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Running Head: CONFIDENTIALITY AND ALLIANCE

The Effects of Confidentiality on the Working Alliance

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Abstract

The present study investigated how the issues of perceived and desired confidentiality are related to the working alliance between adolescent clients and their counselors. Fifty-one students between the ages of 14 and 18 years were recruited through two school boards in Canadian cities. Results indicated that adolescents preferred greater levels of confidentiality than they thought they would actually get in hypothetical situations, but preferred significantly less in actual situations. In addition, the level of confidentiality adolescents preferred in both hypothetical and actual situations did not impact the working alliance. The level of confidentiality adolescents thought they would get in hypothetical situations was a significant predictor of the working alliance. In actual situations, however, the level of confidentiality did not impact the working alliance. Theoretical and practical implications for counselors and other researchers, limitations of this study, and future research directions are discussed.

Résumé

Cette étude réflècte la façon don't le niveau de confidentialité est persu et désiré par l'adolescent et l'impact relié à l'alliance de confiance entre les clients adolescents et leur conseillers. Cinquante-et-un étudiants âgés de 14 à 18 ans ont été recruté dans deux systèmes scolaire de villes canadiennes. Les résultats indiquent que les adolescents préfèrent plus de confidentialité qu'ils pensent recevoir dans des situations fictifs, mais préfèrent un moin grand niveau de confidentialité dans des situations réeles. De plus, le niveau de confidentialité que ces adolescents préfèrent dans les situations fictifs ou réeles n'ont aucun impact sur l'alliance de confiance. Le niveau de confidentialité qu'adolescents croient avoir droit dans des situations fictifs donne un impact préditif de l'alliance de confiance. Cependant, le niveau de confidentialité dans des situations réeles n'ont aucun impact sur l'alliance de confiance. L'implication de cette étude et leurs futures recherches sont discutés.

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Chapter 1

Introduction

Statement of the Problem

Research indicates that the counselor-client relationship plays a central role in the process of psychotherapy and client change with adult populations (Bachelor & Horvath, 1999; Gelso & Carter, 1994). This therapeutic relationship consists of the working alliance, the transference relationship, and the real relationship, but the working alliance is probably the most important to counseling (Gelso & Carter, 1994). The working alliance, as defined by Bordin (1979), is affected by the three following components: 1) client and counselor agreement on the goals of treatment, 2) client and counselor agreement on the tasks to achieve these goals, and 3) client and counselor development of a personal bond (Halstead, Brooks, Goldberg, & Fish, 1990). Theoretically, the combination of the three related components, goals, tasks, and bond, determines the quality and strength of the client/counselor alliance and needs to be well established within the context of counseling in order to build work effectively (Bordin, 1979). The strength of the alliance is suggested to be a predictor of the counselor and clients' satisfaction with treatment (Halstead et al., 1990), and has been shown to be a crucial element of counseling that is related to successful therapeutic outcome among adults (Bachelor, 1995; Bachelor & Horvath, 1999; Gaston, 1990; Horvath & Greenberg, 1989; Horvath & Luborsky, 1993; Horvath & Symonds, 1991; Kokotovic & Tracey, 1990; Mallinckrodt, 1993; Martin, Garske & Davis, 2000). Evidence also indicates that outcomes have been predicted from measures of alliance as early as the first to fifth session (Horvath & Symonds, 1991).

Most research involving the working alliance and therapeutic outcomes has been conducted with an adult population, and despite interest in the therapeutic relationship by clinicians who work with children, relationship processes in child counseling have been neglected by clinical researchers (Shirk & Saiz, 1992). Diguiseppe, Linscott, and Jilton (1996) suggest that it is vital to study the working alliance among adolescents, along with the factors that may affect the development of a strong alliance.

One such factor is that of confidentiality. Confidentiality exists to protect clients from unauthorized revelation to other people of information divulged in the therapeutic context. If clients do not feel that they can trust a counselor to maintain information as private, they often will not seek counseling even if they feel that they need it (McGuire, Toal, & Blau, 1985). Research shows that both children and adult clients expect privacy and are uncomfortable with the idea of unauthorized disclosure (Knowles & McMahon, 1995; McGuire, Parnell, Blau, & Abbott, 1994). Adolescents are very sensitive to confidentiality issues and frequently expect more confidentiality from their counselors than they know they're going to get (Messenger & McGuire, 1981). Like adults, adolescents demand different levels of privacy, depending on the type of situation, and consistently choose limited confidentiality over no confidentiality (McGuire, Graves, & Blau, 1985; Schmid, Appelbaum, Roth, & Lidz, 1983).

Confidentiality between client and counselor is an essential element of the therapeutic relationship (Morris & Nicholson, 1993). If adolescent clients believe that information given to counselors may be divulged to parents or other authority figures, they may hold back important details, thus distancing themselves from their counselors. This may weaken the relationship between the adolescent client and the counselor and

affect the outcome of counseling. Our understanding of the working alliance could be improved by investigating how the issues of confidentiality affect the relationship between adolescent clients and their counselors.

Purpose of the Present Study

The purpose of the present study was to investigate how the degree of perceived and desired confidentiality in hypothetical and actual situations affects the development of the working alliance between adolescent clients and their counselors. The study is the first study to examine this relationship with adolescents. As the working alliance has been shown to be a consistent predictor of counseling outcome, this study may contribute to improved quality of counseling and better intervention strategies for adolescents.

Chapter 2

Literature Review

The literature review serves to provide background information out of which the rationale and predictions for this study have been developed. This chapter is divided into two major areas: 1) a review of the literature on the working alliance and the use of the Working Alliance Inventory (Horvath & Greenberg, 1989) to measure the alliance, and 2) a review of the literature on confidentiality and the use of the Vignettes to assess hypothetical situations related to confidentiality (McGuire, Parnell, Blau, & Abbott, 1994).

The Working Alliance

Clinicians and researchers have acknowledged the central role of the therapist-client relationship in the process of psychotherapy and client change (Bachelor & Horvath, 1999; Gelso & Carter, 1994). Freud was one of the first to investigate the importance and impact of the client-counselor relationship; he identified three of its components: transference (the client's unconscious identification of the counselor with significant figures from the past), countertransference (the counselor's unconscious linking of the client with significant figures or unresolved conflicts from the past), and the alliance or the client's friendly and positive linking of the therapist with benevolent personas from the past (Bachelor & Horvath, 1999). Since Freud's time, many theories of the therapeutic relationship have been advanced (e.g., Rogers, 1957; Strong, 1968), but the working alliance has received the greatest empirical and theoretical attention (e.g., Gaston, 1990; Horvath & Symonds, 1991; Mallinckrodt, 1993).

Although there are a number of definitions of the working alliance, there is strong agreement that the working alliance is a crucial construct, and that its overall quality influences the final outcome of counseling (Bachelor, 1995; Bachelor & Horvath, 1999; Gaston, 1990; Horvath & Greenberg, 1989; Horvath & Luborsky, 1993; Horvath & Symonds, 1991; Kokotovic & Tracey, 1990; Mallinckrodt, 1993; Martin et al., 2000). Bordin (1979) proposed a definition of the working alliance which centered around the three following components: 1) client-counselor agreement on the goals of treatment, 2) client-counselor agreement on the tasks to achieve these goals, and 3) the development of a personal bond between client and counselor. The strength of the alliance is dependent on how well the three components, goal, task, and bond, are established within the context of the counseling relationship (Halstead et al., 1990), and is thought to influence the degree of change that can be achieved through counseling (Bordin, 1979). A number of studies researching the impact on outcome of the therapeutic alliance early in counseling have clearly established that the early alliance (i.e., the third to the fifth sessions) is a significant predictor of final treatment outcome (Bachelor, 1995; Halstead et al., 1990; Horvath & Luborsky, 1993; Horvath & Symonds, 1991; Mallinckrodt, 1993). These findings indicate that the development of a positive working alliance may be significant from the onset of counseling.

The Working Alliance Inventory. Horvath and Greenberg (1989) developed the Working Alliance Inventory (WAI) based on Bordin's theoretical model of the alliance. This inventory enabled researchers to measure the components of the working alliance, goals, task, and bond, and how they affect the degree of success in counseling in an adult population (Horvath & Greenberg, 1989). This pan-theoretical inventory was created

with two goals in mind. Firstly, the authors wanted the assessment of alliance to remain independent of the counselor's theoretical orientation, and secondly, to be based on a clear statement of the working alliance's constituents and function within the helping process (Horvath & Greenberg, 1989). The instrument assessed the elements of goal, task, and bond. It was assumed that the elements of the working alliance could be adequately represented by the perceptions of the participants, thus, the Working Alliance Inventory was created as a self-report instrument to be completed by clients, counselors, or both (Kokotovic & Tracey, 1990). According to Tracey and Kokotovic (1989), the WAI measures the three components, as well as a general alliance factor.

Research based on the working alliance and therapeutic outcome has primarily been conducted with adults. Kazdin, Siegel, & Bass (1990), however, have found that the most important component affecting client change and therapeutic outcome among adolescent clients is the alliance. Most of the existing literature on adolescent counseling focuses on comparing different therapeutic techniques and not on the effects of the therapeutic relationship that exists between the adolescent and the counselor (Shirk & Saiz, 1992). In examining adolescent alliances, it is important to note the challenges that are particular to adolescent counseling.

The school setting plays an influential role in the interaction between the counselor and the adolescent client because it usually dictates such things as why the client is being seen, the purpose of counseling, the desired outcomes of intervention, and the time and place where sessions occur. Blair (1999) has reviewed a number of these issues. One of the challenges involves confusion resulting from several sources of intervention (e.g., teacher, counselor, social worker). School schedules are also an issue;

sessions may interfere with regular class hours or extracurricular activities. Occasionally, counselors have multiple duties in the school (e.g., hall monitoring), which also challenges the client-counselor relationship. In these situations, counselors may have to act authoritatively, which can later affect the client-counselor relationship during counseling sessions.

Confidentiality issues dominate adolescent counseling and may have a tremendous effect on the formation of a strong alliance (Blair, 1999). The flow of communication and violations of confidentiality impede the development and maintenance of a strong working alliance. Professional codes of ethics indicate that counselors must reveal information under circumstances in which there is evident danger to the client and or others; nonetheless, some information must be treated in a confidential manner in order to maintain communication in the therapeutic relationship. Adolescent clients will be more likely to seek counseling and to share concerns if they are guaranteed that their confidences will be protected from disclosure (Sheeley & Herlihy, 1987). If a client fears that information revealed in session may be divulged to parents, teachers, or other staff members, the client may withhold information and progress may be impeded. Although literature exists describing confidentiality issues with both the adult and adolescent populations (e.g., Collins & Knowles, 1995; McGuire, Toal, & Blau, 1985), no studies to date have investigated the effects of confidentiality on the working alliance between adolescent clients and their counselors.

Confidentiality

Confidentiality between client and counselor has been referred to as an essential ingredient in the therapeutic relationship and has been shown to facilitate disclosure of

sensitive information (Gustafson & McNamara, 1987). In order for the client-counselor relationship to be successful, clients must feel a sense of openness to disclose personally sensitive information; client self-disclosure, in other words, is necessary for constructive, interpersonal change to take place (McGuire, Graves, & Blau, 1985). The expectation that what is communicated in session will remain private is crucial to both the client's willingness and ability to self-disclose (Woods & McNamara, 1980). It is the role of the counselor to facilitate self-disclosure (Yalom, 1985). On the other hand, clients must feel that they can trust their counselors before disclosure of private information can take place.

Privacy entails the freedom one has to choose the time, location, and amount of information to be revealed or withheld from other people (Siegel, 1979). Confidentiality exists to protect clients from unauthorized revelation to other people of information divulged in the therapeutic relationship (American Psychological Association, 1981; McGuire et al., 1994). Although some researchers argue that confidentiality should be absolute (e.g., Nugent, 1981), other mental health professionals feel that confidentiality should be limited (McGuire et al., 1994). Client-counselor information is usually kept private unless clients give informed consent to release such information, or the counselor feels that it is in the client's/society's best interest to do so because of some imminent danger. If clients do not feel that they can trust their counselor to maintain information private, they most often will not seek counseling, even if they feel that they need it (McGuire, Graves, & Blau, 1985).

Adult findings. Empirical evidence shows that both adult and adolescent clients value privacy in their counseling relationships and are negatively affected by the idea that

their counselor may divulge information, even though they have not authorized the counselor to do so (Kobocow, McGuire, & Blau, 1983; McGuire, Toal, & Blau, 1985; Messenger & McGuire, 1981; Miller & Thelen, 1986; Schmid et al., 1983). For adults, there are two consequences of feeling that they can trust their counselors; firstly, trust enhances the client's divulgence of personally difficult material, and secondly, it enhances the extent to which the counselor can influence the client (Strong, 1968). The counselor can be perceived as trustworthy to the client by doing such things as paying close attention to details the client reveals, communicating concern for the client's well being, and assuring confidentiality of all transactions (Strong, 1968). Miller and Thelen (1986) assessed why adult clients feel that counselors have a professional obligation to maintain confidential communications and found that 75% of clients felt that confidentiality was maintained to facilitate the therapeutic relationship, while only 12% felt that confidentiality was maintained to avoid negative reactions from others, and 10% felt that confidentiality was maintained in order to protect clients from negative self-perceptions. Cleary most adult clients agree with research and theory that confidentiality is needed in order for a trusting client-counselor alliance to exist.

In a study done by Merluzzi and Brischetto (1983), clients with serious problems associated the breaching of confidentiality with lower trustworthiness ratings for the counselor. Further, clients who received the promise of confidentiality were more open in their disclosures of information (Woods & McNamara, 1980), and responded more to very sensitive questions asked by the counselors (Fidler & Kleinecht, 1977). Adult clients not only value confidentiality in the therapeutic relationship, they expect it as well (McGuire, Toal, and Blau, 1985; Messenger & McGuire, 1981; Schmid et al., 1983). In a

study conducted by McGuire, Toal, and Blau (1985) to investigate whether clients felt that the privacy of their counseling relationship had been significantly compromised, the majority of clients revealed that they did feel confidentiality had been violated at one time or another and that their overall value of the concept of privacy in counseling had been impacted negatively. Despite client concerns about privacy in their counseling relationships, 83% of clients said that they did not know the rules or laws regulating confidentiality (Schmid et al., 1983). Clearly, counselors need to discuss the meaning and limitations of confidentiality from an ethical, as well as legal standpoint, before counseling begins.

Confidentiality, adolescents, and the therapeutic relationship

Although ethical standards of various professional organizations emphasize that a relationship of confidentiality and trust is considered essential to effective counseling, the specific status of the child or adolescent client remains unclear (Collins & Knowles, 1995; Messenger & McGuire, 1981). Counselors working with minors tend to focus on figuring out which clients are capable of assuming what decision-making roles in which treatment situations with what consequences for the client, family, professional, and society (Collins & Knowles, 1995). Messenger and McGuire (1981) found that children 12 to 15 years of age had a better understanding of confidentiality than did younger children, and that they also felt quite strongly that confidentiality should not be broken even when danger was evident. Research suggests, however, that between the ages of 11 and 14 years, caution should be taken regarding assumptions that minors can give informed consent or consider counseling interventions, risks, and benefits (Collins & Knowles, 1995). Children may perceive confidentiality differently at different ages, and it

is, therefore, crucial for counselors to explain confidentiality thoroughly, and to remain aware of the way their actions affect the child's view of confidentiality and the progress of therapy (Collins & Knowles, 1995; Messenger & McGuire, 1981).

Counselors have an obligation to the client, even if the client is a child or adolescent; the trust developed between the client and the counselor must be maintained unless the client gives permission otherwise (Messenger & McGuire, 1981). Clients should be informed when the information revealed in session will be discussed with other people before the session begins. When private information is divulged without consent to others such as parents, siblings, and teachers, it may be used against clients, and negatively affect relationships with everyone involved, including the counselor (Morris & Nicholson, 1993). Work with children is complex, however, because it is often the parents who seek counseling for the child (Morris & Nicholson, 1993). Nonetheless, the commitment of confidentiality is to the child and not the parents because it is the child who is the actual client (Gustafson & McNamara, 1987).

There seems to be agreement among mental health professionals regarding the following positions: a) the limits of confidentiality should be explained to children as fully as to adults, b) confidential information on a child should not be released on parental request if the child does not consent as well, c) even with parental consent, counseling sessions should not be recorded without the consent of the child client as well, and d) the same degree of confidentiality should be maintained with children as with adults(Gustafson & McNamara, 1987; McGuire, 1974).

By early adolescence, children understand and value confidentiality in the therapeutic relationship (Collins & Knowles, 1995; Messenger & McGuire, 1981; Morris

& Nicholson, 1993). In fact, trust in the client-counselor relationship will diminish if confidentiality is violated (Messenger & McGuire, 1981). Kobocow and colleagues (1983) investigated the effects of differing instructions regarding confidentiality on adolescents' willingness to disclose personal and sensitive information. Results indicated that adolescents were very cautious about confidentiality and disclosure issues, and they were also very self-protective, regardless of how much they were reassured by adults that their information would not be divulged to others. It was noted that when looking for volunteers to be interviewed about confidentiality issues for the study, young adolescent females had a greater willingness to participate than adolescent males; however, they were willing to self-disclose significantly less than adolescent males (Kobocow et al., 1983). Woods and McNamara (1980) also found that females were less likely to disclose information in non-confidential conditions than were males.

In another study conducted by Collins and Knowles (1995), the importance of absolute confidentiality for successful counseling was investigated. Students were asked about disclosure of information in situations in which contraceptives, pregnancy, and physical and or sexual abuse were involved. Fifty-three percent of adolescent students reported that confidentiality was absolutely necessary for successful counseling to take place, 46% said it was important, and the remaining percentage of adolescents said that it was not really important. Moreover, when asked if information should be given to a concerned adult, such as a parent or classroom teacher, without the client's consent, results indicated that adolescents were generally unwilling to disclose to concerned adults and supported high levels of confidentiality. The only time adolescents in the study were in favor of breaching confidentiality was when there was a clear danger involved.

Overall, the students in this study strongly endorsed confidentiality within a school-counseling situation, with a total of 99% agreeing that absolute confidentiality was either essential or important (Collins & Knowles, 1995). These findings correspond closely to those of adults and suggest that adolescents possess a fairly sophisticated understanding of confidentiality (Knowles & McMahon, 1995).

Perceived vs. desired confidentiality: The use of the Vignettes. Minor clients, particularly adolescents, understand many treatment issues (Grisso & Vierling, 1978; Kaser-Boyd, Adelman & Taylor, 1985), recognize when their rights have been violated (Belter & Grisso, 1984), and are very sensitive to the demand for privacy in their therapeutic relationships (Messenger & McGuire, 1981). Previous research has shown that adolescents in counseling are very sensitive to issues regarding confidentiality and at times demand greater levels of confidentiality than is consistent with current professional standards (Kobocow et al., 1983; Messenger & McGuire, 1981). In many counseling situations, minor clients might expect their counselor to be obligated to disclose information obtained in session to parents, teachers, or others, but might strongly prefer that the counselor maintain complete privacy.

Based on hypothetical vignettes given to clients, McGuire and colleagues (1994) examined the following three predictions: 1) adolescent client participants would demonstrate a significant demand for privacy in their counseling, 2) participants would choose limited privacy in situations in which they were asked what a counselor should do, but would favor absolute privacy when asked how they would prefer the counselor to behave, and 3) participants would indicate significant differences in their demands for privacy depending on the specific situation. Clients were asked to choose an outcome,

either no privacy, partial privacy, or absolute privacy, to represent what they felt their counselor should do in the situation, and one to depict how they would prefer the counselor to act (McGuire et al., 1994).

The first prediction proved true; adolescent clients indicated a significant demand for privacy in their counseling relationships and consistently chose limited or absolute confidentiality over no confidentiality. These findings are consistent with those of adult literature (McGuire, Toal, & Blau, 1985; Schmid et al., 1983). The second prediction that adolescent participants would choose limited privacy in situations in which they were asked what a counselor should do, also proved correct. The tendency of adolescents to choose outcomes representing at least limited confidentiality suggests that they not only understand and value confidentiality, but that they recognize and accept limitations of confidentiality as well. The final prediction correctly hypothesized that participants would indicate significant differences in their demands for privacy depending on the specific situation. Vignettes describing issues such as cannabis use, sexual activity, and non-life-threatening harm to others resulted in higher demands of confidentiality than those describing issues such as court access to records, general release of information to parents, and peer supervision. Overall, results suggest that adolescent clients often want more privacy in their counseling relationships than they think they will actually get, and that they believe confidentiality is related to their willingness and ability to self-disclose information (McGuire et al., 1994).

In summary, researchers have found that the counselor-client relationship is crucial in order for client change within the adult population to take place, and the most important component of the therapeutic relationship may be the working alliance. Among

adults, the formation and maintenance of a strong working alliance is linked to positive therapeutic outcome. Most research conducted on the working alliance has been with adult populations, and it is therefore important to study the working alliance among adolescents, along with the factors that may affect the development of a positive alliance (Diguiseppe et al., 1996). One such factor is that of confidentiality, a theoretically vital component of the therapeutic relationship (Morris & Nicholson, 1993). When adolescent clients believe that confidentiality may be breached without their consent, they may withhold specific information from their counselors, possibly causing the therapeutic relationship to weaken or even come to an end. It is important to study how the level of desired confidentiality and the level of perceived confidentiality affect the development of the working alliance.

The major purpose of this study was to investigate how the issues of perceived and desired confidentiality are related to the working alliance between adolescent clients and their counselors. This knowledge could support the development of improved therapeutic interventions and lead to more successful therapeutic outcomes with adolescents. Based on the literature, the following hypotheses were advanced.

Prediction 1. Adolescent clients will prefer greater levels of confidentiality than they believe they will actually receive in both hypothetical and actual situations.

Prediction 2. The level of confidentiality adolescents think they will receive in both hypothetical and actual situations will have an impact on the working alliance.

The level of confidentiality adolescents prefer in both hypothetical and actual situations will not have an impact on the working alliance.

Chapter 3

Method

Participants

Clients. Fifty-one adolescent students (21 males, 30 females) between the ages of 14 and 18 years (M = 15.71, SD = 0.99) participated in this study. The students were recruited through a school board in an eastern Canadian city, in which 43 students attended one high school and eight students attended another. Student participants were in grades 7 through 11 and included approximately 70% Caucasians, 8% Native Canadians, 2% Africans, 2% Hispanics, and 14% mixed races. Four percent of the participants did not specify their race.

The frequency of counseling sessions varied among students and included the following: a) 1-2 times per week (44%); b) 1-2 times per month (16%); c) 3-4 times per week (12%); d) 3-4 times per month (14%), e) more than 4 times per week (4%); and f) more than 4 times per month (10%). Students who were assigned a counselor at the beginning of counseling comprised 75% of the sample; 25% of the students reported choosing their counselors. When asked if they had ever seen a social worker in the past, 53% of students indicated that they had.

The participants in the study were receiving counseling services in their high schools for varied reasons. About 19% of the students indicated that they sought counseling because of relational problems (e.g., problems with friends and family members), 3% sought counseling because of school problems (e.g., failing school year), 10% sought counseling because they felt they needed to talk to someone (e.g., needing to talk to someone for good advice), 8% indicated that counseling was needed to help with

issues of depression and/or suicide, and 6% sought counseling because of anger issues (e.g., fighting at school). Approximately 2% sought counseling due to stress-related problems (e.g., coping with change related to moving), and 2% of the students revealed that they were in counseling due to personal reasons (e.g., self-esteem). Twenty-three percent of participants provided more than one reason for seeking counseling and 27% of the students did not indicate the reason they were in counseling. Approximately half of the students who did not indicate the reason they were in counseling reported that seeking counseling was not their choice; they had been referred.

Counselors. The counselors in this study provided their professional titles; 75% were counselors and 25% were social workers.

Procedure

Prior to the first session of counseling, researchers met with school counselors and administrators in both schools and explained the purposes and procedures of the study. In the first high school, the counselors contacted and asked students who were seeking counseling whether they were willing to participate in a study during their lunch hour. Researchers met with a small group of students each day during their lunch hour, over a three-day period. Those who participated were provided with a lunch and were explained the procedures of the study at the start of each session. Students were then asked to read two consent forms and were encouraged to ask questions. All of the written material from the study was recorded on tape for students who had difficulty reading the questionnaires; none of the students chose to use the tape. Upon completion, the consent forms and questionnaires were returned to the researchers in sealed envelopes.

At the other high school, counselors were provided with all the questionnaires, which were placed in individual envelopes to be sealed by each student after completion. The tape of the questionnaire material, as well as information on the procedure of the study, was sent to the counselors. Once the material for the study was received, counselors discussed the study with their clients at the start of their counseling session and asked them if they were willing to participate. If they agreed to participate, clients read and signed a consent form, were informed of the procedures of the study, completed all the questionnaires, and sealed completed material in the envelopes provided to them after their session. Sealed envelopes were collected by the counselors and sent to the researchers.

All participants completed a total of five questionnaires, which took approximately 30-45 minutes. Two of the questionnaires completed by participants served the purposes of another study. The consent form, instructions, and questionnaires used in this study can be found in Appendix A.

Measures

Demographic Information Form. This form included information on participants' age, gender, grade level, ethnicity, reason for seeking counseling, and frequency of counseling sessions. Participants were also asked whether they chose their counselor or were assigned to one, and whether they or their family had ever worked with a social worker.

Vignettes (McGuire et al., 1994). This instrument consists of ten hypothetical situations assessing the degree of perceived confidentiality. On the top of the questionnaire, a definition of the term "confidentiality" was provided to ensure that the

participants had a basic understanding of its meaning. Alternate forms of the vignettes for male and female participants were used to enhance the relevance of the questionnaires for the participants. Male–version vignettes depicted the counselor as a man, whereas female vignettes depicted the counselor as a woman. After reading each vignette, clients indicated the following: a) how confidential they believed their counselor should keep the information if they were in that particular hypothetical situation, and b) how confidential they preferred the information to be kept by their counselor if they were in that particular hypothetical situation.

While no reliability work had previously been carried out on the questionnaire (J. M. McGuire, personal communication, March 26, 2001), the results obtained from this study coincide with empirical evidence supporting the proposition that both child and adult clients value privacy in counseling relationships and are negatively affected by threats of unauthorized disclosures (Kobocow et al., 1983; McGuire, Toal, & Blau, 1985; Messenger & McGuire, 1981; Miller & Thelen, 1986; Schmid et al., 1983). Existing research has neglected the role of confidentiality issues for adolescent clients and has rarely attempted to assess directly their perceptions of confidentiality within their own treatment (McGuire et al., 1994). In order to assess adolescents' perceptions of confidentiality within their own treatment, McGuire and his colleagues (1994) developed the Vignettes and asked a group of adolescents undergoing alcohol and or drug treatment to complete them. Support for all of the principal hypotheses was demonstrated and coincided with previous research indicating that adolescents value privacy in their counseling relationships and prefer limited or absolute confidentiality over no confidentiality at all. Results also supported the conclusion that adolescents prefer more

confidentiality than they believe they will be afforded (Kobocow et al., 1983; McGuire, Toal, & Blau, 1985; Messenger & McGuire, 1981; Miller & Thelen, 1986; Schmid et al., 1983).

At the suggestion of the school staff, some of the wording in the Vignettes was changed so that the students whose reading levels were less than average would be able to adequately understand the situations. A pilot test was conducted with ten children ranging in age between 10 and 13 years who were asked to read through the hypothetical situations and specify what they did not understand. Based on their feedback, minor adjustments were made and are specified in Appendix G.

Personal Inventory I. This questionnaire was developed for the purposes of this study to assess the personal perception of confidentiality in clients' own counseling sessions. Participants were instructed to read several statements concerning the existing confidentiality level in their counseling sessions and report their opinions on a scale. All statements were rated on a 6-point Likert Scale with endpoints Not at all (1) and Completely (6). The statements addressed what the clients thought their counselors should do, and what they preferred their counselors do, in situations involving information being given to teachers, parents, and the school principal.

Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989). This 36-item inventory consists of three subscales of 12 items each that address the bond, goal, and task dimensions of the working alliance. Participants were asked to report their ratings on how they might think or feel about their counselors on a 7-point Likert Scale with endpoints Never (1) and Always (7).

Horvath and Greenberg (1989) obtained excellent overall reliability estimates for the complete instrument (alpha of .93), and good reliability for the subscales using Cronbach's alpha (.88 for Bond, .91 for Goal, and .90 for Task). Good construct validity for these scales was also produced by Horvath and Greenberg (1989) using expert raters and multitrait-multimethod analyses.

The WAI was pilot tested with 9 students, 11 to 13 years of age. The instrument was administered in order to investigate whether young adolescents would understand the language used in this inventory. As a result of the piloting procedure, minor adjustments were made regarding the vocabulary used in some of the items and can be found in Appendix J.

Chapter 4

Results

This study investigated whether adolescents would prefer higher levels of confidentiality than they thought they would actually receive, as well as the relationship of confidentiality to the working alliance. The results are organized in the following format: (a) preliminary analysis; (b) a statement of the first prediction; c) a description of the analysis used to test this prediction; and d) the results of the analysis. The above format is repeated for the second prediction.

Preliminary Analyses. In order to evaluate whether participants' gender, option to choose a counselor (versus being assigned to one), and prior experience with social worker (versus none) were related to the participants' overall ratings of the working alliance, three separate t-tests were conducted. Type I error was controlled with the Bonferroni method, which adjusted the alpha level from .05 to .016. T-tests with Bonferroni-corrected alpha levels did not reveal significant differences for WAI scores as a function of gender (t (49) = -2.03, p = *.05*), option of choosing a counselor (t (49) = .15, p = *.88*), and prior experience with social worker (t (49) = -.25, p = *.80*).

To evaluate whether the frequency of counseling sought in school was related to the WAI scores, a Pearson Correlation Coefficient was calculated. The coefficient did not reveal a strong relationship between the frequency of counseling and WAI scores (r (50) = -.13, p = *.38*). Based on the results of these preliminary analyses, data were collapsed across gender, option to choose a counselor, prior experience with social worker, as well as frequency of counseling in school for all subsequent analyses. Descriptive statistics for all variables in the preliminary analyses are shown in Table 1.

Table 1

Means and Standard Deviations for WAI Scores as a Function of Gender, Choice of Counselor, and Frequency of Counseling

	Working Alliance		
Variable	M	SD	N
Gender			
Male	183.38	27.31	21
Female	200.60	31.52	30
Option			
Chose Counselor	194.62	32.58	13
Assigned to Counselor	193.13	30.60	38
Social Worker			
Previous Experience	192.48	33.62	27
No Experience	194.67	27.94	24
Frequency of Counseling			
1-2 Times/Week	198.05	31.21	22
3-4 Times/Week	188.33	24.04	6
More than 4 Times/Week	226.50	19.09	2
1-2 Times/Month	183.63	35.73	8
3-4 Times/Month	204.86	22.60	7
More than 4 Times/Month	165.80	29.03	5

Note. WAI = Working Alliance Inventory.

Prediction 1: Wanting vs. Getting. It was predicted that adolescent clients would prefer greater levels of confidentiality than they thought they would actually get in both hypothetical and actual situations.

To test this prediction, results were analyzed using paired-samples t-tests. The Bonferroni method adjusted alpha levels from .05 to .025. Consistent with the hypothesis, adolescents preferred significantly more confidentiality ($M = 25.55$, $SD = 2.89$) than they thought they would get ($M = 21.71$, $SD = 2.65$) in hypothetical situations, $t\ (50) = 7.70$, $p < .0001$.

Contrary to expectations, adolescent clients in actual situations preferred significantly less confidentiality ($M = 7.16$, $SD = 3.40$) than they thought they would get ($M = 8.69$, $SD = 3.92$) in their counseling sessions ($t\ (50) = -4.92$, $p < .0001$).

Prediction 2: Wanting vs. Getting. It was predicted that the level of confidentiality adolescents wanted in both hypothetical and actual situations would not be related to the working alliance, whereas the level of confidentiality adolescents thought they would get in hypothetical situations and thought they were getting in actual situations would have an impact on the working alliance.

In order to test this prediction, a multiple regression analysis was conducted to investigate the contribution of the perceived degree of confidentiality to the prediction of the overall ratings of the working alliance. The independent variables or predictors were entered simultaneously and consisted of the following: the level of confidentiality adolescent clients thought they would get in hypothetical situations (HYP Get) and actual situations (ACTUAL Get), and the level of confidentiality adolescent clients wanted in hypothetical situations (HYP Want) and actual situations (ACTUAL Want). Participants'

working alliance scores served as the dependent or criterion variable. Descriptive statistics for the perceived degree of confidentiality and the working alliance scores are shown in table 2.

Table 2

Means and Standard Deviations for WAI and Perceived Confidentiality in Hypothetical and Actual Situations

Measures	M	SD	N
HYP Get	22.00	2.43	51
HYP Want	25.71	2.53	51
ACTUAL Get	8.73	3.97	51
ACTUAL Want	7.21	3.46	51
WAI	195.96	28.88	51

Note. HYP Get and ACTUAL Get are the levels of confidentiality adolescent clients thought they would get in hypothetical and actual situations; HYP Want and ACTUAL Want are the levels of confidentiality adolescent clients wanted in hypothetical and actual situations.

A multiple regression procedure was then run to test the relationship between perceived confidentiality and the working alliance. Three cases were recognized as outliers on the criterion variable and predictor variables and were deleted from the sample. On the most part, there were small correlations between the predictor variables, indicating that multicollinearity was not an issue (See Table 3). The regression analysis did, however, reveal high correlations among the predictors ACTUAL Want and ACTUAL Get (.85). In this case, the Variance Inflation Factors (VIF) procedure was used to test for multicollinearity. The VIF for a predictor variable indicates the extent to

which it has a linear association with other variables in the regression equation (Stevens, 1996). Results of the VIF procedure did not indicate multicollinearity among ACTUAL Want and ACTUAL Get; the two predictors were not competing for the same criterion variance.

Table 3

Correlations Between the Degree of Perceived Confidentiality and WAI

Subscale	1	2	3	4	5
		(n = 51)			
1. HYP Want	__	.14	-.32	-.29	-.01
2. HYP Get		__	.13	-.06	-.43
3. ACTUAL Want			__	.85**	-.00
4. ACTUAL Get				__	.14
5. WAI					__

Note. ** $p < .01$. HYP Want and ACTUAL Want are the levels of confidentiality adolescent clients wanted in hypothetical and actual situations; HYP Get and ACTUAL Get are the levels of confidentiality adolescent clients thought they would get in hypothetical and actual situations.

Once the outliers were removed from the sample, the regression procedure was conducted again. Based on the results, degree of perceived confidentiality predicted a significant proportion of the variance in the WAI scores ($R^2 = .21$, $F(4, 43) = 2.84$, $p < .05$). The generalizabilty or robustness of the regression was tested by calculating the adjusted R^2 for the estimated shrinkage to be expected on a cross-validation sample. A shrinkage in R^2 is usually affected by the ratio of participants to predictors. Smaller ratios, such as the one in the present sample (i.e., 12/4), generally result in a greater

reduction in predictive power (Stevens, 1996). In the present study, the fact that the adjusted R^2 for the WAI score was significant ($R^2 = .14$, F (4, 43) = 2.84, $p < .05$) indicates the robustness of the observed relation between the predictors and the WAI scores.

The beta weights (standardized multiple regression coefficients) were reviewed to assess the relative importance of the perceived degree of confidentiality in the prediction of the working alliance (See Table 4). As expected, the level of confidentiality adolescents preferred in both hypothetical (HYP Want) and actual (ACTUAL Want) situations was not a significant predictor of the working alliance ($\beta = .08$, $p = .60$; $\beta = -.15$, $p = .60$), indicating that the level of confidentiality adolescents preferred in both hypothetical and actual situations did not have an impact on the working alliance. Also according to expectations, the level of confidentiality adolescents thought they would get in hypothetical situations (HYP Get) was a significant predictor of the working alliance ($\beta = -.40$, $p < .01$), which indicated that the level of confidentiality adolescents thought they would get in hypothetical situations did have an impact on the working alliance. Contrary to prediction, however, the level of confidentiality adolescents thought they would actually get (ACTUAL Get) was not a significant predictor of the working alliance ($\beta = .26$, $p = .34$), indicating that the level of confidentiality adolescents thought they were going to get in actual situations did not impact the working alliance.

Table 4

Summary of Multiple Regression Analysis for Variables Predicting the Working Alliance

Variable	B	SE B	β
HYP Want	.88	1.67	.08
HYP Get	-4.78	1.76	-.40**
ACTUAL Want	-1.25	2.36	-.15
ACTUAL Get	1.92	2.01	.26

Note. $R^2 = .14$ ($p < .05$). ** $p < .01$.

Chapter 5

Discussion

The purpose of this study was to examine the predictive ability of perceived and desired confidentiality in the establishment of the alliance between adolescent clients and their counselors. The first goal was to determine whether the level of perceived and desired confidentiality would have an impact on the working alliance. Our prediction that adolescents would prefer greater levels of confidentiality than they thought they would actually receive proved to be true only in hypothetical, not actual, situations.

In hypothetical situations, adolescents preferred more confidentiality than they thought they would get. This is consistent with research that has shown that adolescents in counseling are very sensitive to issues regarding confidentiality and at times demand greater levels of confidentiality than is consistent with current professional standards (Kobocow et al., 1983; Messenger & McGuire, 1981). Adolescent clients may understand the limits of confidentiality and expect their counselors to be obligated to disclose information under certain circumstances, however, they may strongly prefer absolute over limited privacy (McGuire et al., 1994). The study using the 10 hypothetical vignettes supports our prediction that adolescents would choose limited privacy when asked what a counselor should or is supposed to do, but would favor absolute privacy when asked how they would prefer the counselor to behave.

We also expected adolescents to prefer more confidentiality than they thought they were going to get in actual or real situations. On the contrary, they preferred significantly lower levels of confidentiality in real situations. Participants may have preferred more confidentiality in the hypothetical vignettes due to the nature of the

situations depicted. The vignettes included some extreme situations, such as drug use, suicide, and non-protected sexual activity. When investigating desired confidentiality levels across vignettes, McGuire et al. (1994) found that participants indicated significant differences in their demands for privacy depending on the specific situation. Vignettes describing drug use and sexual activity resulted in significantly higher demands of confidentiality than those describing general release of information to others (McGuire et al., 1994). The questionnaire used to represent actual situations in this study contained general statements about the release of information discussed in session to others, such as parents, teachers, and the vice principal and may not have caused adolescent clients to picture extreme situations.

Unlike the situations depicted in the vignettes, the majority of the participants in this study indicated that they were receiving counseling services because of relational and school problems. Other reasons included the need to talk to someone, anger issues, and stress-related problems. The actual reasons the participants were in counseling may not have been as extreme as some of the hypothetical situations, resulting in the preference for lower confidentiality levels. In addition, 75% of the participants were assigned to counseling. This means that others may have already been aware of their existing problem, possibly leading the participants to believe that confidentiality no longer mattered.

Even though research indicates that both adolescents and adults value confidentiality in their counseling relationships and are usually not in favor of having information discussed in counseling divulged to others (Collins & Knowles, 1995; Kobocow et al., 1983; McGuire, Toal, & Blau, 1985; Messenger & McGuire, 1981;

Miller & Thelen, 1986; Schmid et al., 1983), we found in our study that participants actually wanted less confidentiality than they were receiving from their counselors. Participants may feel that adult intervention is necessary or helpful in resolving their problems; they may feel comfortable with the idea of adult involvement. The independence implied by a confidential relationship may be a great idea theoretically, but when faced with real problems, adolescents may be scared of dealing with them alone and prefer adult intervention. In some cases, the client-counselor relationship may not be enough, and clients may want other adults, such as parents, to be involved so that the intervention strategies can be carried out at home as well. In other cases, adolescents may want to tell their parents about the problems they are struggling with and like the idea of having a mediator, such as the counselor, involved. Adolescents strongly endorse the disclosure of information to parents in serious situations in which they feel help is needed (Collins & Knowles, 1995). When asked to indicate the most appropriate person to tell in situations where confidentiality has to be breached, participants stated that parents, followed by friends, were most desirable (Merluzzi & Brischetto, 1983). In a study done by McGuire et al. (1994), adolescent clients chose limited privacy in situations in which they were asked what a counselor should do; this means that adolescents understand the limitations of confidentiality and realize that there are times where confidentiality should not be absolute. These research findings support our results indicating that adolescent participants sometimes endorse lower levels of confidentiality.

Research indicates that confidentiality issues dominate adolescent counseling and may have a tremendous effect on the formation and maintenance of a strong alliance (Blair, 1999). In order for constructive, interpersonal change to take place, clients must

trust their counselors and be willing to disclose personally sensitive information (McGuire, Graves, & Blau, 1985). Based on this, we had predicted that the amount of confidentiality preferred in hypothetical and actual situations would not have a significant impact on the actual working alliance, but that the confidentiality adolescents thought they would actually receive would significantly impact the alliance. As expected, we found that the preferred level of confidentiality in both hypothetical and actual situations was not a significant predictor of the working alliance. Our hypothesis that the amount of confidentiality adolescents thought they would actually receive would be a significant predictor of the alliance proved true in hypothetical situations only. When adolescents receive counseling services because of extreme cases, absolute confidentiality may be of great importance to them. If confidentiality is breached, then, the working alliance may be affected.

Contrary to expectations, the level of confidentiality adolescents thought they would actually receive was not a significant predictor of the working alliance. As mentioned previously, if the adolescents did not feel they could handle their problems alone, they may have wanted others to be involved so that change could take place and problems could be resolved. Another possibility is that if participants viewed the hypothetical situations as shameful or severe, they may have opted for higher levels of confidentiality. In such situations, high levels of confidentiality may be important to maintain the working alliance between the adolescent client and counselor. In a study involving the disclosure of information in situations in which contraceptives, pregnancy, and physical and or sexual abuse were present, the majority of the adolescent participants reported that absolute confidentiality was necessary in order for counseling to be

successful (Collins & Knowles, 1995; Kobocow et al., 1983; McGuire, Toal, & Blau, 1985; Messenger & McGuire, 1981; Miller & Thelen, 1986; Schmid et al., 1983). In our sample, extreme cases may not have been present and confidentiality level was not a significant predictor of the alliance. If extreme situations involving possible danger or shame were not present, perhaps it mattered less to participants that information was divulged to others. If confidentiality was not a concern for the participants, then, the working alliance may not have been affected.

Privacy involves the freedom of people to select the time, circumstances, and the extent to which their beliefs, opinions, and behaviors are to be shared with or withheld from others (McGuire, Graves, & Blau, 1985). The school setting, however, usually dictates the reason why the client is being seen, the purpose and desired outcomes of any intervention, and the time and place where sessions occur (Blair, 1999). All of the participants in this study were receiving school-based counseling, and the majority were referred. This may mean that others, such as parents or teachers, may have already known about the existing problem and high levels of confidentiality were not needed. Thirty-one percent of the participants in this study were receiving counseling services because of school failure, friend problems, family issues, or both. In cases involving school problems, teachers may have notified parents so that counseling services could be initiated. When family issues or friend problems presented, parents may have contacted school administrators to request counseling services for their adolescent. Confidentiality may be less of a concern for adolescents in cases where a network of people is already involved, such as those in school settings.

Implications

The results of this study provide empirical evidence that adolescent clients prefer more confidentiality than they think they will be afforded in hypothetical situations. Like adults, adolescents demand different levels of privacy for different situations and consistently choose limited confidentiality over no confidentiality (McGuire, Graves, & Blau, 1985; Schmid et al., 1983). Based on these findings, future research could be directed toward the reasons why adolescents demand and expect different levels of confidentiality across varying situations.

In addition to defining confidentiality at the outset of counseling, it may be beneficial for counselors to assess how the client feels about confidentiality and any concerns that may be present. It may not be sufficient to assume that adolescent clients always are most comfortable maintaining their privacy. Working together to allow clients to express their reactions to confidentiality issues, may result in a strengthened working alliance. Schmid et al. (1983) conducted a study in which 83% of clients indicated that they did not know the rules or laws regulating confidentiality. Truly understanding confidentiality may lead to the consistent flow of communication between adolescent clients and their counselors, and thus a more positive working alliance. This is vital because the working alliance is the most important component affecting client change and therapeutic outcome in adolescent counseling (Kazdin et al., 1990). Confidentiality may be most important when adolescents are involved in severe cases, and caution must be taken by counselors so that the trust between themselves and their clients is not broken. These results suggest that it is incumbent on counselors to determine how trust can best be developed with individual clients and not to assume that maintaining privacy is the royal road to a good alliance.

If adolescents' degree of perceived and desired confidentiality in actual situations does not have a strong impact on the working alliance, it may be beneficial for counselors to know the reasons why. Some reasons may include that the client does not see the issues discussed as problematic, or that adult intervention is desired. By having the adolescent clients evaluate the severity of their problems from the onset of counseling, counselors and clients can work together to determine the role confidentiality will play in the therapeutic relationship, the intervention strategies that will be used to overcome problems, and the level of involvement of other adults. Research investigating the severity of problems and its effects on the working alliance would seem to be indicated with adolescents. In addition, the idea that adolescents may want adult intervention at times deserves further attention.

Limitations and Directions for Future Research

The relationship between the degree of perceived and desired confidentiality in hypothetical and actual situations and the working alliance in adolescent counseling was investigated for the first time in this study. Future research in this area is needed to replicate these results.

When participants in this study were asked to complete the questionnaires, they had all been receiving counseling services for different lengths of time. Since the alliance can predict outcome most successfully in early sessions (Horvath & Symonds, 1991), differing lengths of counseling in this study may have obscured the relationship between desired confidentiality and the alliance that are particular to different phases of treatment. Desired confidentiality may change across time. Future research assessing how adolescent clients feel about confidentiality in actual situations at the start of their

counseling sessions is needed.

Another limitation of this study is that the participants were in counseling for problems of many different types. It is important to note that these participants indicated that they were receiving counseling services for reasons such as relational, school, and stress-related problems, but the severity of each problem was not rated. Results may have varied according to the severity level of the problems. This could impact how adolescents' perceived degree of confidentiality relates to the working alliance. Future research could examine problem severity and its impact on the confidentiality relationship.

The adolescent clients in this study were volunteers recruited by their counselors. These participants may have been more trusting of adults in authority than other adolescents. Perhaps this trust caused them to be less concerned with issues of confidentiality or to have better alliances than those who did not volunteer. In addition, the participants were chosen from two school boards in Canadian cities and results may not be generalizable to the other adolescent populations. Results may vary in different schools and in different cities, and if participants were recruited from areas outside of the school setting, such as a hospital.

A final limitation of this study includes the instrument validity of The Personal Inventory. Instrument validity refers to the extent to which the instrument measures what it is supposed to, and therefore the appropriateness with which inferences can be made on the basis of results (Sattler, 1992). Because no other instrument existed, we developed this instrument to assess how participants felt about the disclosure of information discussed in their own counseling situations. The Personal Inventory contained eight

general statements regarding the disclosure of information; specific issues in counseling were not addressed. This instrument may not have been powerful enough to measure adolescents' degree of desired and perceived confidentiality in actual situations, thus resulting in a non-significant relationship between confidentiality and the working alliance.

This study may serve as a starting point for further research on the effects of confidentiality on the working alliance in adolescent counseling. Future research might investigate if these results can be replicated at different points of counseling, in different settings, and with problems of differing severity. The working alliance is a crucial construct that relates strongly to the final outcome of counseling (Bachelor & Horvath, 1999; Martin et al., 2000). Counselors need to be aware of existing challenges, such as the issue of confidentiality, which can make the formation of a positive working alliance difficult. By informing adolescent clients of the meaning and limitations of confidentiality, and by assessing such things as how important confidentiality is to each client, problem severity, and the need to involve others, counselors may be able to work with their clients as a team and set guidelines for the counseling relationship. By sharing a clear understanding of confidentiality and what it means to one another, adolescent clients and their counselors can enhance the development of their alliances and support positive change.

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Appendix A

Consent Form for the First School

INFORMED CONSENT FORM TO PARTICIPATE IN RESEARCH
Client Form

This is to state that I agree to participate in the research project conducted by:
Laura Gonzalez, Shahrzad Irannejad, Marilyn Fitzpatrick (Ph.D.), McGill University

1. Purpose:

The goal of this study is to better understand how adolescents can benefit from counseling. Your participation in this study will be an important contribution to this goal and may help you to understand your counseling sessions better.

2. Procedures:

You will be asked to complete several questionnaires, which will take approximately 30-45 minutes. All questionnaires will be given to you by graduate student(s). After completion of the questionnaires, seal all materials in the provided envelopes and give them back to graduate students.

All information provided by you will be kept confidential and will not be divulged to your counselor. To ensure anonymity and confidentiality, all personal identifying information will be deleted or altered to conceal your identity. Questionnaires will be coded to remove any information, which could identify you personally.

The results of this study may be published in a scholarly journal. The data will be combined so that your individual identity will not be revealed. Upon request, the results of the study will be made available to you.

3. Conditions of Participation:

- I understand the purpose of this study and know about the risks, benefits and inconveniences that this research project entails.
- I understand that I am free to withdraw at any time from the study without any penalty.
- I understand how confidentiality will be maintained during this research project.
- I understand the anticipated uses of data, especially with respect to publication, communication and distribution.

I have carefully studied the above and understand my participation in this agreement. I freely consent and voluntarily agree to participate in this study.

Name (please print) _____

Signature _____Date_____

Appendix B

Consent Form for the Second School

INFORMED CONSENT FORM TO PARTICIPATE IN RESEARCH

Client Form

This is to state that I agree to participate in the research project conducted by:

Laura Gonzalez, Shahrzad Irannejad, Marilyn Fitzpatrick (Ph.D.), McGill University

1. Purpose:

The goal of this study is to better understand how adolescents can benefit from counseling. Your participation in this study will be an important contribution to this goal and may help you to understand your counseling sessions better.

2. Procedures:

After your counseling session, you will be asked to complete several questionnaires, which will take approximately 30-45 minutes. All questionnaires will be given to you by your counselor. After completion of the questionnaires, seal all materials in the provided envelopes and give them back to the counselor. We will then collect all questionnaires from the counselor.

All information provided by you will be kept confidential and will not be divulged to your counselor. To ensure anonymity and confidentiality, all personal identifying information will be deleted or altered to conceal your identity. Questionnaires will be coded to remove any information, which could identify you personally.

The results of this study may be published in a scholarly journal. The data will be combined so that your individual identity will not be revealed. Upon request, the results of the study will be made available to you.

3. Conditions of Participation:

- I understand the purpose of this study and know about the risks, benefits and inconveniences that this research project entails.
- I understand that I am free to withdraw at any time from the study without any penalty.
- I understand how confidentiality will be maintained during this research project.
- I understand the anticipated uses of data, especially with respect to publication, communication and distribution.

I have carefully studied the above and understand my participation in this agreement. I freely consent and voluntarily agree to participate in this study.

Name (please print) _____

Signature _____Date_____

Appendix C

Procedural Steps for Counselors in the Second School

Procedural Steps for the Study

You will be provided with several envelopes containing the questionnaires to be completed for this study. The envelopes labeled with an 'M' should be given to male participants and those labeled with an 'F' should be given to female participants.
You will also be provided with tapes that include recorded voice of all instructions as well as the items of all questionnaires. The tapes labeled 'Male' should be given to male participants and those labeled 'Female' should be given to female participants.
Using these tapes are optional and you can provide participants with these tapes if they prefer to hear everything on tape rather than reading them.
Please follow the steps noted below in a sequential order.

1) **Soliciting Participants.** You can ask each of your clients if they would like to participate in a project which will help us better understand how adolescents can benefit from counseling.

2) **Consent.** Upon client's agreement to participate, at the end of your session, the client should read and sign the two consent forms attached to the envelope. Please ensure that all participants receive an envelope with the corresponding gender label.
Once the two consent forms are signed, one of them should be placed in the envelope with the questionnaires. The client can keep the other copy of the consent form.
Upon putting the consent form back in the envelope, please write your professional title on the envelope where indicated.

3) **Instruction.** Before leaving the room, please read the following to each participant:

"Once I leave the room, you may open your envelope and begin filling out the questionnaires. There is no time limit, just make sure that you fill out all the items on all the questionnaires in the order they appear without skipping any. You also have the option to hear all items of all questionnaires on tape instead of reading them. If you prefer this option, you can use the cassette player in front of you and follow the instructions on tape. Once you are done, put all the questionnaires back in the envelope, seal it, and give the sealed envelope back to me. If you used the tape, please rewind it after you are done, so it is ready for the next participant."

All of the materials are then returned to Mr. Angelopolous.

Thank you very much for your cooperation

Appendix D

Demographic Information Form

PART 1: Demographic Data Sheet
Code Number: _____

Please provide the following information:

Age:

Male _____ Female _____

Grade:

Race (optional): *Please circle the appropriate option.*

- ***a)*** **Caucasian (White)**
- ***b)*** **African American**
- ***c)*** **Native American**
- ***d)*** **Asian**
- ***e)*** **Hispanic**
- ***f)*** **Other *(please specify)*: _____**

When starting counseling:

- ***a)*** **You chose your counselor**
- ***b)*** **You were assigned or sent to your counselor**

Reason for coming to counseling:

I speak to my counselor about my problem (approximately):

- ***a)*** **1-2 times per week**
- ***b)*** **1-2 times per month**
- ***c)*** **3-4 times per week**
- ***d)*** **3-4 times per month**
- ***e)*** **More than 4 times per week**
- ***f)*** **More than 4 times per month**

Have you and your family ever worked with a social worker?

- ***a)*** **Yes**
- ***b)*** **No**

Appendix E

Vignettes–Male Version

PART 2: Vignettes (*male form*)
Code Number: _____

Definition: Confidentiality means that a counselor should not tell another person things that you tell him, unless he has your permission.

Directions: As you read the situations described in the following pages, assume that you are in individual counseling. After each of the situations, there are several possible things that could happen (actions a counselor could take). Please choose one statement that you believe the counselor SHOULD (or is supposed to) do and one which you would PREFER that the counselor do. Indicate these by number in the spaces provided. It is okay if you choose the same number for both. Please read through the example:

EXAMPLE

Your counselor asks you to write a progress note after each individual counseling session stating something about your experience in that session. Your counselor makes an additional note on the bottom and then it is put in your file.

1. Your counselor should just place the notes in the filing basket to be filed by whomever can get to them first.

2. Your counselor should let the secretary file them but make sure they are filed as soon as possible so that they are not left where people might see them.

3. Your counselor should make sure that these are filed immediately and only by him.

Counselor should (or is supposed to) do # ___2___
You prefer that the counselor do # ___3___

If you answered the above example in the way that is indicated, you would be saying that you believe the counselor should let the secretary file your progress notes, but you would prefer that your counselor filed them himself.

I. Suppose that you had recently felt very depressed and had considered taking your own life. You have told your counselor how you feel and your counselor is concerned.

1. Your counselor should take whatever action he feels is necessary in order to protect you.

2. Your counselor should tell only your parents.

3. Your counselor should encourage you to tell your parents (or take whatever other action he feels is appropriate), but should not tell anyone unless you agree.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

II. Somebody has done something which has hurt and angered you. You have told your counselor about the situation, as well as your intentions to track this person down and beat them up.

1. Your counselor should contact this person and warn them of your intentions.

2. Your counselor should contact another individual (police, parents) and tell them of your intentions.

3. Your counselor should not interfere unless you want him to.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

III. Your counselor spends time with another counselor discussing his work. This is called supervision and is designed to improve your counselor's training, which should be helpful to his students. Your counselor's supervisor should not tell another person things that you tell him, unless he has your permission.

1. The counselor should be able to share all about his students since this is in the best interest of both the student and the counselor.

2. The counselor should be able to discuss his work, but without discussing individual students by name.

3. The counselor should not share information about you unless you say he can.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

IV. Assume that you have been ordered by the court into a program and now that you have been in treatment for some time, the court is requesting copies of all of your records (i.e., reports, progress notes, etc.).

1. The counselor must release any information requested by the court.

2. The counselor should only release those records that you agree to be released.

3. The counselor should not release any records, regardless of the consequences.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

V. There is a file kept on each student. Your file contains a variety of information about you, including session notes, mail, medical information, projects that you might have completed for your counselor, etc.

1. Your counselor may leave them in an open cabinet as long as no one other than facility staff have access to them.

2. Your counselor should keep this in a place where only he and the secretary have access to them.

3. Your counselor should keep these in a locked cabinet which no one has access to, except for your counselor.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

VI. Suppose that your parents ask your counselor to tell them what you are talking about in your sessions.

1. Your counselor should keep your parents informed about your discussions with him.

2. Your counselor should discuss this with you and ask for your permission to discuss information to them.

3. Your counselor should tell your parents that you are the only one who can tell them what you are talking about in counseling.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

VII. You have been in counseling for some time, but have recently begun using marijuana.

1. Your counselor should discuss this with anyone he feels should know.

2. Your counselor should encourage you to tell your parents and indicate that he will do so if you do not.

3. Your counselor should not tell this to anyone if you do not want him to.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

VIII. Suppose that you have been using marijuana, but now have begun to use crack.

1. Your counselor should discuss this with anyone he feels should know.

2. Your counselor should encourage you to tell your parents and indicate that he will do so if you do not.

3. Your counselor should not tell this to anyone if you do not want him to.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

IX. You are sexually active, but are not using any method of birth control. This concerns your counselor.

1. Your counselor should tell your parents.

2. Your counselor should let you know that if you do not begin using some sort of birth control, he will consider discussing this with your parents.

3. Your counselor should encourage you to use birth control, but he should not tell your parents that you are sexually active unless you agree.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

X. You have just entered a treatment program and are being informed about the policies and rules of the program. You will also be having your first meeting with your counselor.

1. Your counselor shouldn't bother telling you now about confidentiality, but should wait until something comes up.

2. Your counselor should explain confidentiality to you and your parents as best as he can, but let you know that specific situations will be dealt with as they come up.

3. Your counselor should inform both you and your parents at this point exactly what he can and can not keep private.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

Appendix F

Vignettes-Female Version

PART 2: Vignettes (f*emale form*)
Code Number: _____

Definition: Confidentiality means that a counselor should not tell another person things that you tell her, unless she has your permission.

Directions: As you read the situations described in the following pages, assume that you are in individual counseling. After each of the situations, there are several possible things that could happen (actions a counselor could take). Please choose one statement that you believe the counselor SHOULD (or is supposed to) do and one which you would PREFER that the counselor do. Indicate these by number in the spaces provided. It is okay if you choose the same number for both. Please read through the example:

EXAMPLE

Your counselor asks you to write a progress note after each individual counseling session stating something about your experience in that session. Your counselor makes an additional note on the bottom and then it is put in your file.

1. Your counselor should just place the notes in the filing basket to be filed by whomever can get to them first.

2. Your counselor should let the secretary file them but make sure they are filed as soon as possible so that they are not left where people might see them.

3. Your counselor should make sure that these are filed immediately and only by her.

Counselor should (or is supposed to) do # ___*2*___
You prefer that the counselor do # ___*3*___

If you answered the above example in the way that is indicated, you would be saying that you believe the counselor should let the secretary file your progress notes, but you would prefer that your counselor filed them himself.

I. Suppose that you had recently felt very depressed and had considered taking your own life. You have told your counselor how you feel and your counselor is concerned.

1. Your counselor should take whatever action she feels is necessary in order to protect you.

2. Your counselor should tell only your parents.

3. Your counselor should encourage you to tell your parents (or take whatever other action she feels is appropriate), but should not tell anyone unless you agree.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

II. Somebody has done something which has hurt and angered you. You have told your counselor about the situation, as well as your intentions to track this person down and beat them up.

1. Your counselor should contact this person and warn them of your intentions.

2. Your counselor should contact another individual (police, parents) and tell them of your intentions.

3. Your counselor should not interfere unless you want her to.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

III. Your counselor spends time with another counselor discussing his work. This is called supervision and is designed to improve your counselor's training, which should be helpful to her students. Your counselor's supervisor should not tell another person things that you tell her, unless she has your permission.

1. The counselor should be able to share all about her students since this is in the best interest of both the student and the counselor.

2. The counselor should be able to discuss her work, but without discussing individual students by name.

3. The counselor should not share information about you unless you say she can.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

IV. Assume that you have been ordered by the court into a program and now that you have been in treatment for some time, the court is requesting copies of all of your records (i.e., reports, progress notes, etc.).

1. The counselor must release any information requested by the court.

2. The counselor should only release those records that you agree to be released.

3. The counselor should not release any records, regardless of the consequences.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

V. There is a file kept on each student. Your file contains a variety of information about you, including session notes, mail, medical information, projects that you might have completed for your counselor, etc.

1. Your counselor may leave them in an open cabinet as long as no one other than facility staff have access to them.

2. Your counselor should keep this in a place where only she and the secretary have access to them.

3. Your counselor should keep these in a locked cabinet which no one has access to, except for your counselor.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

VI. Suppose that your parents ask your counselor to tell them what you are talking about in your sessions.

1. Your counselor should keep your parents informed about your discussions with him.

2. Your counselor should discuss this with you and ask for your permission to discuss information to them.

3. Your counselor should tell your parents that you are the only one who can tell them what you are talking about in counseling.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

VII. You have been in counseling for some time, but have recently begun using marijuana.

1. Your counselor should discuss this with anyone she feels should know.

2. Your counselor should encourage you to tell your parents and indicate that she will do so if you do not.

3. Your counselor should not tell this to anyone if you do not want her to.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

VIII. Suppose that you have been using marijuana, but now have begun to use crack.

1. Your counselor should discuss this with anyone she feels should know.

2. Your counselor should encourage you to tell your parents and indicate that she will do so if you do not.

3. Your counselor should not tell this to anyone if you do not want her to.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

IX. You are sexually active, but are not using any method of birth control. This concerns your counselor.

1. Your counselor should tell your parents.

2. Your counselor should let you know that if you do not begin using some sort of birth control, she will consider discussing this with your parents.

3. Your counselor should encourage you to use birth control, but she should not tell your parents that you are sexually active unless you agree.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

X. You have just entered a treatment program and are being informed about the policies and rules of the program. You will also be having your first meeting with your counselor.

1. Your counselor shouldn't bother telling you now about confidentiality, but should wait until something comes up.

2. Your counselor should explain confidentiality to you and your parents as best as she can, but let you know that specific situations will be dealt with as they come up.

3. Your counselor should inform both you and your parents at this point exactly what she can and can not keep private.

Counselor should (or is supposed to) do # _____
You prefer that the counselor do # _____

Copies of the Vignettes, as well as permission for their use, may be obtained by writing to:

Dr. John M. McGuire
Department of Psychology
University of Central Florida
P.O. Box 25000
Orlando, Florida 32816

Appendix G

Vignette Adjustments

Vignette Adjustments

a) Definition- "Confidentiality refers to the obligation of a counselor not to tell another person things you tell him/her unless he/she has your permission" was changed to "Confidentiality means that a counselor should not tell another person things that you tell him/her, unless he/she has your permission"

b) Directions- "therapy" was changed to "counseling," and "outcome" was changed to "statement"

c) Example- "therapy" was changed to "counseling," and "has you write" was changed to "asks you to write"

d) Vignette 1- "but should tell no one" was changed to "but should not tell anyone"

e) Vignette 3- "further" was changed to "improve," "beneficial" was changed to "helpful," "client(s)" was changed to "student(s)," "is also bound by confidentiality" was changed to "should not tell another person things that you tell him/her unless he/she has your permission," and "should share no information" was changed to "should not share information"

f) Vignette 4- "I" was changed to "you" and "should release no records" was changed to "should not release any records"

g) Vignette 5- "client" was changed to "student," and "correspondence" was changed to "mail"

h) Vignette 6- "approach your counselor and asked to be told" was changed to "ask your counselor to tell them" and "therapy" was changed to "counseling"

i) Vignettes 7 & 8- "disclose" was changed to "tell"

j) Vignette 9- "reveal to" was changed to "tell"

Appendix H

Personal Inventory

PART 3: Personal Inventory I
Code Number: _____

Definition: Confidentiality refers to the obligation of a counselor not to tell another person things you tell him/her, unless you give your permission.

Directions:

The following eight statements concern the issue of confidentiality regarding the things you talk about with your counselor in the sessions. These statements describe what you think your counselor should (or is supposed to) do, and what you prefer your counselor to do. Please circle the option that best describes your feelings.

1. My counselor should not (or is not supposed to) keep some things we have talked about in the counseling sessions confidential.

1	2	3	4	5	6
Not at all					Completely

2. I prefer that my counselor not keep some things we have talked about in the counseling sessions confidential.

1	2	3	4	5	6
Not at all					Completely

3. My counselor should (or is supposed to) tell my parent(s) some things we have talked about in the counseling sessions.

1	2	3	4	5	6
Not at all					Completely

4. I prefer that my counselor tell my parent(s) some things we have talked about in the counseling sessions.

1	2	3	4	5	6
Not at all					Completely

5. My counselor should (or is supposed to) tell my teacher(s) some things we have talked about in the counseling sessions.

1	2	3	4	5	6
Not at all					Completely

6. I prefer that my counselor tell my teacher(s) some things we have talked about in the counseling sessions.

1	2	3	4	5	6
Not at all					Completely

7. My counselor should (or is supposed to) tell the vice principal some things we have talked about in the counseling sessions.

1	2	3	4	5	6
Not at all					Completely

8. I prefer that my counselor tell the vice principal some things we have talked about in the counseling sessions.

1	2	3	4	5	6
Not at all					Completely

Appendix I

Working Alliance Inventory-WAI

PART 5: Working Alliance Inventory
Code Number: _____

Directions:
On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her counselor. As you read the sentences, think about your counselor, every time you see _____ in the text.
In the questionnaire, below each statement there is a seven scale.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you ***always*** feel (or think) circle the number 7; if it ***never*** applies to you circle the number 1. Use the numbers in between to describe the variations between these extremes. Work fast, your first impressions (thoughts or reactions) are the ones we would like to see. PLEASE DON'T FORGET TO RESPOND TO **EVERY** ITEM. Thank you for your cooperation.

1. I feel uncomfortable with _____ .

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

2. _____ and I agree about the things I will need to do in counseling to help my situation.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

3. I am worried about the results of these sessions.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

4. What I am doing in counseling gives me new ways of looking at my problem.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

5. _____ and I understand each other.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

6. _____ understands exactly what my goals are.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

7. I find what I am doing in counseling confusing.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

8. I believe _____ likes me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

9. I wish _____ and I could clarify the purpose of our sessions.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

10. I disagree with _____ about what I ought to get out of counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

11. I believe the time _____ and I are spending together is not spent wisely.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

12. _____ does not understand what I am trying to accomplish in counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

13. I am clear on what my responsibilities are in counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

14. The goals of these sessions are important for me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

15. I find what _____ and I are doing in counseling is unrelated to my concerns.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

16. I feel that the things I do in counseling will help me to accomplish the changes that I want.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

17. I believe _____ is genuinely concerned for my well-being.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

18. I am clear as to what _____ wants me to do in these sessions.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

19. _____ and I respect each other.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

20. I feel that _____ is not totally honest about his/her feelings toward me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

21. I am confident in _____'s ability to help me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

22. _____ and I are working toward goals that we agreed upon together.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

23. I feel that _____ appreciates me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

24. We agree on what is important for me to work on.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

25. As a result of these sessions I am clearer as to how I might be able to change.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

26. _____ and I trust one another.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

27. _____ and I have different ideas on what my problems are.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

28. My relationship with _____ is very important to me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

29. I have the feeling that if I say or do the wrong things, _____ will stop working with me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

30. _____ and I work together on setting goals for my counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

31. I am frustrated by the things I am doing in counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

32. We have reached a good understanding of the kind of changes that would be good for me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

33. The things that _____ is asking me to do don't make sense.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

34. I don't know what to expect as the result of my counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

35. I believe the way we are working with my problem is correct.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

36. I feel _____ cares about me even when I do things that he/she does not approve of.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

For copies, as well as permission to use the WAI, please write to:

Dr. Adam Horvath
Associate Professor, Counselling Psychology
Simon Fraser University
8888 University Drive
Burnaby, British Columbia V5A 1S6

Appendix J

WAI Adjustments

WAI Adjustments

a) the term "outcome" in item 3 was changed to "results"

b) "perceives accurately" in item 6 was change to "understands exactly"

c) "efficiently" in item 11 was changed to "wisely"

d) "welfare" in item 17 was changed to "well-being"

e) "mutually agreed upon goals" in item 22 was changed to "goals that we agreed upon together"

f) "collaborate" in item 30 was changed to "work together,"

g) "established" in item 32 was changed to "reached."

h) "therapy" in items 4, 7, 10, 12, 13, 15, 16, 30, 31, and 34 was changed to "counseling" due to familiarity of participants with the latter term and for the sake of consistency

Appendix K

Certificate of Ethical Acceptability for funded and Non-Funded Research Involving Humans

MCGILL UNIVERSITY
FACULTY OF EDUCATION

RECEIVED JAN 2 2 2001

CERTIFICATE OF ETHICAL ACCEPTABILITY FOR FUNDED AND NON FUNDED RESEARCH INVOLVING HUMANS

The Faculty of Education Ethics Review Committee consists of 6 members appointed by the Faculty of Education Nominating Committee, an appointed member from the community and the Associate Dean (Academic Programs, Graduate Studies and Research) who is the Chair of this Ethics Review Board .

The undersigned considered the application for certification of the ethical acceptability of the project entitled:

The effects of Referral Status and Confidentiality on the Working Alliance

as proposed by: Student Investigator

Applicant's Name Laura Gonzalez

Supervisor's Name Marilyn Fitzpatrick

Applicant's Signatur

Supervisor's Signature

Degree / Program / Course MA School Psychology

Granting Agency

The application is considered to be:

A Full Review

An Expedited Review X

A Renewal for an Approved Project

A Departmental Level Review

Signature of Chair / Designate

The review committee considers the research procedures and practices as explained by the applicant in this application, to be acceptable on ethical grounds.

1. Prof. Joyce Benenson
Department of Educational and Counselling Psychology

Signature / date

2. Prof. John Leide
Graduate School of Library and Information Studies

Signature / date

3. Prof. René Turcotte
Department of Physical Education

Signature / date

4. Prof. Lise Winer
Department of Second Language Education

26 Jan 2001
Signature / date

5. Prof. Claudia Mitchell
Department of Educational Studies

Signature / date

6. Prof. Kevin McDonough
Department of Culture and Values in Education

Signature / date

7. Member of the Community

Signature / date

Mary H. Maguire Ph. D.
Chair of the Faculty of Education Ethics Review Committee
Associate Dean (Academic Programs, Graduate Studies and Research)

Signature / date

(Updated January 2000)