in Türkiye, using an interactive, case-based approach is particularly valuable because it offers realistic scenarios that might otherwise be misinterpreted.

Regarding confidentiality (C), the higher scores among participants in the active learning group support findings from previous studies that emphasize the need for explicit, repeated discussions about confidentiality (e.g., Berg et al., 2001; Carlisle & Neulicht, 2010; Shaw & Tarvydas, 2001). In such, Chinese clients often lack a clear understanding of the concepts of confidentiality and informed consent. Because these concepts are rooted in specific cultural frameworks, addressing such cultural differences that influence the way of evaluating and explaining confidentiality must be handled carefully (Zhao et al., 2012). Confidentiality is an essential client right, and the informed consent process plays a key role in helping clients understand this right (Werth et al., 2002). When clients actively learn confidentiality with culture specific incidents, they are more inclined to understand the concept. Another study that encompasses college students' perceptions of mental health professional client interactions using vignettes on multiple relationships, confidentiality, and competence revealed that participants held more negative perceptions of clinicians who engaged in culturally based violations compared to those who committed non-cultural infractions. Such participants were more inclined to perceive culturally based violations as ethically inappropriate and expressed a higher likelihood of reporting them to a supervisor, licensing board, or ethics committee (Brown & Pomerantz, 2011). These findings reinforce the importance of culturally relevant informed consent protocols on clarifying confidentiality, as implemented in this study, to address both general and culture-specific ethical risks in counseling.

For multiple relationships (MR), in collectivist contexts, where personal and community ties are prioritized, multiple relationships raise concerns about confidentiality and power. While typically prohibited in individualistic cultures to engage in multiple relationships to prevent harm, they are more accepted in collectivist cultures (Akhurst & Leach, 2023). In collectivist cultures such as Türkiye, the

potential clients in the control group were more likely to evaluate unethical behaviors as the right answer in the Ethical Situational Judgment Test in Psychological Counseling which were related to multiple relationships. It's evident to state that when boundaries are not actively discussed with the clients personal and professional boundaries may be prone to be more fluid and carries potential harm to clients. The inclusion of culturally relevant case scenarios could have been critical in fostering awareness. By discussing both harmful and benign boundary crossings, the interactive format may have enabled participants to differentiate between ethically permissible actions and those constituting violations. As the diversity of connections formed through social media and the internet is also salient, more careful and ethically critical actions might be required from mental health professionals.

Similarly, competence (CP) learning achieved in the experiment group in line with the study of the findings of Claiborn et al. (1994) showed that clients could clearly differentiate between ethically appropriate and inappropriate practices, relying on indicators such as professional credentials, conduct, clear communication, and relevant training or experience to assess a therapist's competence. In the present study, when such information was explicitly incorporated into the informed consent process, participants likewise demonstrated the ability to distinguish appropriate from inappropriate practices in the Ethical Situational Judgment Test in Psychological Counseling, supporting the notion that transparent communication of these indicators can strengthen clients' ethical awareness. Also, Brown and Pomerantz (2011) findings suggest that potential clients may possess an awareness of the ethical relevance of multicultural competence and its influence on therapeutic dynamics. In certain instances, participants evaluated practitioners more critically when ethical breaches were culturally based rather than noncultural in nature. Such violations were more frequently perceived as unethical, and respondents indicated a greater likelihood of initiating formal reporting procedures when cultural issues were involved. In this study potential clients who actively discussed culturally based incidents were more likely to select ethically appropriate action in the test. The active learning materials, which included examples of both competent and incompetent practice, may have allowed participants to identify and better understand their rights to receive services

from qualified mental health professionals. This aligns with Sivis-Çetinkaya's (2015) recommendation to emphasize competence-related issues in ethics education.

The overall pattern of results reinforces the argument that informed consent should be reframed as an ongoing educational process rather than an administrative formality (ACA, 2014; Knapp & Fingerhut, 2024). By embedding active learning into the consent process, counselors can not only meet ethical and legal obligations but also cultivate a more balanced power dynamic, in line with feminist and participatory ethical decision-making models (Hill et al., 1998; Prilleltensky et al., 1996). The findings address the literature's call for more client-inclusive ethics, highlighting a gap where research has highly centered on counselors' perspectives. To the researcher's knowledge, In Türkiye, no specific law protects clients' or counselors' rights, so counselors rely on their judgment alongside ethical and legal standards. Consequently, informed consent is crucial, both for clarifying counseling limitations and mitigating context-specific risks (Arslan & Sommers-Flanagan, 2018). In parallel, the informed consent devised as an outcome product of this study has both increased clients' ethical knowledge and might clarify the overlooked parts of how informed consent should be effectively discussed with the written format.

From a practical perspective, the findings suggest that counseling services in Türkiye and similar cultural contexts could benefit from integrating structured active learning modules into the informed consent process. This approach may be especially valuable in settings where clients are less familiar with their rights or where public awareness of counseling ethics is limited. Moreover, by improving ethical literacy before meetings begin, counselors may reduce the likelihood of misunderstandings, complaints, or possible ethical breaches.

From a theoretical standpoint, the study supports the application of active learning to ethical education in counseling, demonstrating that active participation, can enhance knowledge transfer. It also contributes to the cross-cultural ethics literature by showing that these effects hold in a non-Western context, where cultural norms around authority and boundaries differ from those in which most ethical guidelines were developed. While laws are still evolving to protect rights, it becomes increasingly

important for mental health professionals and researchers in the field to consult, research and practice safeguarding client's rights and expanding their ethical understanding by allowing clients to make informed decisions.

In conclusion, the results provide compelling evidence that informed consent, when implemented through active learning strategies, can improve clients' ethical knowledge. This has crucial implications for both ethical practice and client empowerment. Future research should explore the long-term retention of this knowledge, examine its effects on the therapeutic relationship and outcomes, and test these products in diverse clinical populations. Additionally, comparative studies between client and counselor perspectives could provide a more holistic understanding of how informed consent practices shape ethical awareness in counseling.

5.2. Conclusion

This study aimed to explore how potential clients in Turkey perceive and respond to ethical principles within the context of psychological counseling. Focusing on key ethical components such as informed consent, confidentiality, competence, multiple relationships, the research investigated the extent to which individuals are acknowledged of these principles and how they react when ethical standards are violated. The study also examined the role of client autonomy and the importance of providing sufficient information prior to counseling.

The findings suggest that ethical compliance in counseling exerts a special role in fostering trust and promoting client participation in the decision-making process. Participants reported negative emotional responses when confidentiality was breached or when they were not adequately informed about the counseling process. Moreover, clients appeared uncertain about how to evaluate or respond to ethical violations, indicating a general lack of awareness regarding their rights in therapeutic settings when they are uninformed. In conclusion, ethical practices, particularly informed consent should not be treated as mere formalities but as essential tools that support client autonomy, understanding, and safety. This study highlights the need for increased public education and professional responsibility in ensuring ethical transparency in counseling services. Raising ethical awareness among both clients and

counselors is crucial for promoting ethical integrity and client well-being in psychological support practices.

5.3. Implications

The findings of this study offer several important implications for (a) future research, (b) training, and (c) practice in the field of psychological counseling. This research focused on potential clients; future studies could investigate how individuals formally or currently in the counseling process perceive informed consent that is developed for the study. Exploring the real-time experiences of active clients may provide deeper insights into how ethical practices influence trust, openness, and engagement during counseling. Second, future research could incorporate additional variables to better understand the effectiveness of informed consent procedures, for instance, whether it is genuinely enhancing therapeutic alliance, successfully achieved behavioral goals and positive therapeutic outcomes. Experimental studies might evaluate different formats of delivering informed consent, including interactive digital tools or short explanatory videos, to determine their impact on client understanding and decision-making. It is also essential to recognize that diverse populations may have different informational needs and cultural expectations regarding the counseling process and informed consent delivery. Therefore, developing and testing specifically designed informed consent materials for specific populations such as adolescents, children, older adults, refugees, or individuals from varying cultural backgrounds could enhance the value given to ethical principles and accessibility. Likewise, these methods can be applied in couples, family, and group counseling. Also, participants can be recruited to be representative and allow generalizability of the targeted population.

Regarding implications for counselor training, these programs should integrate applied ethics not just as a theoretical module but as an active component. Trainers could model ethical delivery by incorporating role plays, simulations, and case discussions around informed consent, ensuring that future counselors understand how to apply ethical principles in real-world settings. Also, future counselors should internalize moral principles and reasoning in harmony with concrete tools that support ethical practice like the informed consent developed in this study. In the context of

online counseling, researchers and practitioners are encouraged to adapt and evaluate digital forms of informed consent that ensure clarity, engagement, and legal adequacy in remote settings. Ultimately, these improvements may contribute to more transparent, client-centered, and ethically salient counseling practices across both face-to-face and online learning centers.

5.4. Recommendations

Informed consent should not be treated as a mere formality or administrative task to be completed during intake. Counselors are encouraged to present and discuss informed consent directly with adult clients, allowing time and space for questions and reflection. This process should not be delegated to administrative staff or reduced to a document handed out in the waiting room. Instead, it must be approached as a meaningful dialogue that fosters client autonomy, understanding, and trust. The client should feel included in the therapeutic process from the very beginning, and the discussion of informed consent should signal respect, validation, and the client's right to make conscious, informed decisions. Furthermore, informed consent is not a one-time event; it should remain open to discussion throughout the counseling process, especially when changes occur or new interventions are introduced. Integrating these practices helps ensure that clients experience the process as collaborative and transparent, rather than passive or imposed. Although the literature lacks consensus on whether informed consent must always be discussed in detail, the findings here suggest it should. Since there might be clients who do not receive any informed consent or have not adequately acquired or debated its content. Future studies could improve upon this model by comparing different delivery methods such as control groups who did not receive informed consent, or videos and multimedia added protocols for online counseling or children. Examining the developed informed consent's effectiveness over time by delving into the client's mind or adapting the material further for various counseling contexts might be compromised for the gestalt of both parties' welfare.

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APPENDICES

A. APPROVAL OF THE ETHICS COMMITTEE

TED ÜNİVERSİTESİ
İNSAN ARAŞTIRMALARI ETİK KURULU
ETİK KURUL KARARLARI
Sayı: 2024-37 Tarih: 08/10/2024

Toplantı Sayısı:	2024-37
Toplantı Tarihi ve Saati:	08 Ekim 2024 Saat: 13.00
Toplantı Yeri:	Zoom üzerinden yapılmıştır.
Katılanlar:	Dr. Öğr. Üyesi Kıymet Duygu ERDAŞ – Başkan Dr. Öğr. Üyesi Duygu Onay Çoker - Raportör Dr. Öğr. Üyesi Elçin Emre AKDOĞAN - Üye Dr. Öğr. Üyesi Çağla Öneren ŞENDİL - Üye Doç. Dr. Melike Ünal GEZER - Üye Doç. Dr. Beril Türkoğlu DEMİREL - Üye
Raportör:	Dr. Öğr. Üyesi Duygu Onay Çoker

GÖRÜŞME MADDELERİ :

G.07 : TED Üniversitesi, Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık Anabilim Dalı Dr. Öğretim Üyesi Begüm Serim Yıldız' ın "Bilgilendirilmiş Onamın ve Aktif Öğrenme Materyallerinin Danışanların Etik Bilgisi Üzerindeki Etkisi" başlıklı çalışmasının araştırma etiğine uygunluğu görüşüldü.

Karar 2024-37/07 : TED Üniversitesi, Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık Anabilim Dalı Dr. Öğretim Üyesi Begüm Serim Yıldız' ın "Bilgilendirilmiş Onamın ve Aktif Öğrenme Materyallerinin Danışanların Etik Bilgisi Üzerindeki Etkisi" başlıklı çalışmasına,

ONAY KARARI VERİLDİ.

Toplantı saat 14.15 sona erdi.

TED ÜNİVERSİTESİ
İNSAN ARAŞTIRMALARI ETİK KURULU
ETİK KURUL KARARLARI
Sayı: 2024-37 Tarih: 08/10/2024

e-imzalıdır
Dr. Öğr. Üyesi Kıymet Duygu ERDAŞ
Başkan

e-imzalıdır
Dr. Öğr. Üyesi Duygu Onay Çöker
Üye

e-imzalıdır
Dr. Öğr. Üyesi Çağla Öneren ŞENDİL
Üye

e-imzalıdır
Doç. Dr. Melike Ünal GEZER
Üye

e-imzalıdır
Dr. Öğr. Üyesi Elçin Emre AKDOĞAN
Üye

e-imzalıdır
Doç. Dr. Beril Türkoğlu DEMİREL
Üye

B. INFORMED CONSENT FORM

Danışanların Zihnine Yolculuk:Bilgilendirilmiş Onamın ve Aktif Öğrenme Materyallerinin Danışanların Etik Bilgisi Üzerindeki Etkisi

Değerli Katılımcı,

Bu araştırma TED Üniversitesi Rehberlik ve Psikolojik Danışmanlık Yüksek Lisans öğrencisi Rumeysa Alınak tarafından Dr.Öğr.Üyesi Begüm Serim-Yıldız'ın tez danışmanlığı doğrultusunda yürütülmektedir. Bu çalışmanın amacı, Psikolojik Danışmanlık ve Rehberlik alanında belirlenen etik kodlar ve etik ihlaller hakkında danışanların farkındalığıyla ilgili önemli bilgiler edinmektir. Bu yüzden bilgilendirilmiş onamın ve aktif öğrenme materyallerinin danışanların etik bilgisi üzerindeki etkisi araştırılacaktır. Bu bilgiler ışığında özellikle Psikolojik Danışma ve Rehberlik alanda çalışan Psikolojik Danışmanların uygulamaları ve mevcut etik kodlarının sunumunun gözden geçirilmesi ve danışanlara daha iyi hizmet sunulması için fayda oluşturmayı amaçlıyoruz. Araştırmaya katıldığınızda, Bildilendirilmiş Onam Formu'nu okuyup Psikolojik Danışmada Etik Durumsal Yargı Testini cevaplandırmanız beklenmektedir. Çalışmanın tamamlanması maksimum 15-20 dakika sürecektir. Bu uygulamada yer alan sorular sizde herhangi bir rahatsızlık yaratırsa uygulamaları nedenini açıklamaksızın yarıda bırakıp araştırmadan çıkabilirsiniz. Katılımınız tamamen gizli tutulacak olup kimliğinizi belirleyen herhangi bir bilgi talep edilmeyecektir, verdiğiniz cevaplar gizlilikle saklanacak olup sadece araştırmacı tarafından değerlendirilecektir. Bu formu okuyup aşağıdaki kutucuğu işaretlediğinizde, araştırmaya katılmayı kabul etmiş olacaksınız. Araştırmanın amacı veya süreci ile ilgili daha fazla bilgi almak isterseniz aşağıdaki iletişim adresinden araştırmacıya ulaşabilirsiniz. Katılımlarınız için teşekkür ederiz.

Çalışmaya yönelik sormak istediklerinizi Psikolojik Danışma ve Rehberlik Bölümü yüksek lisans öğrencisi Rumeysa Alınak'a iletebilirsiniz.

Araştırmaya katılımınız ve haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olduğunuza veya strese maruz kalacağına inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na ulaşabilirsiniz.

Çalışmaya katılmayı onaylıyorum.

( ) Evet

( ) Hayır

C. DEMOGRAFIC INFORMATION FORM

Verilen tüm bilgiler gizli tutulacaktır. Cevaplarınızı boşluk bırakılan yerlere doldurunuz.

1)Cinsiyetiniz?

( ) Kadın ( ) Erkek

2)Yaşınız: _____

3)Daha önce psikolojik danışmanlık ve rehberlik hizmeti aldınız mı?

( ) Evet ( ) Hayır

4)Daha önce, psikolojik danışmanlık ve rehberlik etiği ve etik kodlar ile alakalı eğitim/bilgi aldınız mı, okuma yaptınız mı?

( ) Evet ( ) Hayır

5)Ruh sağlığı uzmanı adayı mısınız?

( ) Evet ( ) Hayır

6)Ruh sağlığı uzmanı mısınız?

( ) Evet ( ) Hayır

D.1. PSİKOLOJİK DANIŞMA BİLGİLENDİRİLMİŞ ONAM FORMU AKTİF ÖĞRENME

Merhabalar, Hoş geldiniz.

Ben psikolojik danışman rolündeyken size onam formunu kullanarak süreci anlatacağım ve aralarda size bazı sorular soracağım ve siz de danışan olarak soruları yanıtlayacaksınız.

Değerli Başvuru Sahibi,

*Danışma merkezimize hoş geldiniz. Psikolojik danışmada **hem danışmanın hem de danışanın bazı hakları ve sorumlulukları** vardır. Bu form, size sunacağım psikolojik danışma hizmeti ve bu süreçte karşılıklı hak ve sorumluluklarımız hakkında sizi bilgilendirmek üzere hazırlanmıştır. Bu formu imzaladığınızda, aynı zamanda formda yer alan konularda **aramızda bir anlaşma** niteliği taşıyacaktır. Anlaşmanın **bir örneği sizde ve diğer örneği de bende** kalacaktır. Bu nedenle lütfen dikkatlice okuyunuz ve sorularınız varsa not alınız. Daha sonra bütün maddeleri sizinle tartışacağız.*

- Görüşmelere başlamadan önce sizi sürecin kuralları ve etik konular hakkında bilgilendirmem gerekiyordu, diyelim ki bunu yapmayı unuttum. Daha sonra bu hatamı fark ettiğimde, sizinle hiç iletişime geçmeden sürece devam ettim. Bu durumda ne yapardınız?

Danışmanın Kimliği ve Nitelikleri

Ben, Rumeysa Alınak, Psikolojik Danışmamın. Lisans eğitimimi (PDR), TED Üniversitesi'nde tamamlayarak 4 senedir danışan görmekteyim. Şu an yüksek lisans (PDR) eğitimime devam etmekteyim. Kuramsal davranışçı oyun terapisi, çocuk objektif değerlendirme testleri, aile danışmanlığı, psikolojik ilk yardım, bilişsel davranışçı terapisi kuramsal ve şema terapisi kuramsal eğitimlerini tamamladım. Sizinle şema ya da bilişsel davranışçı yaklaşımları izleyerek çalışacağız.

*Psikolojik danışma, zaman, para ve enerji taahhüdü içerir, bu nedenle seçtiğiniz psikolojik danışman konusunda çok dikkatli olmalısınız. **İzleyeceğimiz yol, takip ettiğim yaklaşım ve kullanacağım teknikler hakkında sorularınız varsa, ortaya çıktıklarında bunları tartışmalıyız. Şüpheleriniz devam ederse, ikinci bir görüş için***

başka bir ruh sağlığı uzmanıyla görüşmeniz uygun olacaktır. *Danışman, gerektiğinde alternatif tedavi yöntemlerini de önerebilir. Bu yöntemlerin avantajları ve sınırlamaları hakkında size bilgi verilecektir.*

- Diyelim ki, sizinle 6 oturum geçirdik ve aramızda güçlü bir güven ilişkisi oluştu. 7. oturumda, sürecinize katkı sağlayacağını düşündüğüm için EMDR tekniğini kullanmaya karar verdim. Ancak, daha önce size sunduğum onam formunda EMDR tekniği hakkında herhangi bir bilgi vermediğimi fark ettim. Buna rağmen, onam formunu güncellemeden ve sizin rızanızı almadan EMDR tekniğini uyguladım. Bu durumda ne yapardınız?

Şu anda danışanlarımla çalışmalarımda süpervizyon almıyorum ama ihtiyaç halinde hem ***konsültasyon*** *alacağım, diğer bir deyişle meslektaşlarımla fikir alışverişi yapacağım, hem de* ***süpervizyon,*** *diğer bir deyişle benden bilgi ve tecrübe olarak daha üst düzeyde olan alanda yetişmiş bir psikolojik danışmandan* ***öncesinde sizi bilgilendirerek ve gizliliğinizi koruyarak mesleki destek alacağım.***

- Diyelim ki, sizinle yaptığım görüşmelerde zorlandığımı düşünerek benden daha deneyimli bir meslektaşımdan yardım (süpervizyon) almaya karar verdim. Ancak, sizinle olan görüşmelerin detaylarını, kimliğinizi de dahil ederek, sizden habersiz bir şekilde meslektaşımla paylaştım ve siz de bunu öğrendiniz. Bu durumda ne yapardınız?

Danışmanlık Süreci ve Hedefler

Hayatımız boyunca bazı dönemlerde bazı güçlüklerle karşı karşıya kalırız. Bu hepimiz için normal bir durumdur. Böyle zamanlarda yardım arayışı içinde oluruz. Psikolojik danışma herkese uygun bir yardım hizmetidir, ancak süreç, danışanın ve danışmanın niteliklerine ve mevcut problemin doğasına göre değişiklik gösterebilir.

Psikolojik danışma bir tıp doktorundan alacağınız hizmetten farklıdır, çünkü ***psikolojik danışma sizin aktif olarak rol alacağınız ve sorumluluğunu üstleneceğiniz bir süreçtir.*** *Psikolojik danışmada amacınıza ulaşabilmeniz için hem danışma odasında hem de danışma odasının dışında, psikolojik danışmada konuştuklarımızla ilgili sizin çaba sarf etmeniz gerekir. Burada ben psikolojik*

danışman olarak size ***tavsiye veren, tanı koyan ya da yol gösteren olarak görev alamam,*** *ancak* ***sizin psikolojik danışma yolculuğunuzda*** *size eşlik edebilirim.*

- Diyelim ki, tanışma görüşmesinin sonunda, dikkat dağınıklığı yaşadığınızdan şüphelendiğiniz için psikolojik danışmanınız olarak benden bir teşhis koymamı istediniz. Ben de size Dikkat Dağınıklığı ve Hiperaktivite Bozukluğu teşhisi koyduğumu söyledim. Bu durumda ne yapardınız?
- Diyelim ki, sizinle yaptığımız görüşmelerde, ailenizle aranızda anlaşmazlıklar olduğunu ve ancak aileniz değişirse sorunlarınızın geçeceğini düşünüyorsunuz. Benden tavsiye talep ettiniz. Ben de sorunun ailenizde olduğunu düşünüp size değişebilmeleri için tavsiyelerde bulundum. Bu durumda ne yapardınız?

Görüşmelerin sıklığına ve ne kadar süreceğine psikolojik danışmanın önerileri ışığında psikolojik danışman ve danışan ***birlikte karar*** *verir. Merkezimizde psikolojik danışma genellikle* ***haftada bir*** *yapılır ve her bir görüşme* ***45-50*** *dakika sürer. Normal koşullarda görüşmeler zamanında başlar ve biter. Danışan olarak* ***sizin sorumluluğunuz randevunuza zamanında gelmektir****. Eğer randevunuza geç kalırsanız, psikolojik danışma için kalan sürenizi kullanabilirsiniz ancak, süremiz dışına çıkamayız, çünkü bu sizden sonra gelecek olan danışanın süresini kullanmak anlamına gelir.*

Kontrolünüz dışında gerçekleşen durumlarda ya da psikolojik danışman ve danışan olarak birlikte aldığımız bir karar sonucu psikolojik danışmaya katılmanızın uygun olmadığı zamanlarda yeni bir randevu saati organize edilir.

Arka arkaya iki görüşmeye gelmezseniz ve yeniden planlama girişimlerime yanıt vermezseniz, psikolojik danışmayı bıraktığınızı varsayacağım ve size ayrılan gün ve saati başka bir danışana açacağım.

Gizlilik ve Gizliliğin Sınırlamaları

Psikolojik danışmada söylediklerinizi kesinlikle ***üçüncü kişilerle paylaşılmayacaktır****. Ancak bazı istisnai durumlar için gizliliğin sınırları bulunmaktadır. Bu istisnai durumlardan* ***ilki sizin kendinize veya başka kişilere ciddi bir zarar verme (örneğin***

kendinizin veya başkasının canına kastetme, bir başkasının sizden tehlikeli ya da bulaşıcı bir hastalığı habersizce kapma ihtimalinin olması) niyetiniz/planınız olması, ikincisi ise başkasının size zarar vermesi ihtimalidir. *Bu durumlarda* ***gizliliği ihlal ederek*** *belirli adımları atmam hem sizi hem de üçüncü şahısları korumak için psikolojik danışma etik ilkeleri gereği olduğu kadar* ***Türk Ceza Kanunu açısından da zorunludur****. Bunun yanı sıra* ***mahkeme kararıyla tanıklık*** *yapmam gereken bir durum olursa, sizinle yürüttüğümüz psikolojik danışma ile ilgili kayıtlarımın belirli bir kısmını paylaşabilirim. Her ne durumda olursa olsun, sizinle ilgili bir bilgiyi herhangi başka biriyle paylaşmam gerekirse bu durumu* ***önce sizinle görüşeceğim****. Hangi bilginin, kime/kimlere, ne zaman ve nasıl açıklanacağını beraber belirleyeceğiz ve açıklama yapabilmek için sizin* ***sözlü veya yazılı izninizi alacağım.***

- Diyelim ki, sizinle yaptığım görüşmelerde paylaştığınız ve size özel bir metaforun (benzetme) öğretici olabileceğini düşündüm ve anonim olarak profesyonel Instagram hesabımda paylaştım. Ancak, sizden herhangi bir onay almadım. Bu durumda ne yapardınız?
- Psikolojik danışmanınıza güvenmeye başladığınız bir görüşmede partnerinizin öfkelendiği zaman size fiziksel şiddet uyguladığını, partnerinizden çok korktuğunuzu ve ne yapacağınızı bilmediğinizi anlattınız. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

Riskler

Psikolojik danışmanın araştırma sonuçlarınca kanıtlanan ilişki kalitesinin artması, olumsuz duygularda azalma ve belirli sorunların çözülmesi gibi pek çok yararı olmasının yanında bazı riskleri de vardır. ***Psikolojik danışmada genellikle hayatınızın sizi huzursuz eden yönleri konuşulduğu için, üzüntü, suçluluk, öfke, hayal kırıklığı, yalnızlık ve çaresizlik gibi rahatsız edici duygular yaşayabilirsiniz.***

Danışanın Hakları ve Sorumlulukları

Danışmanlık sürecine ***aktif olarak katılmak, hedefler belirlemek*** *ve gerektiğinde süreçle ilgili* ***geri bildirimde bulunma*** *hakkına sahipsiniz. Psikolojik danışma*

*süresince, istediğiniz zaman **vazgeçme hakkınız** vardır. Psikolojik danışmaya gelmeyi kendi isteğinizle **sonlandırmak size hiçbir yükümlülük getirmemektedir.***

Psikolojik Danışmanın Yükümlülükleri ve Sorumlulukları

*Danışman olarak size en iyi hizmeti sunmak için mesleki yeterliliğe sahip olmalı ve etik kurallara uygun davranmam gerekir. Din, dil, ırk, cinsiyet, kültür ve diğer kişisel özellikler doğrultusunda her danışanın bireysel **farklılıklarını saygıyla kabul eder ve buna uygun şekilde hizmet sunulur.** Danışmanlık sürecinde, herhangi bir ayrımcılığa veya önyargıya yer verilmeden, her danışanın kültürel geçmişi ve kimliği göz önünde bulundurularak, empatik ve saygılı bir yaklaşım sergilenecektir. **Profesyonel sınırların dışına çıkmamak için görüşmeler dışında sosyal veya siber ortamlarda arkadaşlık kurulmayacak ve görüşülmeyecektir. Akrabanız veya arkadaşlarınızla danışma sürecine girilmeyecektir.** Ayrıca, terapötik sürecin her aşamasında şeffaflık sağlanmalı ve süreçle ilgili tüm sorularınıza cevap verilmelidir. Danışmanlık süreci sona erdiğinde, seansların sonlandırılma süreci hakkında birlikte karar verilecektir. Gerekli görülmesi durumunda, başka bir uzmana yönlendirilme konusunda birlikte karar verilecektir.*

- Diyelim ki, sevgiliniz, psikolojik danışmanınız olarak beni nikah şahidi olarak nikah töreninize davet etmenizi istedi. Danışan olarak partnerinize ne derdiniz?

- Diyelim ki, psikolojik danışmanınız olarak benimle oturum sona erdiğinde, daha fazla konuşmaya ihtiyacınız olduğunu hissediyorsunuz. Arkadaşınıza bu durumu anlattığınızda size, "Kahve içmeye çağırsaydın" dedi. Danışan olarak bu durumda ne yapardınız?

- Diyelim ki, psikolojik danışmanınız olarak benim profesyonel hayatımı merak ettiniz ve internet üzerindeki iş arama platformundan hesabımı buldunuz, bana arkadaşlık isteği gönderir miydiniz?

Klinik Kayıtlar ve Erişim

Psikolojik danışmada, danışma esnasında bazen sizinle ilgili notlar tutacağım. Ayrıca sizinle ilgili bilgilerin, danışma sürecinin ve danışma planının yer aldığı kayıtları da ***güvenli bir alanda saklayacağım****.* ***Çift Dosya Yöntemi*** *ile size özel bir kod veya renk atayıp ve bilgilerinizi iki ayrı dolapta saklayacağım. Bu dosyaların birinde kişisel bilgileriniz diğerinde oturum ile ilgili bilgileriniz olacak ve istediğinizde* ***klinik kayıtlara erişim talebinde*** *bulunabileceksiniz.*



Beklenmeyen Durumlar ve Kesintiler

Danışmanlık sürecinde, danışman veya danışanın kontrolü dışında gelişen kesintiler ve beklenmeyen durumlar olabilecektir. Bu durumlar hakkında ***bilgi verilecektir*** *ve çözüm önerileri sunulacaktır. Psikolojik danışmanınız olarak benim tatil günlerim şu şekildedir. Ayrıca benim için beklenmeyen bir durum gerçekleştiğinde ve o hafta görüşme yapmamız mümkün olmadığında* ***alternatif bir görüşme tarihi*** *belirlemek için sizinle iletişime geçeceğim.*



Danışmanlık Sonlandırma ve Yönlendirme

İlk görüşmemiz sizin ihtiyaçlarınızın değerlendirilmesi üzerine olacak. Değerlendirmenin sonunda, psikolojik danışmaya devam etmeye karar verirseniz, sizinle çalışmamızın neleri kapsadığına ve izleyeceğiniz psikolojik danışma planına dair bazı ilk izlenimleri size sunabileceğim. Benimle çalışmaktan kendinizi rahat hissedip hissetmediğiniz konusunda duygu ve düşüncelerinizi değerlendirirken sizinle paylaşacağım bu bilgileri de göz önünde bulundurmalısınız. Değerlendirmenin sonunda, ***sizin için doğru psikolojik danışman olmadığıma inanırsam sizi bilgilendireceğim ve size yardım etmek için daha uygun olduğuna inandığım diğer uygulayıcılara sizi yönlendireceğim.***

- Diyelim ki, partnerinizle ilgili paylaştığınız problemlere dayanarak, sizinle sadece bireysel psikolojik danışma değil, aynı zamanda çift terapisine de başlayacağımı söyledim ancak onam formunda çift terapisi eğitimi aldığımdan bahsetmedim. Danışan olarak bu durumda ne söylerdiniz?

Ücretlendirme ve Ödeme Şartları

Psikolojik danışman olarak sunduğum hizmetin ücreti ***…TL'dir.***

Ücretlendirmede %……. Oranında yıllık olarak artış yapılacaktır. Artış yapılmadan 2 hafta önce yazılı ve sözlü olarak bilgilendirileceksiniz.

Ücretler ***görüşmeler bittiğinde*** *temin edilecektir.*

Mücbir sebepler dışında, ***randevu saatinden 24 saat öncesinde iptal gerçekleşmediyse, o haftanın psikolojik danışma ücreti ödenmelidir.***

Haftalık görüşmelerimize ek olarak, ihtiyaç duyduğunuz ve size sunmakta yetkin olduğum bazı hizmetler için ek ücret ödemeniz gerekmektedir. Bu hizmetlerin niteliği, süresi, riskleri ve faydaları sizinle daha önceden görüşülecek ve eğer hizmeti almak isterseniz sizinle yeni bir bilgilendirme ve onam formu imzalanacaktır.

- Diyelim ki, psikolojik danışmanınız olarak benimle 10. görüşmeyi bitirdiğinizde sekreter sizden her zaman verdiğiniz ücretin 2 katı ücret talep etti. Danışan olarak bu durumda ne yapardınız?

Bilgilerinize saygılarımızla sunar iyi bir danışma süreci dileriz.

Bu formda yazılı maddeleri ("okudum anladım" el yazısı ile yazılmalıdır). *Danışan olarak haklarım ve sorumluluklarım ve psikolojik danışmanın sorumlulukları konusunda bilgilendirildim. Psikolojik danışma yardımı almayı ve bu formun içerdiği koşulları kabul ediyorum.*

Danışan Adı Soyadı:
İmza:
Tarih:
Acil durumlarda ulaşılacak yakının Adı Soyadı ve Telefon Numarası:

Psikolojik Danışmanın Adı Soyadı:
İmza:

D.2. PSİKOLOJİK DANIŞMA BİLGİLENDİRİLMİŞ ONAM FORMU

Değerli Başvuru Sahibi,
Danışma merkezimize hoş geldiniz. Psikolojik danışmada hem danışmanın **hem de danışanın bazı hakları ve sorumlulukları vardır.** Bu form, size sunacağım psikolojik danışma hizmeti ve bu süreçte karşılıklı hak ve sorumluluklarımız hakkında sizi bilgilendirmek üzere hazırlanmıştır. Bu formu imzaladığınızda, aynı zamanda formda yer alan konularda **aramızda bir anlaşma** niteliği taşıyacaktır. Anlaşmanın **bir örneği sizde ve diğer örneği de bende** kalacaktır. Bu nedenle lütfen dikkatlice okuyunuz ve sorularınız varsa not alınız. Daha sonra bütün maddeleri sizinle tartışacağız.

Danışmanın Kimliği ve Nitelikleri

Ben, Rumeysa Alınak, Psikolojik Danışmamın. Lisans eğitimimi (PDR), TED Üniversitesi'nde tamamlayarak 4 senedir danışan görmekteyim. Şu an yüksek lisans (PDR) eğitimime devam etmekteyim. Bilişsel davranışçı oyun terapisi, çocuk objektif

değerlendirme testleri, aile danışmanlığı, psikolojik ilk yardım, bilişsel davranışçı terapisi kuramsal ve şema terapisi kuramsal eğitimlerini tamamladım. Sizinle şema ya da bilişsel davranışçı yaklaşımları izleyerek çalışacağız. Şu anda danışanlarımla çalışmalarımda süpervizyon almıyorum ama ihtiyaç halinde hem **konsültasyon** alacağım, diğer bir deyişle meslektaşlarımla fikir alışverişi yapacağım, hem de **süpervizyon**, diğer bir deyişle benden bilgi ve tecrübe olarak daha üst düzeyde olan alanda yetişmiş bir psikolojik danışmandan **gizliliğinizi koruyarak mesleki destek alacağım.**

Psikolojik danışma, zaman, para ve enerji taahhüdü içerir, bu nedenle seçtiğiniz psikolojik danışman konusunda çok dikkatli olmalısınız. **İzleyeceğimiz yol, takip ettiğim yaklaşım ve kullanacağım teknikler hakkında sorularınız varsa, ortaya çıktıklarında bunları tartışmalıyız. Şüpheleriniz devam ederse, ikinci bir görüş için başka bir ruh sağlığı uzmanıyla görüşmeniz uygun olacaktır.** Danışman, gerektiğinde alternatif tedavi yöntemlerini de önerebilir. Bu yöntemlerin avantajları ve sınırlamaları hakkında size bilgi verilecektir.

Danışmanlık Süreci ve Hedefler

Hayatımız boyunca bazı dönemlerde bazı güçlüklerle karşı karşıya kalırız. Bu hepimiz için normal bir durumdur. Böyle zamanlarda yardım arayışı içinde oluruz. Psikolojik danışma herkese uygun bir yardım hizmetidir, ancak süreç, danışanın ve danışmanın niteliklerine ve mevcut problemin doğasına göre değişiklik gösterebilir.

Psikolojik danışma bir tıp doktorundan alacağınız hizmetten farklıdır, çünkü **psikolojik danışma sizin aktif olarak rol alacağınız ve sorumluluğunu üstleneceğiniz bir süreçtir.** Psikolojik danışmada amacınıza ulaşabilmeniz için hem danışma odasında hem de danışma odasının dışında, psikolojik danışmada konuştuklarımızla ilgili sizin çaba sarf etmeniz gerekir. Burada ben psikolojik danışman olarak size **tavsiye veren, tanı koyan ya da yol gösteren olarak görev alamam,** ancak **sizin psikolojik danışma yolculuğunuzda** size eşlik edebilirim.

Görüşmelerin sıklığına ve ne kadar süreceğine psikolojik danışmanın önerileri ışığında psikolojik danışman ve danışan **birlikte karar** verir. Merkezimizde

psikolojik danışma genellikle **haftada bir** yapılır ve her bir görüşme **45-50** dakika sürer. Normal koşullarda görüşmeler zamanında başlar ve biter. Danışan olarak **sizin sorumluluğunuz randevunuza zamanında gelmektir**. Eğer randevunuza geç kalırsanız, psikolojik danışma için kalan sürenizi kullanabilirsiniz ancak, süremiz dışına çıkamayız, çünkü bu sizden sonra gelecek olan danışanın süresini kullanmak anlamına gelir.

Kontrolünüz dışında gerçekleşen durumlarda ya da psikolojik danışman ve danışan olarak birlikte aldığımız bir karar sonucu psikolojik danışmaya katılmanızın uygun olmadığı zamanlarda yeni bir randevu saati organize edilir.

Arka arkaya iki görüşmeye gelmezseniz ve yeniden planlama girişimlerime yanıt vermezseniz, psikolojik danışmayı bıraktığınızı varsayacağım ve size ayrılan gün ve saati başka bir danışana açacağım.

Gizlilik ve Gizliliğin Sınırlamaları

Psikolojik danışmada söylediklerinizi kesinlikle üçüncü kişilerle paylaşılmayacaktır. Ancak bazı istisnai durumlar için gizliliğin sınırları bulunmaktadır. Bu istisnai durumlardan ilki sizin **kendinize veya başka kişilere ciddi bir zarar verme (örneğin kendinizin veya başkasının canına kastetme) niyetiniz/planınız olduğu yönünde, ikincisi ise bir yakınınızın sizden tehlikeli ve bulaşıcı bir hastalığı habersizce kapma ihtimalinin yüksek olduğu yönünde sözlü veya yazılı açıklamada bulunmanız ya da bu yönde ciddi bir izlenim vermenizdir.** Bu durumlarda **gizliliği ihlal ederek** belirli adımları atmam hem sizi hem de üçüncü şahısları korumak için psikolojik danışma etik ilkeleri gereği olduğu kadar **Türk Ceza Kanunu açısından da zorunludur.** Bunun yanı sıra **mahkeme kararıyla tanıklık** yapmam gereken bir durum olursa, sizinle yürüttüğümüz psikolojik danışma ile ilgili kayıtlarımın belirli bir kısmını paylaşabilirim. Her ne durumda olursa olsun, sizinle ilgili bir bilgiyi herhangi başka biriyle paylaşmam gerekirse bu durumu **önce sizinle görüşeceğim.** Hangi bilginin, kime/kimlere, ne zaman ve nasıl açıklanacağını beraber belirleyeceğiz ve açıklama yapabilmek için sizin **sözlü veya yazılı izninizi alacağım.**

Riskler

Psikolojik danışmanın araştırma sonuçlarınca kanıtlanan ilişki kalitesinin artması, olumsuz duygularda azalma ve belirli sorunların çözülmesi gibi pek çok yararı olmasının yanında bazı riskleri de vardır. **Psikolojik danışmada genellikle hayatınızın sizi huzursuz eden yönleri konuşulduğu için, üzüntü, suçluluk, öfke, hayal kırıklığı, yalnızlık ve çaresizlik gibi rahatsız edici duygular yaşayabilirsiniz.**

Danışanın Hakları ve Sorumlulukları

Danışmanlık sürecine **aktif olarak katılmak, hedefler belirlemek ve gerektiğinde süreçle ilgili geri bildirimde bulunma hakkına sahipsiniz.** Psikolojik danışma süresince, istediğiniz zaman **vazgeçme hakkınız** vardır. Psikolojik danışmaya gelmeyi kendi isteğinizle **sonlandırmak size hiçbir yükümlülük getirmemektedir.**

Psikolojik Danışmanın Yükümlülükleri ve Sorumlulukları

Danışman olarak size en iyi hizmeti sunmak için mesleki yeterliliğe sahip olmalı ve etik kurallara uygun davranmam gerekir. Din, dil, ırk, cinsiyet, kültür ve diğer kişisel özellikler doğrultusunda her danışanın bireysel **farklılıklarını saygıyla kabul eder ve buna uygun şekilde hizmet sunulur.** Danışmanlık sürecinde, herhangi bir ayrımcılığa veya önyargıya yer verilmeden, her danışanın kültürel geçmişi ve kimliği göz önünde bulundurularak, empatik ve saygılı bir yaklaşım sergilenecektir. **Profesyonel sınırların dışına çıkmamak için görüşmeler dışında sosyal veya siber ortamlarda arkadaşlık kurulmayacak ve görüşülmeyecektir.Akrabanız veya arkadaşlarınızla danışma sürecine girilmeyecektir.** Ayrıca, terapötik sürecin her aşamasında şeffaflık sağlanmalı ve süreçle ilgili tüm sorularınıza cevap verilmelidir. Danışmanlık süreci sona erdiğinde, seansların sonlandırılma süreci hakkında birlikte karar verilecektir. Gerekli görülmesi durumunda, başka bir uzmana yönlendirilme konusunda birlikte karar verilecektir.

Klinik Kayıtlar ve Erişim

Psikolojik danışmada, danışma esnasında bazen sizinle ilgili notlar tutacağım. Ayrıca sizinle ilgili bilgilerin, danışma sürecinin ve danışma planının yer aldığı

kayıtları da **güvenli bir alanda saklayacağım**. **Çift Dosya Yöntemi** ile size özel bir kod veya renk atayıp ve bilgilerinizi iki ayrı dolapta saklayacağım. Bu dosyaların birinde kişisel bilgileriniz diğerinde oturum ile ilgili bilgileriniz olacak ve istediğinizde **klinik kayıtlara erişim talebinde** bulunabileceksiniz.

Beklenmeyen Durumlar ve Kesintiler

Danışmanlık sürecinde, danışman veya danışanın kontrolü dışında gelişen kesintiler ve beklenmeyen durumlar olabilecektir. Bu durumlar hakkında **bilgi verilecektir** ve çözüm önerileri sunulacaktır. Psikolojik danışmanınız olarak benim tatil günlerim şu şekildedir. Ayrıca benim için beklenmeyen bir durum gerçekleştiğinde ve o hafta görüşme yapmamız mümkün olmadığında **alternatif bir görüşme tarihi** belirlemek için sizinle iletişime geçeceğim.

Danışmanlık Sonlandırma ve Yönlendirme

İlk görüşmemiz sizin ihtiyaçlarınızın değerlendirilmesi üzerine olacak. Değerlendirmenin sonunda, psikolojik danışmaya devam etmeye karar verirseniz, sizinle çalışmamızın neleri kapsadığına ve izleyeceğiniz psikolojik danışma planına dair bazı ilk izlenimleri size sunabileceğim. Benimle çalışmaktan kendinizi rahat hissedip hissetmediğiniz konusunda duygu ve düşüncelerinizi değerlendirirken sizinle paylaşacağım bu bilgileri de göz önünde bulundurmalısınız. Değerlendirmenin sonunda, **sizin için doğru psikolojik danışman olmadığıma inanırsam sizi bilgilendireceğim ve size yardım etmek için daha uygun olduğuna inandığım diğer uygulayıcılara sizi yönlendireceğim.**

Ücretlendirme ve Ödeme Şartları

Psikolojik danışman olarak sunduğum hizmetin ücreti **…TL'dir.**

Ücretlendirmede %……. Oranında yıllık olarak artış yapılacaktır. Artış yapılmadan 2 hafta önce yazılı ve sözlü olarak bilgilendirileceksiniz.

Ücretler **görüşmeler bittiğinde** temin edilecektir.

Mücbir sebepler dışında, **randevu saatinden 24 saat öncesinde iptal gerçekleşmediyse, o haftanın psikolojik danışma ücreti ödenmelidir.**

Haftalık görüşmelerimize ek olarak, ihtiyaç duyduğunuz ve size sunmakta yetkin olduğum bazı hizmetler için ek ücret ödemeniz gerekmektedir. Bu hizmetlerin niteliği, süresi, riskleri ve faydaları sizinle daha önceden görüşülecek ve eğer hizmeti almak isterseniz sizinle yeni bir bilgilendirme ve onam formu imzalanacaktır.

Bilgilerinize saygılarımızla sunar iyi bir danışma süreci dileriz.

Bu formda yazılı maddeleri ("okudum anladım" el yazısı ile yazılmalıdır). Danışan olarak haklarım ve sorumluluklarım ve psikolojik danışmanın sorumlulukları konusunda bilgilendirildim. Psikolojik danışma yardımı almayı ve bu formun içerdiği koşulları kabul ediyorum.

Danışan Adı Soyadı:
İmza:
Tarih:

Acil durumlarda ulaşılacak yakının Adı Soyadı ve Telefon Numarası:

Psikolojik Danışmanın Adı Soyadı:

İmza:

Tarih:

E. PSİKOLOJİK DANIŞMADA ETİK DURUMSAL YARGI TESTİ

Sayın Katılımcı,

Bu test, psikolojik danışmanlık sürecinde karşılaşılabilecek çeşitli durumlar hakkında sizin nasıl bir değerlendirme yapacağınızı ölçmeyi amaçlamaktadır. Her bir durumda, psikolojik danışmanınızın nasıl bir davranış sergilemesi gerektiğini değerlendireceksiniz.

Her bir durum için verilen 3 seçenekten birini seçmeniz istenmektedir. Seçenekler, belirtilen duruma dair çeşitli olasılıkları yansıtmaktadır.

1. Psikolojik danışmanınızla 6 oturum geçirdiniz ve aranızda güçlü bir güven ilişkisi oluştu. 7. oturumda danışmanınız, hipnoz tekniğini kullanmanın sürece faydalı olacağını düşünüyor. Ancak, size daha önce sunduğu onam formunda bu teknik hakkında bilgi vermediğini fark etti. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanım, aramızdaki güven ilişkisine dayanarak daha önce bilgi vermemiş olsa bile herhangi bir onay almadan hipnozu uygulamalıdır.

B) Psikolojik danışmanım, hipnoz tekniği hakkında detaylı bilgi vererek sürecin nasıl işleyeceğini açıklamalıdır.

C) Psikolojik danışmanım, hipnoz tekniğini kullanacağına dair beni daha önce bilgilendirmediği için bu tekniği kullanmamalıdır.

2. Psikolojik danışmanınız ilk görüşmenizde, sunduğu hizmetin ücretinin ne olduğunu onam formunda belirtmiştir ve siz de bu maddeyi okuyarak imzalamışsınızdır. Görüşmeleriniz yaklaşık 6 aydır sürmektedir ve psikolojik danışmanınız, enflasyon nedeniyle ücrette bir artış yapmayı düşünmektedir. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanım, benim fikrimi almadan ücret artışına gidebilir.

B) Psikolojik danışmanım, ücret artışı olacağını ve bu artışın ne oranda gerçekleşeceğini onam formunda belirterek açıklamalıdır.

C) Psikolojik danışmanım, ücrette bir artış yapmadan önce benimle bu durumu görüşmeli ve onayımı almalıdır.

3. Psikolojik danışmanınızın görüşmelere başlamadan önce sizi süreç hakkındaki kurallar ve etik konularda bilgilendirmesi gerekmektedir ancak sürece başlarken bilgilendirme yapmayı unutmuştur. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanımın sekreteri onam formunu okuyup imzalamam için vermelidir.

B) Psikolojik danışmanımın onam formu vermesine gerek yoktur.

C) Psikolojik danışmanım unuttuğunu açık bir şekilde bana ifade etmeli ve onam formu ile benimle konuşmalı ve tartışmalıdır.

4. Psikolojik danışmanınız, görüşmeler sırasında paylaştığınız travmatik deneyimlerinizin birçok kişi için öğretici olduğunu düşünmektedir bu yüzden anonim bir şekilde profesyonel Instagram hesabında paylaşmayı düşünmektedir. Psikolojik danışmanınız bu durumda nasıl bir yol izlemelidir?

A) Psikolojik danışmanım, deneyimim hakkında paylaşım yapmamayı tercih ederek gizliliğimi korumalıdır.

B) Psikolojik danışmanım, deneyimimi paylaşmadan önce mutlaka benim onayımı almalıdır.

C) Psikolojik danışmanım, onayıma ihtiyaç duymadan paylaşabilir.

5. Psikolojik danışmanınız sizinle yaptığı görüşmelerde zorlanmaya başladığını düşünerek meslektaşı olan bir arkadaşından yardım (konsültasyon) almaya karar vermiştir. Bir meslektaşıyla buluşarak sizden bahsedecektir. Psikolojik danışmanınız bunu nasıl yapmalıdır?

A) Psikolojik danışmanım zorlandığı zaman gizliliğimi sağladığı takdirde bana sormadan meslektaşından konsültasyon alabilir.

B) Psikolojik danışmanım konsültasyon almak amacıyla benden bir meslektaşına bahsetmemelidir.

C) Psikolojik danışmanım gizliliğimi koruyarak konsültasyon alabileceğini onam formunda belirtip onayımı almalıdır.

6. Psikolojik danışmanınızın kişisel hayatını merak ettiniz ve internet üzerinden psikolojik danışmanınızın kişisel sosyal medya hesabına arkadaşlık isteği gönderdiniz. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanım, kendimi reddedilmiş hissetmemem için isteğimi kabul etmelidir.

B) Psikolojik danışmanım, bana hiçbir açıklama yapmadan arkadaşlık isteğimi reddetmelidir.

C) Psikolojik danışmanım bana bu durumun etik nedenlerini açıklayarak arkadaşlık isteğimi reddetmelidir.

7. Psikolojik danışmanınızla gerçekleştirdiğiniz oturum sona erdiğinde, görüşme saatleri dışında da psikolojik danışmanınıza telefonda konuşmaya ihtiyacınız olduğunu söylediniz. Psikolojik danışmanınızı arayıp arayamayacağınızı sordunuz. Bu durumda danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanım, kırılmamam için bir mazeret bularak arama teklifimi reddetmelidir.

B) Psikolojik danışmanım, oturumun sadece danışmanlık ofisinde gerçekleşebileceğini belirterek teklifimi reddetmelidir.

C) Psikolojik danışmanım, kendimi ona daha yakın hissetmem için teklifimi kabul edebilir.

8. Psikolojik danışmanınızla görüşmeleriniz devam ederken, size yaşadığınız sıkıntılarda yardımcı olduğu için hayatınızda önemli bir yeri olduğunu düşünüyorsunuz ve psikolojik danışmanınızı özel bir gününüze (düğün, mezuniyet vb.) davet ediyorsunuz. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanım, bu durumun psikolojik danışmada eşit ilişkiyi olumsuz etkileyebileceğini açıklayarak davetimi nazikçe geri çevirmelidir.

B) Psikolojik danışmanım, kırılmamam için bir mazeret bularak teklifimi reddetmelidir.

C) Psikolojik danışmanım, davetimi kabul ederek sosyal hayatımıza dahil olmayı tercih edebilir.

9. Psikolojik danışmanınızla yaptığınız bireysel görüşmelerde sosyal becerilerinizin gelişmesi için çalışmaktasınız. Psikolojik danışmanınız aynı zamanda grup terapisinden destek almanız gerektiğini ve kendisinin yönettiği mevcut bir gruba sizi dahil edebileceğini belirtmiştir. Ancak psikolojik danışmanınız grup terapisi için eğitim almamıştır. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanım, benimle bireysel psikolojik danışmaya devam ederken grup terapisi konusunu erteleyebilir.

B) Psikolojik danışmanım, eğitim almasa da bu terapiyi uygulayabilir.

C) Psikolojik danışmanım, grup terapisi konusunda uzman bir psikolojik danışman önererek, beni yönlendirmelidir.

10. Psikolojik danışmanınızla yaptığınız tanışma görüşmesi sonunda, herhangi bir kişilik bozukluğunuz olup olmadığını merak etmiş ve psikolojik danışmanınızdan bir teşhis koymasını istemişsinizdir. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanım, herhangi bir yere yönlendirmeden kişilik bozukluğuna dair bir değerlendirme yapamayacağını belirtebilir.

B) Psikolojik danışmanım, kişilik bozukluğuna dair bir ölçek uygulayarak değerlendirme yapabilir ve bu konuda bir teşhis koyabilir.

C) Psikolojik danışmanım, teşhis koyamayacağını belirterek beni bilgi almam için psikiyatriste yönlendirebilir.

11. Psikolojik danışmanınızla yaptığınız görüşmelerde partnerinizle aranızda anlaşmazlıklar olduğunu ancak partnerinizin ve çevrenizin baskısı nedeniyle ilişkinizi sonlandırmadığınızı paylaştınız. Psikolojik danışmanınızdan size tavsiyelerde bulunmasını talep ettiniz. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanım, çözüm yollarını keşfetmemi sağlamalıdır.

B) Psikolojik danışmanım, benim içinde yaşadığım kültürü ve ihtiyaçlarımı anlamaya çalışarak bana çözüm yolları konusunda tavsiyeler vermelidir.

C) Psikolojik danışmanım, çevremden bağımsız olarak partnerimden ayrılma isteğim için bana tavsiyelerde bulunmalıdır.

12. Psikolojik danışmanınıza güvenmeye başladığınız bir görüşmede partnerinizin öfkelendiği zaman size fiziksel şiddet uyguladığını, partnerinizden çok korktuğunuzu ve ne yapacağınızı bilmediğinizi anlattınız. Bu durumda psikolojik danışmanınız nasıl bir yol izlemelidir?

A) Psikolojik danışmanım onam formunda belirttiği gibi gizliliği ihlal edip yakınımı ve ilgili birimleri şiddet öyküm hakkında bilgilendirmelidir.

B) Psikolojik danışmanım bana haber vermeden gizliliği ihlal edip yakınımı ve ilgili birimleri arayarak şiddet öyküm hakkında bilgilendirme yapmalıdır.

C) Psikolojik danışmanım gizliliği bozmadan şiddet öyküm ile alakalı yakınımdan ve ilgili birimlerden yardım almam için beni yönlendirmelidir.