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A cognitive development approach to professional ethics training for counselor education students

Nicole Marie Chase

College of William & Mary - School of Education

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A COGNITIVE-DEVELOPMENT APPROACH
TO PROFESSIONAL ETHICS TRAINING
FOR COUNSELOR EDUCATION STUDENTS

A Dissertation
Presented to
The Faculty of the School of Education
The College of William and Mary in Virginia

In Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education

by
Nicole Marie Chase
July, 1998
DEDICATION

My dissertation is dedicated to my parents, Roger and Frances Chase, and my brother Paul. First, to my loving parents who made it possible for me to realize my dream. It was through their belief and faith in me, and their enduring emotional and financial support that enabled me to persevere and complete my Ph.D. program. They have always been and have remained unselfish with their expressions of love, devotion, and inspiration. Thank you, mom and dad.

To my brother, Paul who, along with my parents, has been my biggest fan and cheerleader throughout this process. His pride in my achievements and endless words of praise and encouragement provided me with the additional strength I needed to accomplish my goal. He has always been a wonderful brother and loyal friend. Thank you, Paul.
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ABSTRACT

A COGNITIVE-DEVELOPMENTAL APPROACH TO PROFESSIONAL ETHICS TRAINING FOR COUNSELOR EDUCATION STUDENTS


The study examined the effects of integrating a cognitive-developmental approach with professional ethics training on the moral and conceptual development, self-presentation styles, and ethical decision-making skills of graduate counseling students. The sample was comprised of students who enrolled in counseling courses at the College of William and Mary. The ethics intervention group was compared to two groups; one group who received the traditionally taught ethics course, and one group who had not taken the ethics course at William and Mary. Instruments used included the Defining Issues Test (DIT), Paragraph Completion Method (PCM), and Concern For Appropriateness scale (CFA). Students were also administered an adapted format of the Moral Judgment Interview that depicted ethical dilemmas in counseling. The intervention methodologies used included the components of Deliberate Psychological Education (DPE), moral discussions, and a Conceptual Matching Model approach.

The results failed to support expectations that students in the intervention group would obtain significantly higher DIT and PCM post-test scores than the other two groups. A significant inverse relationship was only found between CFA and PCM pre-test scores. Stages 3-3 /4 levels of reasoning were largely used in responding to ethical dilemmas. A qualitative analysis of interview and journal responses indicated that the intervention course did impact students' personal and professional growth.

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A COGNITIVE-DEVELOPMENTAL APPROACH
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CHAPTER ONE

STATEMENT OF THE PROBLEM

This chapter will present brief an overview of the issues, problems, and trends in professional ethics training and ethical decision-making for counseling professionals. The implications of these issues in studying future counselor education professional ethics training within a cognitive-developmental framework will be discussed. Operational definitions, research hypotheses, sample descriptions and general data gathering procedures, and study limitations will also be defined.

Professional Ethics in Counseling: An Overview

Within the last decade, counseling has grown to be a diversified profession and has gained in prominence among the helping professions (Anderson, 1996; Hopkins & Anderson, 1990). In contrast to the 1970’s, counselors today are employed in a variety of settings and work with a wide range of individuals and groups with diverse types of mental health concerns. This expansion of the counseling profession has resulted in increased exposure to the practices of counselors. Concurrent trends of increasing interest in professional ethics have also occurred in the mental health field (Corey, 1991; Fuqua & Newman, 1989). Part of this increased attention to ethics is due to increasing trends toward malpractice suits and litigation, high malpractice insurance costs, private practice, and third party payments. In addition, the profession has witnessed expansion and development of professional codes and standards and due process procedures for ethical violations. Together, these trends have resulted in increased scrutiny of the conduct of counseling professionals (Anderson, 1996; Hopkins & Anderson, 1990).
Counseling has been described as a “moral enterprise” which requires responsible actions “based on careful, reflective thought about which response is professionally right in a particular situation” (Tennyson & Strom, 1986, p. 208). Counselor awareness of ethical and responsible behavior is especially vital given the unequal balance of power in the therapeutic relationship. Thus, it is imperative that mental health counselors value a commitment to ethical practices and provide “care that promotes integrity, is based on honesty and fairness, and benefits rather than harms the consumer…” (Kitchener, 1991, p. 245).

Although there is widespread acceptance that competent ethical decisions and behaviors are critical to the counseling profession, ethical decision-making is not a simple task given the ambiguity and complexity of ethical dilemmas encountered and of the ethical codes and standards in the profession (Kitchener, 1984; Mabe & Rollins, 1986; Tennyson & Strom, 1986; Welfel & Lipsitz, 1984). The complexity of ethical problems results from a combination of factors that include conflicting perspectives and subtle variations of the facts that are relevant to the problem, the state of knowledge of the professional, the amount of resources available, the rate at which consensual agreement as to what is “ethical” changes, and the ambiguity of the situation caused by the lack of specific guidance as to the correct ethical course of action.

Several experts (Herlihy & Remley, 1995; Kitchener, 1984; Mabe & Rollin, 1986; Welfel & Lipsitz, 1984) have discussed the difficulties that arise when mental health professionals depend on ethical codes and standards in making ethical decisions. Problems arise because codes only serve as guidelines to assist professionals in acting responsibly and only cover a limited range and number of issues. Often, adherence to
one part of a code can result in violation of another part. Due to the expansion of the profession, it is not unusual for many mental health practitioners to have membership in several professional associations, each with its own set of ethical codes and standards, which can add to the difficulty in making ethical decisions when discrepancies exist between these codes on certain issues. Codes can also conflict with the more universal ethical principles of beneficence, non-maleficence, autonomy, fidelity, and justice that are upheld by most mental health counselors in considering therapeutic and ethical decisions. Thus, although codes are necessary, they are not always sufficient in assisting the counseling practitioner to act responsibly in ethical dilemmas. “An awareness of the code’s limitations is a key element in developing an adequate account of professional responsibility” (Mabe & Rollin, 1986, p. 294).

Many ethical conflicts may also require that professionals weigh and evaluate one or more ethical principles in their decision-making process. When this examination fails to provide a clear resolution to the problem, professionals may need to consider the problem against the more universal moral viewpoints of utilitarian and deontological philosophies (Fine & Ulrich, 1988; Kitchener, 1984). Further, equal consideration of the potential influences of one’s personal and professional values is critical to the ethical decision-making process (Mabe & Rollin, 1986).

Despite the fact that mental health counselors are held accountable for acting ethically and responsibly in their practices, many unethical practices occur and with the knowledge that the action is in violation of a code or standard. A review of the research tends to support these claims. A study of a diverse sample of 102 mental health professionals found discrepancies between what the respondents knew they should...
ethically do and their willingness to adhere to these standards in a real ethical dilemma, particularly for those conflicts that were not specifically addressed in the codes (Smith, McGuire, Abbott, & Blau, 1991). In these instances, actions were based on intuition, financial need, or other personal and situational factors. Similar results were found across 199 members of the American Psychological Association (APA), even when they recognized that their actions fell below acceptable ethical standards (Wilkins, McGuire, Abbott, & Blau, 1990) and across 294 members of the Division of Psychotherapy of the APA (Haas, Malouf, & Mayerson, 1988). In contrast, however, lack of knowledge about diverse abuse issues was influential in mental health practitioners’ failure to recognize the issue and to confidently report the occurrence of abuse (Tilden, Schmidt, Limandari, Chiordo, Garland, & Loveless; 1994).

Specific to counselors’ ethical behaviors and beliefs, one study (Herlihy, Healy, Cook, & Hudson, 1987) found that of the 191 violations that were reported to licensing boards in seven states prior to 1984, the most frequently cited violations involved misrepresentation of practice and breach of the state board’s ethical standards (all 21 cited were from Virginia). Licensing boards expressed great concern over ethical preparation and practices of licensed counselors. A follow-up study (Neukrug, Healy, & Herlihy, 1992) of 34 states which had received licensure by 1991 found 1,143 reports of ethical complaints across 22 states who responded to the survey. The most frequently reported complaints included practicing without a license and sexual relationships with clients. A recent report (Brown, 1997) of the ethical and legal violations found among licensed professional and certified substance abuse counselors in Virginia indicated that over a period of two years (1994-1996) 15 hearings were held for violations related to
such issues as legal violations, breaching confidentiality, dual relationships and sexually inappropriate behavior, unprofessional conduct, and impairment.

Further, a national survey (Gibson & Pope, 1993) of 579 counselors found mixed endorsements for issues related to forms of dual relationships, fees, and disclosure of information. Similar violations involving dual relationships, sexual intimacies, competence, and professional conduct were among those in the 1994-1995 reporting period of the Ethics Committee of the American Counseling Association (ACA) (Garcia, Salo, & Hamilton, 1995) and the 1996-1997 reporting period of the ACA Ethics Committee (Forrester-Miller & Shumate, 1998).

From these studies, it appears that there remains uncertainty about many ethical issues and discrepancies between acceptable ethical actions and actual behaviors. The results of these studies serve to magnify the significance of the potential scope of problems concerning ethical decisions and actions for these studies only represent responses from a limited range and number of professionals and cite only "reported" violations.

These conflicts exist in spite of increased trends of professional ethical training in the last decade (Corey, 1991; Stadler & Paul, 1986; Wilson & Ranft, 1993). Although mental health professionals who had received ethics training exhibited greater abilities to recognize ethical conflicts and to choose appropriate courses of action than those professionals who did not receive training; trained professionals were still often unable to consistently discriminate between ethical or unethical situations or to recognize whether a violation of professional standards had occurred in a particular situation (Baldick, 1980; Robinson & Gross, 1989). Further, it appears that a large percentage of counselors and
counseling psychologists have not received formal training in ethics. Results from studies indicate that formal training was not received by 110 out of 223 members of the American Mental Health Counseling Association (Robinson & Gross, 1989) or by three-fourths of the department heads in 115 counseling psychology and counselor education programs surveyed (Stadler & Paul, 1986). Although ethics training was found to be required in 94% of the APA accredited programs surveyed, only 64% of the programs offered formal coursework in which methods of instruction utilized were traditional content-focused, discussion and lecture approaches (Wilson & Ranft, 1993).

The implications of these studies point not only to the need for ethical training and coursework, but for more effective curriculums that emphasize processing skills associated with ethical decision-making skills (Wilson & Ranft, 1993) and that combine didactic and experiential experiences (Robinson & Gross, 1989). The charge to educators is to recognize that “acting ethically is not an innate behavior... (and) that students can be taught how to ‘think’ in ethical terms and recognize ethical problems” (Baldick, 1980, p.281).

Other experts (Fuqua & Newman, 1989; Kitchener, 1984, 1986,1991; Neukrug, Lovell, & Parker, 1996; Welfel & Lipsitz, 1989; Tennyson & Strom, 1986) not only recognize the need for more effective training, but the need to also examine potential underlying factors that are related to and that differentially impact one’s ability to make acceptable ethical decisions and to proceed with an ethical course of action. The viewpoints of these experts tend to support that the focus of research be redirected to integrate other areas of psychology such as cognitive and moral development, mediational processes, and individual personality orientation in the study of ethical
decisions and behavior. Cognitive ability, as a critical factor in ethical decision-making, has been largely addressed by Tennyson and Strom (1986) who suggest that critical reflection and dialogue are "complimentary to the exercise moral responsibleness" (p.300). Similarly, Kitchener (1984, 1991) and Hare (1991) emphasize the significance of using a "critical-evaluative" cognitive process, in contrast to an intuitive process, as the more effective approach in formulating reasoned ethical judgments. This approach provides a strategy to better guide, evaluate, and redefine one's basis for moral judgment when intuitive sense fails to ensure that reasoned judgments are made or when ethical principles must be weighed against each other or against ethical rules of conduct.

As evidenced in the research, the state of professional ethics presents challenges to mental health professionals and educators in addressing underlying factors that impact one's ability to make reasoned ethical decisions and to act in accordance to acceptable ethical standards, as well as in narrowing the gap between effective ethics training and ethical practices. To date, research designs offer little insight and understanding as to "how" and "why" counseling professionals differentially make ethical versus unethical judgments. There appears to be sufficient justification and support to shift the focus from a mandatory approach which emphasizes adherence to codes, to an aspirational approach which explores the more complex questions and mediational processes related to making ethical judgments (Fuqua & Newman, 1989). Given that ethical decision-making is inherently a cognitive and moral process, it seems only logical to investigate professional ethics and training within a cognitive-developmental framework as suggested in the literature. This type of approach can begin to provide insight into this problem by
examining how to effectively promote psychological growth in counselors as a means to enhance their abilities in making ethical decisions.

THEORETICAL RATIONALE

Professional Ethics Within a Cognitive-Developmental Framework

The fundamental premise of the cognitive-developmental paradigm is that individuals at higher levels of cognitive development or psychological functioning possess greater flexibility, extensively diverse modes and response alternatives for adapting to and coping with different experiences, and greater capabilities for active control and mastery in their environment than individuals at lower levels of development (Zigler & Glick, 1986). Each stage of development represents a qualitatively different stage than the one preceding it and a greater differentiated, hierarchical, and integrated organized system of thought. Particular to this investigation, cognitive-developmental theories related to moral (Kohlberg, 1969; 1975) and conceptual (Harvey, Hunt, & Schroeder, 1961; Hunt, 1971) development provide relevance to the examination of cognitive-developmental processes associated with counselors' abilities for making ethical decisions.

Moral Development Theory

The consideration of the cognitive processes and abilities in making sound ethical decisions provides direct relevance to the impact of moral development. Kohlberg's six stage theory of moral development is based on the development of justice reasoning, with each successive stage of development representing a more complex, hierarchical, and integrated system of moral reasoning. His six stage theory can be conceptualized by three broader levels: pre-conventional (stages 1&2), conventional (stages 3&4), and post-
conventional or principled (stages 5&6). Each stage represents a qualitatively different organized system of thought that individuals utilize in making ethical decisions. As individuals achieve higher levels of moral reasoning, they possess greater capacities and abilities for differentiation and integration among increasingly more complex modes of perspective-taking and concepts of justice reasoning in consideration of making ethical decisions. These abilities are most desirable and essential for professional counselors in determining an ethical course of action for the variety of ethical dilemmas posed in counseling.

Kohlberg (1976) felt strongly that moral education not only consider moral development as described by moral psychology, but must also consider moral philosophy in defining what moral development should be. Kohlberg suggests that higher stages of moral reasoning represented morally better stages of advanced principled morality. Principles of justice used at these stages serve as universal guides which are applicable to all mankind. Thus, utilizing Kohlberg’s concept of mature moral reasoning based on principles of justice corresponds to Kitchener’s (1984) charge to counseling professionals to utilize the ethical principles of justice, autonomy, beneficence, non-maleficence, and fidelity in making reasoned ethical decisions on ethical dilemmas encountered in counseling.

**Conceptual Systems Theory**

Hunt’s conceptual systems theory (Harvey, Hunt, & Schroeder, 1961; Hunt, 1970; 1971;1975), provides a model for assessing a person’s cognitive complexity which defines individuals’ characteristics in terms of their degree of differentiation, integration, and discrimination, as well as their interpersonal maturity or self-responsibility. The
conceptual developmental continuum begins at a level of concreteness and rigidity and proceeds to increasingly higher levels of abstraction and greater flexibility and ability to evaluate alternatives, to tolerate stress and ambiguity, and to develop self-awareness and empathetic understanding of others. Thus, promoting the conceptual development of counselors would greatly enhance their abilities to critically choose from diverse moral claims, codes, and principles in making competent ethical decisions; to better understand themselves and the consequences of their actions on others; and to cope with the ambiguity and stress inherent in making ethical decisions and in acting in accordance with decisions that are made.

**Promoting Psychological Growth**

The Deliberate Psychological Education (DPE) model (Mosher & Sprinthall, 1971) has had 25 years of empirical validation in promoting the psychological growth of students and adults (Mosher, 1995; Reiman, 1995). This educational intervention is based on Dewey's (1932) "learn by doing" philosophy and his assumption that individuals need significant learning experiences to stimulate psychological growth and development. The two primary components of this model, action and reflection, emphasize the importance of providing opportunities for significant role-taking experiences in the real world context and for guided critical reflection of these experiences to resolve any resulting cognitive conflicts or concerns and to facilitate extraction of greater meaning and integration of these experiences (Hatfield, 1984).

Educational intervention strategies that utilize a Deliberate Psychological Educational approach have been found to promote moral development across a diverse
range of students and adults (Schlaefli, Rest, & Thoma, 1985, Sprinthall, 1994), as well as both moral and conceptual development of students and professionals (Sprinthall, 1994, Thies-Sprinthall, 1984, Thies-Sprinthall & Sprinthall, 1987). Developmental levels of moral reasoning have been shown to be associated with corresponding types of moral behavior (Blasi, 1980; Kuhmerker, 1991). Gains in moral development as a result of an educational intervention to promote moral development in professionals such as teachers, medical students, nurses, and accountants have been found to be positively associated with moral behavior and professional competence (Rest & Narvaez, 1994). Higher levels of conceptual development have been shown to be positively associated with counseling students’ abilities to perform a variety of cognitive, ambiguous and perceptual counseling tasks (Bruch, Heisler, & Conroy, 1981; Bruch, Juster, & Heisler, 1982; Holloway & Wamphold, 1986, Miller, 1980).

Hunt’s (1970, 1971, 1975) conceptual matching models approach provides an empirically proven model to promote conceptual growth by strategically providing varying degrees of structure in the learning environment relative to the conceptual levels of the learners. This model is similar to DPE in its provision of appropriate degrees of support and challenge to the learners. Several studies have found that integrating Hunt’s matching model with a DPE approach has been successful in promoting the psychological growth of professionals (Peace, 1995, Reiman & Thies-Sprinthall, 1993; Thies-Sprintall, 1984; Thies-Sprinthall & Sprinthall, 1987).

The review of the literature suggests that integrating the components DPE with the strategies employed in the conceptual matching model would be most effective in
facilitating the moral and conceptual growth in graduate level counseling students. The greater abilities and capacities for performing a variety of cognitive, ambiguous, and perceptual counseling tasks and for increasing corresponding gains in competent moral behavior that result from attainment of higher levels of psychological growth provide significant justification for the application of this approach to a counselor education professional ethics class.

Self-Monitoring and Self-Presentation Theory

Self-monitoring theory (Snyder, 1987) addresses the differences and contradictions that people exhibit between their overt behavior and their private realities. According to this theory, “there are differences in the extent to which people monitor (observe, regulate, and control) the public appearances of self they display in social situations and interpersonal relationships” (pp.4-5).

Arkin (1981) proposed that there are essentially two styles of self-presentation; the “protective” and “acquisitive”. The high self-monitor or “protective” style acts in the service of avoiding disapproval. High self-monitors are described primarily as conformists as they regulate and adapt their behavior according to their perceptions of social expectations. They prefer situations that provide structure and clear guidelines and have difficulty with ambiguous situations. In contrast, low self-monitors or the “acquisitive” style acts in the service of enhancing social approval. Low self-monitors regulate behavior according to their inner directives; their attitudes, values, feelings, and beliefs. Thus, they tend to exhibit consistency in behavior across situations and congruency between their attitudes and values and behavior and are less concerned with shaping their self-presentation.
This theory suggests that differences in self-monitoring and presentation styles of counselors could impact their abilities to make sound ethical decisions and exhibit ethical competence. The ambiguity presented by ethical dilemmas and decision-making in conjunction with a lack of clear guidance on an ethical course of action could be problematic for protective styles. Further, conflict could arise as they struggle between avoiding disapproval from both clients and colleagues in acting on their judgments. Low self-monitors may have difficulty in acting out of consideration of diverse ethical claims and viewpoints that are contradictory to their beliefs and values. Thus, this theory provides justification for consideration of these styles in professional ethics training for counselors and for examination of these styles as they relate to moral and conceptual development of counseling students in this investigation.

RESEARCH DESIGN: AN OVERVIEW

Purpose

The purpose of this study was to integrate a cognitive-developmental approach with a professional ethics training course to promote the moral and conceptual development of graduate counseling students as a means to enhance their self-presentation styles and ethical decision-making skills. This study examined whether utilizing a deliberate psychological intervention was effective in promoting counseling students' psychological growth and whether differences in cognitive complexity and moral reasoning are related to counseling students' self-presentation styles.

Definition of Terms

Moral Development: Moral development was defined by subjects' scores on the Defining Issues Test (DIT) (Rest, Cooper, Coder, Masanz, & Anderson, 1974). The DIT

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measures the percentage of principled reasoning used in making decisions about the dilemmas presented in the DIT. The DIT is based on Kohlberg’s six stage theory of moral development. Stages five and six (post-conventional reasoning) represent the principled levels of moral development where decisions are based on considerations of social contract or utility and individual rights (stage 5) and universal ethical principles based on the actions that any rational, impartial individual would choose in giving equal consideration to all moral claims (Stage 6).

Conceptual Development: Conceptual development was defined by subjects’ scores on the Paragraph Completion Measure (PCM) (Hunt, Butler, Noy, & Rosser, 1978). This measure is based on the four stage theory of conceptual development (Harvey, Hunt, & Schroeder, 1961). Classification of conceptual levels are represented by numerical scores ranging from 0 to 3 with “0” representing the lowest conceptual level (Stage 0) and “3” representing the highest level of conceptual development (Stage 3).

Self-Presentation Style: Self-presentation style was defined by the scores obtained on the Concern For Appropriateness Scale (CFA) (Lennox & Wolfe, 1984) which measures tendencies to comply with social expectations (the protective self-presentation style). High scores represent a “protective style” of self-presentation which is characterized as individuals who make fear rejection and adapt their behavior to avoid social disapproval and exhibit tendencies to conform.

A Cognitive-Developmental Intervention Approach: A cognitive-developmental intervention approach was defined as utilizing the basic components of Deliberate Psychological Education (Reiman, 1995), Hunt’s (1971, 1975) conceptual matching model, and moral discussions (Hersh, Paolitto, & Reimer, 1979; Kohlberg, 1969;
Kohlberg & Wasserman, 1980). This approach was integrated with the traditional professional ethics curricula and methodologies utilized in the professional ethics training course for graduate students at the College of William and Mary.

**General Research Hypotheses**

This study focused on the assessment of moral and conceptual development of graduate education and counseling students as a result of the cognitive-developmental intervention. As a result of the intervention, it was expected that the students would obtain significantly higher post-test scores on the DIT and the PCM and lower post-test scores on the CFA than the comparison groups that did not receive the intervention. Scores obtained on the DIT and the PCM were expected to exhibit a significant inverse relationship to students’ scores on the CFA.

**Sample Descriptions and Data Gathering Procedures**

The treatment group sample consisted of graduate counseling and education students who enrolled for the Fall, 1997 professional ethics class at the College of William and Mary. Comparison groups were composed of graduate counseling and education students who enrolled in the Summer, 1997 traditional professional ethics course and Spring, 1998 graduate education students at the College of William & Mary who had not taken the professional ethics class. Students were pre-and post-tested on all measures at the beginning and end of the semester, respectively. Students were given three vignettes describing ethical dilemmas in counseling and responded to a set of questions following each dilemma in formulating and justifying their ethical decisions regarding the dilemmas. This exploratory assessment was given at the beginning and end of the semester. Biographical data and informed consent were obtained.
Limitations

Overall, the major limitations presented were related to the small, select, non-random sample of graduate education students at the College of William & Mary. Other limitations were posed by the lack of an equivalent, concurrent professional ethics course that could be utilized as a control measure. These limitations posed threats to the internal and external validity of the study as will be further discussed in Chapter Three.

CONCLUSION

This chapter presented an overview of the current issues and problems relevant to professional ethics training and ethical decision-making for counseling professionals and their implications to the application of a cognitive-developmental approach to professional ethics training utilized in this investigation. The theoretical rationale for moral and conceptual development, related educational interventions, and self-monitoring and self-presentation theories were discussed. An overview of the research design was given which provided operational definitions, expected study results, general sample characteristics and data gathering procedures, and the overarching limitations posed by the research design.

Chapter Two will present a more in-depth select review of the literature relevant to this study. Chapter Three will describe the research design and methodology, ethical considerations, the internal and external threats to the validity of the study; and the treatment intervention. The analysis of the results of the study will be presented in Chapter Four. The final chapter, Chapter Five, will present a summary and discussion of the study and results, limitations and conclusions, and implications for counselor education programs and for future research.
CHAPTER TWO

REVIEW OF THE LITERATURE

This chapter will examine research regarding the state of professional ethics training and proposed models of ethics training in counselor education. The cognitive-developmental models and intervention designs chosen for this investigation will be discussed and a select sample of research findings that provide empirical validation of these models and relevance for utilizing these cognitive-developmental paradigms in counselor education professional ethics training will be examined. The implications of these findings to this investigation will be discussed.

PROFESSIONAL ETHICS TRAINING IN COUNSELOR EDUCATION

As indicated in Chapter One, the 1990s witnesses a markedly different counseling profession than when it was first evolving as a profession in the late 1960s and early 1970s. In the last decade the profession has evidenced significant expansion and diversification with an estimated 250,000 to 300,000 professional counselors employed in a variety of educational and community mental health settings and social service agencies (Anderson, 1996). To accommodate for this expansion; professional organizations, standards, and ethical codes as well as provisions for licensure, certification, and due process procedures have been established relative to the various specialties (Herlihy & Remley, 1995; Hopkins & Anderson, 1990).

These hallmarks achieved by this maturing profession have resulted in increased scrutiny of the conduct of counseling professionals from within the professional membership and from the public. Thus, it is critical that counselors receive the necessary ethical training and guidance to not only ensure that they are able to make ethically
competent decisions in working with their clients, but to strengthen their commitment to upholding the respect and integrity of the counseling profession.

Fortunately, within the last decade there has also been increasing trends of ethics training in counseling psychology and counselor education programs (Corey, 1991; Kitchener, 1986; Stadler & Paul, 1986, Wilson & Ranft, 1993). Corey cites statistics indicating that over the last thirty years, ethics training has experienced a sevenfold increase. Very limited research is evidenced that examines ethics training in counselor education programs or the relationship of ethics training to ethical competence and decision-making (Welfel & Lipsitz, 1984). Two studies (Handelsman, 1986; Wilson & Ranft, 1993) examined the state of ethics training in counseling psychology and only two studies (Gross and Robinson, 1989; Stadler & Paul, 1986) were found that addressed professional ethics training of counseling students and its impact on ethical competence.

Handelsman (1986) conducted a national survey of 397 programs that had terminal master's programs in psychology to determine the extent and type of ethics training among terminal master's programs. Out of the 289 program respondents, 87% (84 programs) indicated that they provided some form of ethics training, with 76% (221 programs) offering ethics as a formal course (84 programs) or as part of a formal course (137 programs). Only 64% of the 84 programs offering a formal course required this course work for graduate students or clinical/applied students. 31( 11%) of the 289 programs offered more informal discussion formats during practicum supervision and internships.

Of the 135 programs that did not offer any form of ethics training, 77 programs (57%) responded that they believed ethics could be taught in other ways such as during
practicum and 24 programs indicated that they did not have the time to teach ethics. 15 (11%) programs indicated that there was no need for such training and 12 (9%) programs blamed that lack of faculty for not offering ethics training. Further, the study found that 85% of the 282 programs that offered some form of training taught the APA guidelines, while 7 (3%) did not. While 98.5% of the 273 respondents indicated that master's level ethics can be taught, only 153 (57%) suggested the use of a formal course.

Despite the limitations of this study, the researcher indicated concern about the state of ethics training as revealed in his survey. He concluded that "we may need to reconceptualize ethics as a skill that needs to be developed explicitly" (p.25). He equates the inherent significance of ethics in psychotherapy to the inherent significance of therapeutic skills in therapy. Handelman believes that competent ethical thinking should be held to the same theoretically-based standards of sound research design and counseling theoretical orientation.

A study of 50 APA accredited doctoral counseling psychology courses in 1991 representative of all geographic regions in the United States was conducted by Wilson & Ranft (1993). Surveys were sent to student representatives of these programs. 96% of the respondents were doctoral students at varying degrees of completion in their program. Of these students, only 5 had not received any type of ethics training, with 14 of the 50 respondents indicating as having completed two or more courses. 94% of the programs required ethics training.

The types of ethics training formats received included formal course work (64%), seminars (48%), integration of ethics in other course work (44%), and decision-making laboratories (4%). The results indicated that traditional approaches were predominantly
offered which included lectures (76%), discussions (98%), and scenarios (58%); and experiential techniques were used in 20% of the programs. Of these programs, the curricula largely focused on content (86%), with 44% having utilized a process-focused approach to legal and ethical decision-making.

A second part of the survey investigated how students perceived their abilities to handle professional responsibilities based on their training. The results showed that 76% of the students felt adequately prepared to deal with legal issues and 96% felt moderately to strongly prepared to handle ethical issues. Of those 63 students who had experienced ethical dilemmas, 71% indicated that they felt prepared for making ethical decisions, and 60% indicated they were prepared with factual information.

The authors cautioned about interpretations of the data given the exploratory nature of the study and the lack of reliability and validity data on their survey. However, they believed that the results revealed significant findings in relation to ethics training of counseling psychology students. Particularly interesting was the finding that while the majority of students had received content-focused training, a larger percentage of them felt more prepared for the ethical decision-making process than with factual information. The researchers suggested that exposure to ethical issues that were relevant to the factual information being taught stimulated their thinking relative to these issues, and that while they may have felt prepared, they may or may not have developed the appropriate skills. Very few innovative methods were found to be utilized. Thus, the researchers suggest the need for future comparisons of the effectiveness of traditional versus innovative approaches in preparing students to make ethical decisions.
Stadler & Paul (1986) conducted a random survey of 248 department heads in counseling education and counseling psychology programs representing 50% of the number of department heads listed in the 1983 directory of counselor education programs and 50% of the counseling programs in each state. The results revealed that out of 115 (46%) surveys returned, 77.4% of the respondents reported that they had not received any prior graduate course in professional ethics and 22.6% had received prior training. Of this 22.6% of the respondents: 27.8% had had a formal graduate ethics class, 72.2% had received informal training throughout the educational curriculum, and 57.4% had taken post-graduate ethics training workshops or seminars.

In evaluating the quality of their ethics training, the following percentage of ratings were given: 13% - exceptional, 37% - good, 30% - adequate, 16% - poor, and 5% - inadequate. The findings regarding the ethics training received by the respondents were analyzed and summarized relative to the year in which they received their degrees. Overall, the results showed an increased trend from 1940 to 1984 in the prevalence and types of ethics education (formal or informal) received.

The researchers also assessed the relationship between respondents’ prior ethics training and reported frequencies of 15 types of ethical dilemmas encountered in their teaching and counseling practices. Significant relationships were found between the frequency of occurrence of dilemmas involving the use of computer banks ($x^2 = 12.04$, $p < .05$) and receipt of any prior training and between the frequency of client-counselor dilemmas and informal ethics training ($x^2 = 10.07$, $p < .05$). Informal discussion was also found to be significantly related to perceived effectiveness in responding to ethical dilemmas ($x^2 = 14.12$, $p < .001$), and those with formal course work rated their training
significantly higher than those who had not received formal course work ($x^2 = 14.73, p< .01$).

Limitations of this study are posed by the lack of reliability and validity evidence on the instrument used. Further, the findings are limited in generalizability to the population of counselor educators. Despite these limitations, the results indicate "that graduate exposure to professional ethics relates not only to the perception of adequacy of ethics preparation; it also relates in a statistically significant way to the perception of effectiveness in responding to ethical dilemmas" (p.330).

A survey (Robinson & Gross, 1989) of 500 members of the American Mental Health Counseling Association revealed that out of the 223 respondents representing 24 states only approximately 50% of the respondents had completed a course in ethics. Approximately 75% of these respondents held graduate degrees (master's or doctorate) and two-thirds were either Certified Clinical Mental Health Counselors or Nationally Certified Counselors.

Respondents were also required to respond to six vignettes; three depicted situations in which an ethical violation had occurred and three described situations that did not involve an ethical violation, but the potential for unethical behavior was present. The instrument had been pilot-tested to ensure its validity and reliability. The dependent variables assessed included their ability to discern if an ethical violation had occurred and, if so, to identify the ethical issue in question and the course of action that should be taken.

The most revealing finding was that a significant relationship was found between having received a course in ethics and their ability to identify the ethical violation ($F =$
5.16, p<.02) and to suggest an ethical course of action (F = 6.85, p< .01). However, a course in ethics was not found to be related to increased ability to recognize whether or not a situation involved a violation of the code. Despite any limitations posed by this study due to its research design, the results indicated that a large percentage of mental health professionals have not received any type of ethics training. Further, the results suggest that ethics training is related to some aspects of ethical competence.

The researchers also discussed the implications for ethics training based on their select review of the literature and results of their study. They recommended that ethics courses be mandatory for all students and that ethics curricula should offer a balanced approach combining both didactic and experiential methodologies. Ethics curricula should include information addressing ethical issues across the discipline and measures for remediating or correcting unethical behaviors, as well as presentations from professional ethics committee members to increase awareness of the due process procedures utilized in determining actions on ethical complaints. According to them, it is imperative that counselors receive training in ethics to ensure ethical behavior. They concluded “we have an ethical responsibility to the consumer public to ensure the ethical behavior of our colleagues ... [and ] the mental health counseling profession cannot ignore this need” (p.298).

Although the research indicates an increased trend in ethics training, it appears that a large percentage of counselors had not received any prior training in professional ethics as of 1989. Of those that had received training, only about 10 % rated the quality of the training as above average (Stadler & Paul, 1986). Hopefully, due to its recent maturity within the last ten years, the counseling profession should already be witnessing
the increased provision of ethics training in counselor education programs to meet both licensure requirements and the standards delineated by the Council for Accreditation of Counseling and Related Educational Programs (1993).

While the provision of ethics training is increasing, there appears to be differences in opinion as to how ethics curricula and methodologies should be designed (Handelsman, 1986; Kitchener, 1986; Welfel & Lipsitz, 1984; Wilson & Ranft, 1993). Suggestions in the content and goals for ethics training range from utilizing a problem-solving approach (Eberlein, 1987), discovering values as they impact on ethical decisions (Corey, Corey, and Callahan, 1979), and integrating philosophy with psychology (Fine & Ulrich, 1988); to focusing on dialogue and reflection (Tennyson & Strom, 1986) and improving abilities to make ethical decisions (Kitchener, 1986).

Given that ethical decision-making is a complex task due the ambiguous and complex nature of ethical dilemmas and the lack of clear guidance in ethical codes, there appears to be a growing recognition that the focus of research and ethics training shift to an aspirational approach (Fuqua & Newman, 1989; Kitchener, 1986; Neukrug, Lovell, & Parker, 1996; Pelsma & Borgers; Rest, 1984; Tennyson & Strom, 1986; Welfel & Lipsitz, 1984). This type of approach is designed to address the cognitive, affective, and mediational variables that impact counseling professionals' abilities to make competent ethical decisions by employing a cognitive-developmental approach to promote the cognitive complexity and moral development of counselors in training.

Tennyson & Strom (1986) assert that professional development of counselors should be aimed at promoting the moral responsibility of counselors to increase their ability to reconstruct the "right" course of action in a particular ethical dilemma.
“Responsibleness comes from within, and the person responds not out of duty alone, but because he or she decides a certain response is right; ...and the morally autonomous counselor is one who conforms... to the dictates of moral reason” (p.299).

These authors believe that providing opportunities for critical reflection, dialogue, communication and exchange, and challenge are essential prerequisites for fostering the reasoning skills and dispositions relative to moral responsibleness. Critical self-reflection involves self-confrontation of beliefs, values, and practices that illuminates patterns of thought and action and facilitates consciousness of their meanings and consequences. “Such self-reflection can be enhanced through dialogue, which allows counselors to expose their ideas and values, to check the validity of them, and to understand others’ perspectives” (p.300). Thus, this type of problem-posing dialogue in conjunction with questioning and confrontational strategies that offer challenge to their perspectives helps counselors to not only clarify their beliefs, but to “reconcile the moral issues involved in the practical problems the counselor may face” (p.301).

Similar to Tennyson & Strom, Corey (1991) views ethical decision-making as an “evolutionary process that requires you to be continually open and self-critical” (p.50). Therefore, he believes that counseling students need to be provided opportunities, both informal and formal, that facilitate open exchange, critical thinking, and discussion through the use of role-playing case vignettes. Others (Neukrug et al., 1996; Welfel & Lipsitz, 1984) similarly recommend promoting moral development of counselors-in-training through the use of case work studies and group problem-solving, as well as through moral peer group discussions and values clarification exercises.
While many experts have suggested the use of various cognitive-developmental strategies in promoting cognitive and moral reasoning abilities and ethical competence of counselors, only three articles (Rest, 1984; Kitchener, 1986; Pelsma & Borgers, 1986) were found that proposed a comprehensive developmental model for ethics training. Pelsma & Borgers (1986) experience-based ethics model integrates Kolb's (1976) learning theory and Van Hoose and Paradise's (1980) five stage scheme of ethical reasoning which is based on Kohlberg's (1969) six stage theory of moral development. This model is similar in many respects to Dewey (1938) and Piaget (1970) as they view learning as an on-going tension- and conflict-filled process. "New knowledge, skills, or attitudes are achieved through confrontation among the four modes of experiential learning, which are considered polar opposites (concrete versus abstract, reflection versus action)" (p.311).

The four modes of experiential learning and their corresponding growth dimensions include: concrete experience/affective complexity, reflective observation/perceptual complexity, abstract conceptualization/symbolic complexity, and active experimentation/behavioral complexity. Higher order functioning and development in the growth dimensions occur as a result of the learning and adaptation processes involved in the resolution of conflicts. As individuals progress from the lower stages of ethical reasoning to more advanced stages, the growth dimensions become more highly integrated.

Opportunities and strategies in the form of ethical dilemmas are provided to stimulate the use of the four experiential modes and the development of the corresponding growth dimensions. Learning is viewed as a continuous cycle with each
new ethical dilemma serving as a basis to recycle through this spiraling experiential process. This repetitive and additive experiential process ultimately results in increased cognitive complexity and moral growth.

Rest (1984) discussed the implications of his four component model of moral development to the provision of ethics training for counseling psychologists. Rest proposes that morality is based on the interrelationship of cognitive and affective processes involved in moral behavior. These interactive components include: Component 1: moral sensitivity, interpretation, and empathy; Component 2: moral judgment, formulation of a moral course of action; Component 3: moral motivation and values prioritization; and Component 4: moral character, ability or ego strength to execute the decided course of action. He strongly believes that “any educational intervention aimed at moral development must recognize the multifaceted complexity of the processes involved in morality” (p. 19).

Therefore, Rest proposes that ethics training restructure the traditional technical approach in course work and, instead, provide opportunities targeted at each of these four component processes. He suggests that the following strategies be employed in ethics training: (a) exposure to a diversity of ethical situations that could arise in the profession; (b) practice in problem-solving; (c) opportunities for students to share and respond to each others’ beliefs; (d) critical analyses of assumptions and exploration of alternative solutions; (e) case study approaches and discovery-learning; (f) opportunities for students to meet competent professionals who are active in the larger social context; and (g) emphasis on the imperative need for students to maintain ethical standards in best serving the public and in preserving the respect and competence of the profession.
Kitchener's (1986) model of ethics training integrates philosophical analysis with the psychological processes involved in moral decision-making and action as described in Rest’s (1984) four component model of moral action. Congruent with Rest, Kitchener proposes that counselor moral education must be concerned with all four components defined by Rest: interpreting the situation as a moral one, formulating a moral course of action, deciding what to do; and implementing a plan of action.

Kitchener proposes four corresponding goals of ethics training: a) sensitize students to the ethical issues in the profession and to the consequences of their own actions; b) improve students’ ability to reason about ethical issues; c) develop in students moral responsibility and the ego strength to act in ethical ways; and d) teach students tolerance of ambiguity in ethical decision-making (p.307). She believes that to most effectively meet these goals, opportunities and strategies must be employed to create an ethical climate both in specific course work and throughout the entire counselor education program.

In stimulating moral sensitivity, Kitchener contends that faculty needs to continually expose students to the variety and complexity of moral issues that pervade and are relevant to each area of study within the counseling curriculum and professional practice. She suggests using such activities as readings and strategies that facilitate moral empathy through role-taking, open dialogue, and discussions about ethical cases as they are experienced by the students.

Kitchener offers the use of a critical-evaluative approach in improving moral reasoning which distinguishes between three levels of ethical justification. The first tier represents the use of intuition in conjunction with ethical codes and standards of practice...
in the profession; the second tier consists of the use of the ethical principles of autonomy, non-maleficence, fidelity, beneficence, and justice; and the third tier includes the ethical theories of the deontological and utilitarian philosophies. Using all three tiers in formulating an ethical decision will enable students “to understand the relationship between moral intuition, moral rules, and ethical principles and the law” (p.309).

“Learning to differentiate between the levels of ethical analysis and between moral principles themselves can provide students with a framework that they can consistently apply across all situations” (p.309).

To foster the development of moral responsibility and the tolerance of ambiguity in formulating a course of action, Kitchener suggests the use of role-playing; defending various ethical positions; sharing concerns, fears, and frustration; and utilizing the sharing of ethical dilemmas and resolutions of other professionals. Most critical, however, is establishing a respectful and ethical atmosphere within the program that endorses the practice of ethical competence and behavior. “By modeling, through discussions, and by valuing ethical behavior, counselor educators can encourage young professionals to develop a sense of responsibility to act in an ethically responsible manner” (p.310).

In summary, the research reviewed in this section indicates the need for effective ethical training for counselor educators. There appears to be growing consensus that process-oriented curriculums aimed at promoting the cognitive and moral development and ethical competence in counselors is needed in replacement of the traditional mandatory approach to ethics training and research. Many of the ideas and the models
presented are congruent with the theoretical frameworks and intervention strategies of this investigation.

**COGNITIVE-DEVELOPMENTAL THEORY**

The conceptualization of a cognitive-developmental approach to human growth and development was first addressed by John Dewey (1932) when he proposed that the aim of education was to facilitate intellectual and moral growth and development. Education was characterized as "the work of supplying the conditions which will enable the psychological functions to mature in the freest and fullest manner" (Archambault, 1964, p.199) This philosophy marked the beginning of Progressive Education.

Dewey was the first to recognize that development was a continuous process and proceeded in a planned or consecutive order through qualitatively distinct stages. He believed that children should be perceived as "potentialities/processes which are not enduring or endpoints, by which, with experience and time, will themselves evolve profoundly" (Sprinthall & Mosher, 1978, p.20). Thus, educators were charged with the responsibility to recognize these native capacities and ensure that the necessary conditions were supplied that would enable and facilitate the fullest and most mature form of development of children.

Dewey's ideas were progressive for they contradicted Rousseau's notion of "natural development" and the predominant view that children were miniature adults who had latent capacities that would grow and develop if left alone (Sprinthall & Mosher, 1978). In contrast, Dewey recognized that individuals were more complex and that development was a product of the interaction of the organism and the environment. He conceptualized children as natural philosophers and argued that "every mind even the
youngest, is naturally or inherently seeking for those modes of active operation that are within the limits of its capacity....” (Dewey in Archambault, 1964, p.7). According to Dewey, the challenge was to be able to provide children with appropriate kinds of stimulating experiences during the critical periods of development when specific tendencies are ready to emerge and evolve.

Piaget further defined the assumptions of Dewey in his theoretical model of developmental psychology. Piaget (1970) emphasized the roles of cognition and the rational dialectical processes between the person and the environment. Piaget defined cognition as “the regulating mechanism that connects the person to the environment” (Sprinthall, Sprinthall, & Oja, 1994, p.103). Cognitions provide the means for individuals to relate to each other and to their environment. Individuals cognitively adapt to and organize the environment through mental structures which are defined as “systematic properties of an event; it encompasses all aspects of an act, both internal and external” (Phillips, 1969, p.7).

Piaget (1970) conceptualized development as proceeding in an invariant sequence, with each stage representing a qualitatively different, hierarchically integrated and more complex organization of thought. He viewed individuals’ tendencies toward adaptation and organization as the key underlying factors in growth and development. He conceptualized cognitive adaptation, organization, and growth as resulting from individuals’ inherent tendencies toward achieving a state of equilibrium during which individuals are able to assimilate or “fit” experiences into their already existing structures. A state of disequilibrium, which occurs when experiences do not fit into existing structures, activates the accommodative processes during which structures are
modified to enable individuals to make meaning of these new experiences. Thus, as a result of this equilibration process, equilibrium is restored.

Cognitive-developmental theory has subsequently been expanded to incorporate many developmental models across a variety of domains, including the moral (Kohlberg, 1969), ego (Loevinger, 1976), conceptual (Harvey, Hunt, & Schroeder, 1961), and interpersonal (Selman, 1976) dimensions of human growth and development. Each of these theorists have drawn from Piaget’s theory in formulating their theoretical models. Therefore, while each model speaks to a different aspect of development, these models share a core set of theoretically and empirically validated assumptions. Overall, these assumptions are based on three central constructs as conceptualized by Rest (1980): structural organization, developmental sequence, and interactionism.

**Structural Organization**

Individuals are viewed as active processors with innate propensities to adapt to and organize their experiences in an effort to attain competence and mastery in their environment (Sprinthall, 1978; Zigler & Glick, 1986). Persons organize and make meaning of their experiences through cognitive structures which are “internalized conceptual frameworks” or rule systems for information-processing and problem-solving strategies (Rest, 1980). Developmentalists conceptualize and describe individuals in terms of their thought processes and focus on how they view self, other, self-other interactions, and their environment (Hayes, 1994, Knefelkamp, Widdick, & Stroad, 1976).
**Developmental Sequence**

Development is viewed as an invariant, unidirectional, irreversible sequence that is universal across cultures and gender. Each higher stage represents a greater differentiated, hierarchical, integrated, and organized system thought subsuming that of the previous stage. Thus, each stage represents a qualitatively different way of organizing and making meaning of experiences (Kohlberg, 1969; Rest, 1980).

The fundamental premise of the cognitive-developmental paradigm is that as cognitive structures are expanded to incorporate a wider and more complex range of experiences, individuals are permitted greater flexibility, extensively diverse modes and response alternatives for adapting to and coping with different experiences, and greater capabilities for active control and mastery in their environment (Zigler & Glick, 1986). Although persons are capable of understanding reasoning reflective of lower developmental levels, they show preference to operate at their highest available or modal stage of development (Kohlberg, 1969; Rest, 1980).

**Interactionism**

Development is viewed as a product of the interaction between the individual and the environment and is dependent upon the quality of a series of significant life experiences at certain critical times or periods throughout development (Sprinthall, 1978). The role of interactionism in facilitating change is based on Piaget’s (1970) concepts of equilibration, equilibrium, and the simultaneous processes of assimilation and accommodation. With tendencies to seek equilibrium, persons are challenged to accommodate internal structures to new experiences that do not fit within already existing structures.
Overview of the Research: Is higher better?

The major theoretical assumption of cognitive-developmental theory is that individuals at higher stages of cognitive development possess greater adaptive and functioning capacities. According to Rest (1994), the natural fallacy made by those theorists who are critical of this claim is to assume that “higher is better” just because these more adequate stages fall sequentially later than earlier, less adequate stages and that the “higher is better” concept is generalizable to all biopsychosocial variables at later stages. As Rest argues, Piaget’s conceptualization of “higher is better” did not equate to higher, powerful intelligence nor did it equate to greater entitlement to the privileges and benefits in the world by persons at higher levels of development. “Rather, higher stages are said to be better conceptual tools for making sense of the world and deriving guides for decision making” (p. 14). Thus, these tools allow individuals to possess a more extensive array of resources for solving more complex problems that would be difficult to understand or resolve without the possession of the tools.

Rest contends that the premise “higher is better” is best supported by the evidence that individuals exhibit preference to patterns of thinking and reasoning relative to their modal stage or one stage higher developmental level. Studies (Rest, 1973; Rest, Turiel, & Kohlberg, 1969) were conducted to investigate the hierarchical development of moral stages with respect to “higher is better.” The researchers examined both comprehension and preference of moral stage reasoning on elementary and high school students. The results indicated that while these students most readily demonstrated comprehension of stages equal to or lower than their developmental level, they expressed preference to the reasoning levels of stages equal to or one stage above their modal level of development.
As a result of these studies Rest (1994) concludes that “as people outgrow old ways of thinking—as they see them as too simplistic and inadequate—they still understand them but don’t prefer them. Higher stages are preferred until that stage in turn becomes replaced by a newly comprehended stage” (p.17).

A review of the literature evidences several studies that provide support for the claim that “higher is better” due to the increased capacity to utilize diverse modes and response alternatives in coping with experiences. Higher levels of moral development have been found to be associated with counselor education students’ abilities to empathize (Bowman & Allen, 1988; Bowman & Reeves, 1987) and with higher incidences of competent moral action (Blasi, 1980; Rest & Narvaez, 1994). Similarly, higher levels of conceptual development have been found to be positively related to performance on perceptual, ambiguous counseling-related tasks (Bruch, Heisler, & Conroy, 1981; Bruch, Juster, & Heisler, 1982; Holloway & Wamphold, 1986; Holloway & Wolleat, 1980). A critical in-depth review of these studies will be discussed in the relevant sections related to moral and conceptual development as they provide evidence of theoretical validation and implications for promoting the psychological growth of graduate counseling education students as a means to enhance their ethical competence and decision-making skills.

**MORAL DEVELOPMENT**

Kohlberg was strongly influenced by the theoretical models of moral development proposed by Dewey and Piaget which placed emphasis on the development of cognitive processes in the moral development of children (Kohlberg, 1975). Their moral stages largely correspond to Kohlberg’s broader levels of moral development.
Dewey conceptualized moral development as including three levels: 1) the pre-moral or preconventional level within which a person's moral behavior is largely governed by impulses at both the biological and social levels, 2) the conventional level which characterizes a person's moral behavior as being based on group standards which are accepted with little critical evaluation, and 3) the autonomous level within which moral behavior is found to be more individualized and is a result of one's own thinking and evaluating about what is good (Kohlberg, 1975). (See Appendix A for complete description of Kohlberg's stages of moral development).

Piaget further defined Dewey's conceptualization of moral development by conducting repeated observations of children involved in playing games and interviewing children to ascertain their perceptions about rules, lying, punishment, and justice (Wadsworth, 1996). From these observations, he proposed the following definitions of the pre-moral, conventional, and autonomous levels of moral development: 1) the pre-moral stage which is characterized largely as non-social behavior for individuals do not possess any sense of obligation to rules, 2) the heteronomous stage within which a sense of what is "right" is considered in relation to obedience to rules and within which there is an obligation to submission to power, authority, and punishment, and 3) the autonomous stage, the highest level of functioning, where a sense of obligation is based on reciprocity and compensation and rules are considered against their purpose and consequences for following them (Kohlberg, 1975; Wadsworth, 1996).

Kohlberg's (1969, 1975) proposed a "hard stage" model of moral development which emphasized the role of structures in moral reasoning. Kolhberg differentiated between the structures of moral reasoning or moral judgment which define each stage.
and the content of moral judgment. According to Kohlberg, the content of moral judgment is defined by the choice or the action endorsed in each moral dilemma. In contrast, individuals’ reasoning about their choice reflects the structure of the moral judgment stage and includes what moral issues or values they find valuable, how they conceptualize this value, and the reasons why they find it valuable (Kohlberg, 1975).

The characteristics of Kohlberg’s moral stages share similarities to Piaget’s conceptualization of development: 1) stages represent qualitatively different organized systems of thought and problem-solving strategies or “structural wholes” which provide consistency in a person’s level of moral judgment across different moral issues, 2) developmental stages proceed in a stepwise, invariant, unidirectional, and irreversible sequence, barring any trauma, and 3) each stage represents a hierarchical integration of thought processes, subsuming those thought patterns of previous stages and a preference is shown to utilize the highest available or “modal” stage of functioning (Kohlberg, 1969, 1975).

Kohlberg (1975) felt strongly that moral education not only consider moral development as described by moral psychology, but must also consider “moral philosophy which strives to tell us what moral development ideally ought to be” (p.672). Kohlberg’s moral philosophy is based on the liberal, deontological philosophies of Kant and Rawls. According to Kohlberg, the higher stages of moral reasoning represented morally better stages of advanced principled morality. Principles of justice used at these stages serve as universal guides, and judgments are made “in terms of universal principles applicable to all mankind” (Kohlberg, 1975, p.672). Kohlberg differentiated
rules, which serve as societal prescriptions dictating moral action, from principles which allow individual choice for moral action based on justice to all.

Kohlberg asserted that ego-identity (sense of self) is a fundamental unifying factor in personality organization and social development and that "social cognition always involves role-taking; i.e. awareness that the other is in some way like the self, and that the other knows or is responsive to the self in a system of complementary expectations" (Kohlberg, 1969, p.348). Thus, higher stages of moral development require and represent more complex levels of social perspective-taking. He perceived the role of equilibrium as "reciprocity" between the actions of self and the actions of others toward the self which serves as the endpoint of morality representing principles of justice. This level of moral development is characterized as representing "equal consideration for all moral claims on the basis of purely moral considerations ....[and] fully equilibrated forms of principles of autonomous reasoning...expected to uphold the demands of justice" (Kuhmerker, 1991, pp.23-24).

Kohlberg's (1969, 1975) six stage theory of moral development is based on the development of justice reasoning, with each successive stage of development representing a more complex, hierarchical integrated system of moral reasoning. His six stage theory is conceptualized in three broader levels: pre-conventional (stages 1&2), conventional (stages 3&4), and post-conventional or principled (stages 5&6). At the pre-conventional levels of moral development, individuals' judgments are initially based on fear and avoidance of punishment and the power of authorities, and later, judgments are based on instrumental purpose and exchange and made in consideration to serving one's need or interests. As individuals proceed to the conventional level, judgments are
based on maintaining mutual interpersonal concordance and are made in consideration of
the expectations of others followed by an increase sense of “doing” according to what
society prescribes as being “right” or “wrong.” The principled level is characterized as
the “prior-to-society perspective” where morally “right” decisions result from an
objective perspective by which individuals evaluate and weigh obligations to law,
commitments to others, and the welfare of the majority. Ultimately, self-chosen, ethical
principles become the basis for moral choice at the highest principled stage of moral
development (See Appendix A for a complete description of Kohlberg’s stages).

The theory of moral development has been subject to several revisions as a result
of its initial validation studies which witnessed inconsistencies and raised further
questions (Kuhmerker, 1991). In an attempt to validate the basic assumptions of the
stage model and to address the earlier anomalies identified with stage definition, a 20
year longitudinal study was conducted by Colby, Kohlberg, Gibbs, & Lieberman (1983).
This study reanalyzed Kohlberg’s 1956-1968 longitudinal data and obtained subsequent
data on these original subjects from 1968 through 1976. The study was based on a new
scoring method, Standard Issue Scoring, which was based on a substantially revised
account of the stages and which omitted stage 6 because use of this stage had rarely been
evidenced in previous studies; and because the design of the dilemmas were not ideal for
making finer differentiations between stages 5 and 6.

The original sample included 84 boys that were stratified by three levels of age;
ages 10, 13, 16; and two levels of sociometric and socioeconomic status. Subjects were
tested six times at three to four year intervals throughout 20 years. These testing periods
included the original interview conducted in 1955-56 and five subsequent interviews,
with the last set of interviews completed in 1976-1977. Only those subjects who were interviewed at least twice were included in the final analysis. Thus, the final sample consisted of 58 males. All of these subjects had been interviewed a minimum of three times, with four interviews representing the maximum number conducted on any single subject. Each subject was interviewed on nine hypothetical moral dilemmas across three equivalent forms (A, B, C) of the Moral Judgment Interview. Scoring of interviews was done blind and a different rater scored each of the three forms.

An examination of reliability data found the instrument to be highly reliable. Test-retest, inter-rater, and alternate form reliability data were obtained through using the Moral Judgment Interview on a sample of 43 subjects using Form A, 31 subjects using Form B, and 10 subjects using Form C, ranging from age 8 to 28 years. The sample consisted of volunteer students representing several elementary and high schools, colleges, and universities in the Boston area. Testing was conducted in three one month intervals, with test-retest reliability for Forms A and B ranging in the high .90s. Scores ranged within one-third of a stage, three-fourths of the sample received identical scores using the 9-point scale, and one-half to two-thirds received identical scores using the 13-point scale. Inter-rater reliability ranged from .92 for Form C to .98 for Form A. Alternate form reliability was .95 for this test-retest sample and included a separate reliability coefficient of .84 for the longitudinal sample. In the longitudinal sample, alternate form reliability was .82 for Forms A and B was .84 for Forms B and C. There was strong evidence of internal consistency as Chronbach’s alpha coefficients were .92 (Form A), .96 (Form B), and .94 (Form C).
The results of this study provided support for the theoretical assumptions that stages proceed in an invariant sequence and that stages represent "structural wholes" or organized patterns of thought which predicts usage of a consistent logic or form of reasoning across a variety of issues. An invariant sequence implies that each stage is a prerequisite for attainment of the next higher stage and that individuals do not skip stages. These results indicated that despite the four year intervals between testing, no subjects skipped any stages. The frequency of downward sequences ranged from 5% to 7% for the longitudinal study which was less than half of the frequencies of the reversals evidenced for the test-retest sample. Therefore, the researchers attributed violations of longitudinal sequence to measurement error.

Internal consistency data indicated that all but 9% of the subjects showed evidence of a single stage or adjacent stage score. The mean percentage of subjects' use of moral reasoning at their modal stage ranged from 68% on Form A to 72% on Form B, with 99% usage when all three forms were combined. The evidence to support the assumption of "structural wholes" was also provided by the high alternate form reliability and Chronbach's alpha coefficients. Further, a factor analyses revealed the proportion of variance of the stage score far exceeded other factors. Thus, the researcher concluded "that moral judgment, as measured by Forms A, B, and C, and scored by Standard Form Scoring Manual, is a single, general domain" (p.46).

A final critical finding of this study was evidence of moral development in adults. Until this time, Kohlberg (Kohlberg & Kramer, 1969) supported Piaget's claim that development ended with adolescence. Given that stages 5 and 6 were found to emerge in adolescence, Kohlberg and Kramer concluded that "there was no new way of thinking
about the moral situations that was found in adulthood and not found in adolescence” (p.105). This study found a positive relationship, $r = .78$ between age and moral judgment stages. The proportion of subjects at stage 1/2 decreased from 47% at age 10 to 2% at ages 16 to 18, and after this age, no subjects scored at stage 2. Subjects ranging from 13 to 14 years of age largely scored at stage 2/3 with increases to stage 3 by age 18. Stage 4 did not appear before age 20, stage 4/5 did not occur before ages in the mid-twenties, and stage 5 occurred even later, from mid-twenties through the mid-thirties. However, none of the subjects reached stage 4 or higher without having either attended or completed college. Thus, there was a moderate relationship ($r = .54$) between moral stage score and education. The researchers concluded that earlier scoring systems were not able to properly discriminate among the similarities of moral judgments at stages 3, 4, and 5.

The results of this study need to be considered in light of the limitations posed by a limited number of all male subjects. Given the 20 year longitudinal span; history, maturation, and attrition also posed as potential threats to the internal validity of the study. Despite the fact that the researchers compared data of lost subjects to those subjects included in the study and added additional subjects to replace lost subjects in an effort to control for these effects, there could have been other significant differences between these subjects that influenced the results. The potential of such threats due to differences in selection by replacing lost subjects becomes more problematic given that IQ, sociometric, and socioeconomic data were not available for these subjects. Further, only using those subjects who were interviewed at least twice could have made this group
different in some way as compared to those who were not included due to having been interviewed only once.

Despite these limitations, the researchers concluded that the results were consistent with the basic assumptions of cognitive-developmental theory. Further, their results served to "validate the moral judgment stages as operationally defined in Standard Issue Scoring and to indicate that the Standard Issue System is a reliable and valid measure of moral judgment" (p.76).

Further validation for the Kohlberg’s theory of socio-moral development was evidenced in a cross-cultural longitudinal study conducted by Snarey, Reimer, and Kohlberg (1985). The sample included 92 Middle-Eastern Israeli adolescents who were both kibbutz- and city-born. The subjects were divided into four subsamples, with each subsample corresponding to a kibbutz cohort including those who were both kibbutz- and city-born. Subjects were interviewed in Hebrew by using Form A of the Moral Judgment Interview. Two interviews were conducted subsequent to the initial interview; one to two years later and again after five years.

Findings were later transcribed and were blindly scored by three expert raters using Standard Issue Scoring Manual. This scoring system yields a moral maturity score and a global stage score. The instrument was found to be a highly reliable and valid measure of moral judgment. Inter-rater reliability coefficients were .91 for the moral maturity score and .89 for the global stage score. Thus, it appeared that translation of the interviews did not significantly affect the reliability of the scoring.

The study provided support for the theoretical assumptions of invariant developmental sequence and "structural wholeness”. The regression occurrence found
(6.3%) was small enough to attribute to measurement error. There was no stage skipping evidenced. The data obtained showed gradual and consistent increases in moral maturity scores with age and age was found to account for 40% of the variance in scores. “Structural wholeness” was also validated as 83% of the cases evidenced reasoning at either one full stage or adjacent transitional stages. Positive and moderately high correlations (.745 to .442, p< .001) were found among the stage scores for each of the six issues that comprise the global stage score.

A further investigation was conducted to examine the relationship between moral reasoning and gender and cross-cultural particularities of these adolescents. A weak (r = .16 to .25) and non-significant relationship was found between gender and moral judgment. The data also suggested that the findings related to cultural specificity and moral reasoning were largely consistent with previous studies, although some differences did exist.

The researchers noted the limitation posed by the strict adherence to the scoring manual in evaluating moral reasoning scores as it was not sensitive in identifying the greater cultural emphasis on communal values, the preservation of social solidarity and collective happiness as post-conventional reasoning of the Kibbutz culture. As a result of this oversight, the researchers recognized the need to revise the scoring manual to accommodate these values.

Snarey’s (1985) meta-analysis examination of 45 studies, including 38 cross-cultural and seven longitudinal studies in 27 countries found similar results. His research validated that the assessment instruments were culturally-fair and easily adaptable to other countries. Further, the results showed trends of development proceeding in an
invariant sequence as stage skipping and regressions were rarely exhibited. Although the studies examined found evidence of all stages, post-conventional reasoning was rarely evidenced. This level of reasoning was found in Western and non-Westernized societies, but it was not found in tribal villages.

Snarey suggested that the post-conventional reasoning in the theory and the scoring procedures do not take into account other types of principled reasoning found in other cultures. In the cultures where post-conventional reasoning was not evidenced by the assessment measure, other types of principled reasoning related to collectivistic or communalistic principles were utilized in making moral judgments. More specific examples of such principles include: collective equality and right to happiness values of the Kibbutz; valuing all life, both human and non-human in India; Buddhist principles of cooperation and non-violence; collective utility and filial piety of the Chinese; and the principle of collectivism in New Guinea. Therefore, Snarey concluded that these types of principles were either missing in the theory or were misunderstood by the researcher. However, Snarey cautions that his methodological attempt to standardize the unevenness found in scoring procedures in the research data reviewed needs to be considered in the examination of his results.

Snarey’s research supports what others critics have suggested (Kuhmerker, 1991). Critics argue from a culturally relativistic position and assert that Kohlberg’s theory is inherently ethnocentrically biased. “They claim that moral development cannot be captured by any cross-culturally valid, one dimensional scale which reduces the rich variety of culturally structured moral experience to an arbitrary, inherently ethnocentric focus on the development of moral autonomy” (p.43).
Others such as Buck-Morss and Giarelli (cited in Giarelli, 1982) have criticized moral developmental theory on the grounds that it fails to consider the impact of our capitalistic society on providing individuals with the required opportunities and motivation required for cognitive growth. The theory also does not account for the types of social and political structures which provide the required supportive climate for cognitive developmental growth to occur. According to these critics, before all individuals can be provided with equal potential for cognitive growth, political and social reform are needed to ensure that equal access to resources and opportunities across all individuals.

Kohlberg’s theory of moral development has also been challenged by Gilligan (1982) who claims that gender bias exists in Kohlberg’s studies of moral development. Gilligan proposed that a “different voice” or orientation may be found at different stages of moral development and in different age groups. One particular voice is the “ethic of care” which reflects such themes as interpersonal relatedness and caring, empathy, and sensitivity to others. Women experience a different way of constituting ideas of self and morality. Thus, women’s moral perspectives are formulated within a different interpretive framework that include these conceptions of self, ideas of relationship, and notions of responsibility (Gilligan, 1986).

This voice, largely spoken by women, sharply contrasts to Kohlberg’s male-oriented justice reasoning which is more formal, differentiated, and abstract in nature. Thus, according to Gilligan, Kohlberg’s theory does not accurately represent women’s moral development. This misrepresentation results in lower scores on the moral reasoning assessment scale for women as compared to men.
Lawrence Walker (1984) conducted a traditional summary review and meta-analysis of research studies to investigate the validity of Gilligan's claim. Walker reviewed only those studies that utilized the Moral Judgment Interview and that examined sex differences in moral development. A developmental analysis of sex differences was used in response to Gilligan's claim that Kohlberg's later post-conventional stages exhibited the greatest potential for sex bias which suggests that sex biases would not appear until adulthood. Therefore, Walker divided his studies according to three developmental periods: childhood and early adolescence, late adolescence and youth, and adulthood.

Walker reviewed 31 studies representing childhood and early adolescence which included 2,879 subjects ranging in ages from 5 to 17 years. Sex differences were found to be infrequent, with only 6 of the 41 samples indicating significant sex differences favoring females. Walker concluded "sex differences in moral reasoning apparently are rare early in the life span and when they occur indicate more mature development for females although even these infrequent differences are relatively small" (p.681).

In examining adolescence and youth, Walker reviewed 35 studies that involved a total of 3,901 subjects who largely represented high school and university students. Only 10 of the 46 samples yielded sex differences. In contrast to the above findings, these occurrences favored male maturity, but differences were very small, usually only a half stage.

In reviewing adulthood, 13 studies were examined that included 1,223 subjects ranging in ages from 21 to 65 years. In comparison to the earlier two periods of development, occurrences of sex differences during this period were slightly more
frequent. Of the 21 samples reviewed, four samples revealed significant sex differences favoring men. Walker noted, however, that sex was confounded with either education or occupational differences. Overall, Walker concluded that “sex differences in moral reasoning in adulthood are revealed in only a minority of studies and even in those studies the differences tend to be small” (p.687).

Walker’s meta-analysis findings were consistent with his traditional review. Although there was a trend in a positive direction favoring the hypothesis that males were more advanced than females in moral reasoning, the pattern was not significant ($Z = .73, p = .23$, one-tailed). He noted that sex differences found in the earlier studies could represent measurement artifacts as these studies were conducted prior to the revisions of the scoring manual.

In response to criticism received on his 1984 review of studies, Walker (1986) conducted a reanalysis of the 11 studies in question by using the Mann-Whitney test which is considered more powerful in detecting differences in the types of data reviewed. Overall, these findings corroborated his earlier findings. Only one of the samples indicated a significant difference in moral reasoning by gender and a recalculation of the meta-analysis revealed that the change was minor (from the original $Z = +.73$ to $+1.06$, $p = .14$, one-tail).

Further support was found as a result of an extended review of studies of 152 samples involving 10,637 subjects. Once again, Walker found that 85% of the samples reviewed revealed non-significant differences in the majority of studies reviewed, with 9 samples favoring females and 13 samples favoring men. The meta-analysis similarly revealed that although the pattern was in a positive direction favoring men, the
differences found were non-significant (Z = +1.08, one-tailed, p = .14). The mean effect size was extremely small (Cohen's d = +.046) which suggested that sex explained only 1/20 of 1% of the variance in moral reasoning. Thus, while Kohlberg's theoretical validation data was based on longitudinal studies using only male subjects, evidence largely indicated that very few significant gender differences appear and that overall, "males and females are more alike than different in moral reasoning development" (Walker, 1986, p.525).

Rest (1983) has proposed an alternate view of moral stage development. In contrast to Kohlberg who proposed a "hard stage" model which focused only on the abstract operational aspects of moral reasoning structures (purged of all content), Rest proposes a "soft stage" model and contends that the fundamental organizations of moral thinking represent "different schemes of cooperation, that is generalized views of how people cooperate in social relationships" (p.587). According to Rest, stages reflect ways of describing: "the pattern of considerations that a subject highlights and considers crucial, how a subject balances and prioritizes the various claims of subjects, and the subjects' rationale for advocating one or another course of action" (p.587). Development is viewed as the gradual and progressive shifting of organizational ways of thinking and understanding about alternative cooperative relationships; and reasoning is considered contextual, exhibiting patterns of thinking reflective of different stages across different situations. Therefore, Rest proposes that individual assessment of moral development evaluate the extent that individuals exhibit various patterns of thinking under different circumstances.
The Defining Issues Test (DIT) (Rest, Cooper, Coder, Masanz, & Anderson, 1979) was developed in an attempt to obtain an easier, objective method of assessment of Kohlberg's six stage theory of moral development in contrast to the time-consuming method required by administering the Moral Judgment Interview and to assess the stage-prototypic statements that individuals most prefer to use in evaluating and formulating moral judgments. Thus, in relation to the DIT assessment, "the way a subject judges what are the most important issues over a number of moral dilemmas is taken to be an indication of his appreciation of different conceptual frameworks (or stages) for analyzing moral dilemmas" (Rest et. al., 1979, p.492).

The DIT has undergone extensive validation studies (Rest, 1983) which have confirmed the researchers' claim that the acquisition of cognitive structures is a gradual process witnessing increased probability of higher stage usage and decreased probability of lower stage usage as development proceeds. Rest claims that although the stages do represent qualitative differences, a quantitative analysis of thought organizations as they occur throughout the stages is also required.

Thus, although Rest's model is based on Kohlberg's theory of moral development, significant differences do exist in their conceptualizations of stages and scoring measures (Rest, 1986a). In contrast to Kohlberg's hard stage approach which suggests that each moral stage reflects a organized ruling system of thought consistent across all situations, Rest's soft stage concept suggests that a person can have and use thinking patterns reflective of various stages depending on contextual factors. Rest does not view development as moving "out" of a stage as did Kohlberg. Concepts of justice at each stage of Kohlberg's theory are based on formalistic structures of universality,
reversibility, and prescriptivity, and in Rest’s theory, concepts of justice are based on
different conceptualizations of how schemes of social cooperation can be organized.

Further differences exist between the scoring procedures of the DIT and the MJI. In completing the DIT, individuals are required to rank considerations utilized in making
their moral judgments and therefore, the DIT is considered a recognition task, whereas
the MJI requires spontaneous, self-constructed verbalizations in justifying their moral
judgments. Differences in the use of a “P” index (DIT), a continuous score reflecting the
percentage of principled-stage reasoning, versus a global stage score (MJI) contribute to
the DIT’s overestimation and to the MJI’s underestimation of individuals’ moral
developmental levels. Further, due to its measure of principled reasoning, the DIT can
not be used for persons younger than 12 years of age for it is weak in providing evidence
of stages 1 to 4. Conversely, the MJI is weak in providing evidence of the principled
stages 5 and 6.

In response to the many the critics such as Brainerd (1978) and Gibbs (1979) who
have criticized the hard stage theoretical basis of moral cognitive developmental theory,
Kohlberg reformulated his hard-stage conceptualization of the moral stages that emerge
in adulthood beyond the hard justice stages 5 and 6 (Levine, Kohlberg, & Hewer, 1985).
The theory was modified to include a soft seventh stage of moral development that
“delineates an orientation based on ethical and religious thinking involving a cosmic or
religious perspective” (p.96). Further, he has revised stages into A and B sub-stages to
differentiate between the formal characteristics and normative content used in defining
stages. “Some of the normative content used to define stages, especially in higher stages,
is now used to define a B sub-stage associated with each of these stages” (p.96).
Review of Selected Related Research

A review of the literature indicates that there is very little research specific to the moral development of counselors. It appears to date that Van Hoose & Paradise (1979) have been the first to even attempt to develop an assessment measure, the Ethical Judgment Scale (EJS), in an effort to examine the criteria used by counseling practitioners in making ethical decisions on highly charged, conflictive situations (Welfel & Lipsitz, 1984). However, limited empirical research on their five stage model, which corresponds to and is modeled after Kohlberg’s stages of moral development, has found questionable and weak validity and reliability (Doromat & Creamer, 1989; Welfel & Lipsitz, 1983).

One study (Welfel & Lipsitz, 1983) did, however, examine the relationship of moral reasoning to levels of training and experience on 63 volunteer students who were counseling majors in varying levels of educational training; from undergraduate (human development majors with an interest in pursuing counseling), beginning master’s level, advanced master’s level with internship experience, and graduating doctoral students. Students completed the Defining Issues Test (DIT) (Rest, 1983) and a biographical questionnaire. However, graduate students completed the DIT on their own time. The results evidenced from only 95% of the sample showed a significant difference between moral judgment scores and level of training, with increasingly higher scores as levels of training advanced. Mean DIT scores for the two master’s groups and the doctorate group were 51, 51.9, and 63, respectively. A low to moderate correlation was found between scores and levels of experience. Gender and grade point average did not show any correlation to scores.
The validity of this study is limited due to sampling and design problems. The small, non-random sample of volunteers from Boston University may not be representative of the target population or students at other institutional settings. This limits the generalizability of the study results. Further threats such as mortality and interactions between selection and testing, and selection and history limit its validity. Testing procedures were not standardized or administered consistently under controlled testing conditions for the graduate groups. This design flaw could have contaminated the results.

Despite the exploratory nature of the study, it provides a preliminary look at moral development in counseling students and shows that moral development can be fostered through attainment of more advanced levels of training and experience. Educators are also provided a first glimpse at the average developmental levels of at least one set of graduate counseling students which appeared to be comparable to those entering other professions (Welfel & Lipsitz, 1983). However, questions remain including whether levels attained by the counselor doctorate group are sufficient for making sound ethical decisions, and whether there are more effective ways that education and training can better facilitate the development of counselors’ moral reasoning skills. The impact of an effective ethics training program on moral development needs further exploration (Welfel & Lipsitz, 1983).

Zahner & McDavis (1980) examined the moral development of 176 volunteer professional and paraprofessional counselors and trainees. The sample consisted of three groups of professional counselors and trainees in the counselor education department at the University of Florida and three groups of paraprofessional trainees and counselors.
who were enrolled in the Human Services Aid Program at Sante Fe Community College. The groups were comprised of 29 professional and 35 paraprofessional trainees at the beginning of their program; 34 professional and 35 paraprofessional trainees ending their programs; and 28 professional and 25 paraprofessional counselors who were graduates of their programs. The professional and paraprofessional counselors had had at least one year of paid counseling experience.

Moral developmental levels were assessed by using the Defining Issues Test (DIT). The DIT was administered to the trainees during their class times and was administered to the counseling professionals and paraprofessionals individually or in small groups. By participating in this study the subjects were also meeting the criterion of assisting the senior author on finishing his doctoral work. Thus, the size of groups were enlarged (25-35) to minimize the effects of any biases.

The results found significant differences in moral development between the professional and paraprofessional institutional groups ($F = 54.517, p < .01$). No significant differences in moral development were found across training levels for either institutional group and no significant interaction effects were found between institutional groups and training level groups. Professional groups also had significantly higher mean scores (Total M = 31.3) as compared to the paraprofessional groups (Total M = 21.4) at $p < .01$. This trend was consistent across all levels of training.

The limitations posed by this study need to be considered in relation to the findings. The use of a volunteer, non-random sample of counseling students who were in part assisting in the completion of the author's dissertation research limits the generalizability of the study results. Further, threats of history and maturation could have
potentially effected the internal validity of the study as the two groups attended different institutions and as pertinent demographic and academic information were not obtained. Thus, the groups could also have been inherently different on other personological variables. The validity is also threatened due to the use of a non-standardized administration of testing across groups.

Despite these limitations, this study provides important implications for studying the moral development of counseling students in counselor education programs. The indications that more advanced levels of education is positively related to the moral development of counselors is promising in respect to this investigation. Even more significant were the findings that suggested that there were no significant differences in moral development found between the beginning and ending of counselor training programs at either level. These findings suggest that more deliberate curricula aimed at facilitating this growth are necessary. The researchers identified the need to study the effects of counselor education programs on the moral development of counseling students. As the researchers stated, “the therapeutic relationship must be accepted as only part of a truly effective counselor and that moral development is an important part of counselor effectiveness” (p.250).

Two studies (Bowman & Allen, 1988; Bowman & Reeves, 1987) support that premise that “higher is better” as they found that moral development was significantly related to counselors’ abilities to empathize after completing a facilitative skills development training program. Bowman & Reeves (1987) conducted a study designed to examine the relationship between counseling students’ level of moral development and their ability to empathize. Subjects were 44 master’s-level counseling students in
counselor education, educational psychology, and psychology enrolled in three sections of a 12 week counseling practicum in a facilitative skills development class. Thirty-five completed the study (29 women, average age 29.3 and 6 men, average age 30.8 years).

Students were pre-tested on the Defining Issues Test (DIT). The training model included explanation and exploration, demonstration and practice sessions with feedback, and audio- and videotaping with feedback of sessions. Students were required to complete three practice and one final tape for evaluation. At the end of the 12 weeks, two empathy measures were used to assess their ability to demonstrate empathy. Students’ written responses to a videotaped session of a client were rated by experimenters using the Empathic Understanding Scale (EU) and students’ final counseling tapes were rated by the faculty member who had taught the class. Raters were not aware of the DIT scores. Inter-rater reliabilities ranged from .88 to .91 on previous studies.

Results indicated that there was a significant relationship between DIT scores and the faculty member’s ratings of final tapes (r = .36, p < .05) and the judges’ ratings of the written responses to the videotape (r = .61, p < .001). The researchers suggested that the greater relationship found between the DIT scores and the written responses could have been due to the nature of the two tasks (i.e. responding to a videotape versus responding to a client in a live session).

A second study, conducted by Bowman & Allen (1988), found similar results in an examination of the relationship between empathy and moral development of 30 graduate counseling students enrolled in an introductory counseling course and who had no previous counseling experience. Students were pre-tested on the DIT. Mean DIT
scores ranged from 48 to 60 in Group 1 (8 women, 2 men; average age 30.1) and from 23 to 33 in Group 2 (9 women and 1 male, average age 26.9). All students received 10 weeks of facilitative training and were required to produce three practice tapes and a final counseling tape for evaluation. Tapes were evaluated by two professors in counselor education using the EU. Inter-rater reliability for 20 audiotapes was .91. The raters had no knowledge of the DIT scores.

Evaluations revealed a significant difference between the empathy ratings of the two groups (t = 1.87, p < .05, one-tail). These results supported the prediction that trainees at high levels of moral development (M = 2.196) would obtain significantly higher empathy ratings than trainees at lower levels of moral development (M = 1.895). The researchers concluded that the “data support the possibility that moral development level has the potential to influence the degree to which trainees can benefit from facilitative skills training” (p.145).

Despite the limitations posed by the small, select, non-representative samples of these two studies, these results support the theoretical assumption that role-taking ability is critical to the development of successfully higher levels of moral development (Kohlberg, 1969, 1975). Thus, these studies lend support for the need of counselor education programs to design appropriate instructional methodologies aimed at promoting the role-taking abilities and moral development of counselors.

**Promoting Moral Growth**

“Moral development is the reconstruction of role-taking in one’s world and the re-conception of justice in more responsive ways “ (Kohlberg & Wasserman, 1980, p.563). This reconstruction is an attempt to reach equilibrium by accommodating one’s
own moral structures when confronted with unfamiliar structures of social and moral situations. According to Kohlberg, promoting moral growth is achieved by providing significant challenges to individuals that facilitate their ability to take a new perspective or role in examining their social environment. Kohlberg theorized that as individuals are exposed to other perspectives at high levels of moral reasoning, they experience cognitive conflict which casts doubts about the adequacy of their original position and thus, activates the restructuring process (Hersh, Poalitto, & Reimer, 1979).

Kohlberg advanced his philosophy through examining the effect of moral discussions and role-taking opportunities within schools in an effort to promote the moral growth of children (Kohlberg & Wasserman, 1980). According to Kohlberg, effective moral discussions are based on three conditions:

1) Exposure to the next higher stage of reasoning;
2) Exposure to situations posing problems and contradictions for the child's current moral structure, leading to dissatisfaction with his or her current level;
3) An atmosphere of interchange and dialogue combining the first two conditions, in which conflicting moral views are compared in an open manner (p.563).

Several studies (Kohlberg & Wasserman, 1980; Kuhmerker, 1991; Hersh et al., 1979) are cited in the literature that provide supporting evidence of the effectiveness of moral discussions in promoting the moral growth of children. For example, one study conducted by Blatt & Kohlberg (1975) examined the effects of moral discussions of hypothetical moral dilemmas with junior and senior high school students. Post-test scores at the end of the semester showed significant upward change in moral development scores as compared to the control groups. This study provided further
support of an earlier study by Blatt (1969) who found that utilizing moral discussions over a 12 week period with a sixth grade Jewish Sunday school class advance their moral reasoning one full stage.

Several studies (Rest & Narvaez, 1994) have explored moral development across diverse populations including students, nurses, accountants, medical students, and dentists, and outcomes have shown gains in moral development as a result of various kinds of educational interventions. Gains in moral development have also been found to be associated with more ethically competent behavior. However, there is a paucity of research that examines the effects of an educational intervention of moral development of counseling students within a professional ethics course.

A review of the literature cited studies (Schlaefli & Rest, & Thoma, 1985; Self, Baldwin, & Olivarez, 1993; Self, Baldwin, & Wolinsky, 1992; Strom & Tennyson, 1989) that utilized a variety of intervention approaches including the use of moral discussions, reflection and dialogue, and journaling to promote moral development across various groups of students. These studies bear direct relevance to this present investigation. At a broad level, Schlaefli, Rest, and Thoma (1985) conducted a meta-analysis of 55 intervention studies that measured moral development as measured by the DIT. These studies included students at various levels of education, from high school to graduate level students, as well as adults from diverse types of programs such as psychological development programs and humanities to moral discussion groups.

Overall, the power of treatment effects were significant as compared to control groups, but results were in the small range. The aggregate results indicated that treatment effects most strongly impacted adults, ages 24 and older. Moral dilemma discussions and
personality or Deliberate Psychological Educational (DPE) programs were found to have significant, modest to small effect sizes, and to have made the greatest impact on moral judgment scores. However, dilemma discussions were found to be the most effective. Academic courses such as humanities and social studies did not seem to make any impact on moral judgment scores. Treatment durations for less than three weeks were not effective, and while treatment durations from 3-12 weeks were more effective, treatment interventions that were more than 12 weeks were not any more effective than those from 3-12 weeks. Finally, researchers concluded that exposure to Kohlberg's theory was related to treatment effects, with those types interventions providing exposure to his theory evidencing effect sizes twice as great as those in groups with no exposure.

These aggregate results need to be considered in light of the limitations posed by meta-analyses. Many of the studies had methodological and design shortcomings such as use of non-random samples, use of extremely small samples, inconsistent use of controls for pre-test effects, and use of extremely short intervention durations, and exposure to Kohlberg's theory that could have had the potential to contaminate results. Other studies did not provide sufficient detail.

Only one study (Strom & Tennyson, 1989) was cited that examined the effects of a 10 week ethics training intervention to promote moral development in counselors. The intervention utilized a combination of strategies which included five independent learning modules focused on significant ethical problems; critiquing, reflecting, and evaluation processes; and dialogue and discussion. The procedures for pre- and post-testing, however, were not clear. Researchers stated that a pre- and post-test evaluation was conducted on this methodology at a later time and results indicated gains in moral
sensitivity, but no gains were found on moral judgment scores. They did not provide any statistical data. Thus, it is difficult to make any definite conclusions from this study.

Similar studies (Self et al., 1993; Self et al., 1992) have examined the effects of ethics training on the moral development of medical students. Since medical students are classified similarly as counselors (i.e. as helping professions) then it would be reasonable to assume that they encounter similar types of ethical problems and aspire to uphold similar ethical principles. Therefore, a review of these studies could bring relevance to the effects of ethics training on counselor moral growth.

Self, Baldwin, and Wolinsky (1992) provided a two-quarter long course in ethics to a first year medical school class of 48 students at Texas A&M. A comparison group was utilized which included 111 first year veterinarian students (n = 111) who did not receive an ethics course. Groups were similar in age, gender, and academic ability. Students were pre- and post-tested on the DIT. The course was offered for two hours per week for total of 44 hours of instruction. The first half of each class was a lecture format followed by small group case work studies (similar to moral discussions) and discussion on pertinent ethical issues. Students were also required to keep a values journal to promote self-reflection and to read books related ethical principles and ethical and philosophical issues.

Results from completed data on 93 (39 medical & 54 veterinarian students) of the 159 students indicated that there were significant differences between DIT post-test scores of the two groups, with those students who had received training scoring significantly (p < .0005) higher (M = 54.87) than those who did not receive training (M = 45.31) and achieving the most gains in scores from the pre-to the post-test (p < .0002).
No significant differences were found in pre-test scores. Pre- to post-test DIT scores indicated that for the experimental group the percentage of their responses that utilized principled reasoning went from 47.28% to 54.87% (+7.59) as compared to pre- to post-test percentages of 45.69% to 45.31% (-.38), respectively, in the control group. The potential of sampling bias due to the sampling methodology utilized, however, limits the generalizability of the results to other target populations, academic majors, and institutional settings. Mortality due to incomplete data on 66 students also threatens the validity of the study results.

Self, Baldwin, and Olivarez (1993) conducted a similar intervention by using film discussions to promote moral development of 85 first year medical students at the same university. Two experimental groups were formed in which one group of 48 students was provided an elective class on social issues in medicine for one quarter and another group of 37 students who were offered the same elective spread over two quarters. A comparison group of 29 students did not receive the course. Student were pre- and post-tested on the DIT. Groups were similar in background and age. Results showed significant (p < .045) differences between post-test scores of the experimental group with the two quarter course duration (M = 56.40) and the control group (M = 47.68) only; and between pre-test scores of the comparison group (M = 43.65) and the group with the two quarter course duration (M = 50.22). Within group comparisons showed significant gains between pre- and post-test scores for the one quarter course (M = 6.23, p < .002) and two quarter course (M = 6.18, p < .007) experimental groups. The generalizability of the results is limited due the use of self-selective volunteer medical students at one
university. Given that they elected to take this course could mean that differences may be due to motivational factors or other underlying characteristics in this select group.

The results of a more recent longitudinal study (Self & Olivarez, 1996) are promising as it was found that the increased level of moral reasoning skills of first year medical students obtained through their course in medical ethics were retained throughout their four years of medical education. This study examined the retention of moral developmental levels of 97 medical students who had participated in a previous study (Self et. al, 1992), described above, that investigated the effects of a didactic/lecture approach in conjunction with the use of moral discussions through small group casework studies, journaling and reflection, and readings on philosophical issues on the moral development of first year medical students.

The students were tested five times over a four year period. However, the number of students who completed the DITs at each administration differed; with only 25 of the 97 students participating in all five administrations. 80% of the students completed the DIT on three or more testing periods. The results indicated that while there were no significant differences found between mean DIT post-test scores obtained in their first year and mean scores obtained consecutive years or in their fourth year, mean post-test scores remained stable from the first year to fourth year of their education: first year post-test: M = 55.29; fourth year test score: M = 59.43.

Once again, these results need to be considered in light of their limitations as they represent findings on a small number of medical students at one university. Further, not all students participated in subsequent testing. Therefore, mortality of students could have served as a confounding variable in the study results.
Despite the limitations of the above intervention studies, these studies can assist educators in developing curriculum designs that are most effective in promoting moral development. Although treatment effect sizes were moderate and small, the data presented suggests the use of dilemma discussions and a psychological development approach in a professional ethics program would be the most effective in promoting moral development of graduate counseling students (Schlaefli et al., 1985). Utilizing film discussions, small group casework, journals, and supplementary reading appear to also be effective strategies in facilitating moral development (Self et al., 1993; Self et al., 1992).

The indication that interventions aimed at promoting moral growth are effective in adults age groups such as those of graduate level counselors provides not only a sense of optimism, but justification for utilizing specific types of interventions to promote psychological growth in counselors. Even more promising were the results that indicated that increased levels of moral development, once obtained, can be retained over a four year period of higher education.

**Moral Judgment Versus Moral Action**

Given the fundamental cognitive-developmental assumption that higher cognitive stages are better, the question related to how moral judgment affects behavior is most critical in the examination of moral development. Kohlberg (1975) recognized that mature moral judgment, alone, is a necessary, but not a sufficient condition for higher mature forms of moral behavior. "One cannot follow moral principles if one does not understand (or believe in) moral principles. However, one can reason in terms of principles and not live up to these principles" (p.672).
Kohlberg’s claim was demonstrated in a study that he conducted with Krebs to examine the relationship of students’ cheating behaviors to their levels of moral reasoning (as cited in Kohlberg, 1975). The results indicated that 15% of students at the principled level of reasoning cheated suggesting that factors other than just moral reasoning attributed to this behavior. He postulated that other factors involved in this process include the context of the situation and related pressures, individuals motives and emotions, and “sense of will or “ego-strength.” Despite these findings, Kohlberg claimed that while other factors are influential in moral behavior, moral reasoning is the most important influential factor in moral behavior and is irreversible suggesting that higher mature forms of moral reasoning are more stable and enduring as compared to moral action which is influenced by the context of different situations experienced.

Several hundred studies have addressed the issue of the relationship of moral judgment to moral action Blasi (1980) and Rest (1983, 1986a, 1994). Overall, the studies reviewed revealed a moderate relationship (average correlations 0.3 to 0.4) between moral judgment and hundreds of measures of behavior (Rest, 1994). Other studies cited in Rest & Narvaez (1994) found further evidence that higher levels of moral reasoning are associated with moral competence across diverse professional groups such nurses, accountants, and medical interns. Positive relationships were found between DIT scores and fraud detection in accountants (Ponemon & Gabbart, 1994), clinical performance of nurses (Duckett & Ryan, 1994) and medical interns (Self & Baldwin, 1994) and school teachers’ professional performance (Chang, 1994).

Blasi (1980) conducted a meta-analysis to examine the relationship between moral reasoning and moral action. He reviewed over 70 studies that investigated the
relationship of moral reasoning to a variety of behaviors including delinquency, real life, honesty, altruism, and resistance to conformity. The results of this review indicated that 78% of the studies offered support for the hypothesis that there is a positive relationship between moral reasoning and moral action. This claim was most strongly supported in the relationship between moral reasoning and delinquent behavior and resistance to conformity. Less support was found for the relationship of moral reasoning to honesty and altruistic behaviors.

As Blasi cautions, these results need to be considered against the methodological differences across the studies related to differences and inadequacies of measurement instruments and scoring procedures, as well as to conceptual misunderstandings of cognitive-developmental theory. Despite these limitations, these findings do suggest a relationship does exist between one’s level of moral reasoning and one’s behavior.

Research has indicated, however, that reasoned moral judgments, alone, are necessary but not sufficient in proceeding with corresponding moral action (Rest, 1984; 1986a; Rest & Narvaez, 1994). Rest’s four component model of moral behavior proposes that moral action is based on a combination of four psychological processes: (1) moral sensitivity: ability to recognize and interpret that a particular situation is a moral one and to role-take and understand potential consequences of actions on all relevant parties, (2) moral judgment: ability to make judgments from alternative courses of action according to what is morally right or wrong and to assess the strength of diverse moral opinions, (3) moral motivation: an awareness of individual prioritization of values, and (4) moral character: ability to persevere and proceed with a chosen course of action and to alter self-regulative processes and to overcome obstacles and difficulties.
According to Rest, moral behavior is viewed as a result of interrelated cognitive, affective, and behavioral processes delineated in his model rather than the result of a unitary or linear process. The interactions of these components represent the "major units of analysis in tracing out how a particular course of action was produced in the context of a situation" (Rest, 1986, p.5).

In consideration of this model, Rest and his colleagues decided to study morality and moral decision-making in the real life context of health professionals. One advantage noted by utilizing health professionals (doctors, nurses, dentists, etc.) was that decisions about various "issues that arise in their work will often involve reflective, deliberate reasoning that the person can articulate and explain ... [and] many of these decisions are arrived at in terms of how well the person can defend the decision and produce justification (Rest, 1986, p.21). Further, decisions made by these professionals are viewed as having less conflict between self-competing interests and deciding on the "right" course of action to take. Thus, the consideration of the impact of Component 3 (moral motivation and prioritization of values) becomes less of a significant factor in the decision-making process.

The greatest amount of research conducted on Rest's model has been done by Bebeau (1994) in the dental profession. Overall, research conducted by Bebeau and her colleagues has provided evidence for the first three components of Rest's model: moral sensitivity, moral reasoning, and moral motivation or commitment. Their research has shown that each of these components can be reliably assessed and that students and practitioners vary greatly in abilities relative to these three processes. Abilities in one or more of these processes does not always consistently predict competence in the other.
components. The findings "not only support Rest's contention that moral failings can result from deficiencies in any one of the processes, but support the importance of attending to each of these processes when designing curriculum" (p. 138). Future research is needed to further validate these findings and to assess component four and the interactions of all four components on moral behavior (Rest, 1986; 1994).

In consideration of this model, it appears that the interaction of several cognitive and affective processes are involved in one's ability to first recognize and decide on a course of action and then to have the ability to sustain the effort that it takes to proceed with a moral course of action. Thus, it logically follows that differences in development in these types of processes impact one's moral judgments and actions. Conceptual systems theory (Harvey, Hunt, & Schroeder, 1961; Hunt, 1971; Miller, 1981) provides a relevant framework within which to further examine the effects of conceptual development on these processes.

**CONCEPTUAL SYSTEMS THEORY**

A conceptual system is defined as "...schema that provides the basis by which the individual relates to the environmental events he experiences" (Harvey et al., 1961, p.244-245). The theory describes how individual differences in social cognition, organizational ways of processing information, and conceptualizations of self and self-other interpersonal relationships translate into behavioral responses. Conceptual systems coordinate both situational factors (environmental pressures or training conditions) and dispositional factors (present personality organization; stage of operation) in activation of the individual's processes in formulating a resolution or response.
This four stage theory describes the development of cognitive functioning levels as developing along a continuum starting from a level of concreteness and proceeding to higher integrated and more complex levels of abstraction. As individuals proceed along this developmental continuum to higher levels of conceptual complexity, they respond in less concrete, stereotypical, uni-lateral, and externally-based ways by developing more reliance on internal causative factors; and increasingly greater levels of ability, flexibility, and creativity in evaluating response alternatives; tolerance for stress and ambiguity; and self-awareness and empathetic understanding of others.

Hunt (1971) re-conceptualized the conceptual levels of developmental subsequent to conducting considerable research in conceptual complexity. Hunt (1975) defines a person’s conceptual level as “a person characteristic, indexing both cognitive complexity (differentiation, discrimination, and integration) as well as interpersonal maturity (increasing self-responsibility)” (p.218). Hunt’s modified conceptual model consists of the following four stages of conceptual levels of development.

**Stage- 0.0**: Individuals are characterized as unsocialized, resistant to and avoidant of external imposition. Information is processed in a very simple and concrete manner and ambiguity cannot be tolerated.

**Stage 1.0**: Individuals are now more concerned with behaving in socially acceptable ways. Information is processed in dichotomous (right-wrong; good-bad) categories.

**Stage 2.0**: Individuals begin to question and challenge absolutes and are more open to other ideas. They are more concerned with their thoughts and feelings and
are striving for independence. There is a greater tolerance for ambiguity as uncertainty increases.

Stage 3.0: Individuals achieve interdependence between self and environment and obtain a clearer understanding of one’s self. Persons also exhibit a selective openness to external imposition and an avoidance of dependency.

A longitudinal study conducted Khalili and Hood (1983) provided support for earlier validation studies that included only children and school-aged youths and adolescence. This study marked the first attempt to examine changes in conceptual development of college age students during their college years. Subjects included a random sample of 169 college freshman attending the University of Iowa.

Students were administered the Paragraph Completion Method (PCM) (Hunt, Butler, Noy, & Rosser, 1978) during their 1977 summer orientation. Eighty-five students (one-half of the original sample) were randomly selected to be re-tested during the second semester of their sophomore year (March, 1978), but only 38 subjects (20 males; 18 females) were re-tested. At the end of the senior year, 76% of the 101 original students who remained at the university were re-tested for a final time and were asked to complete a demographic questionnaire to obtain information about student life during their four years. Scoring was done by two experienced raters, who obtained inter-rater reliabilities ranging from .68 to .78. A sample of the completed tests were also sent to Hunt’s staff to be rated and then compared with the ratings of the study.

The results indicated that the college students exhibited a statistically significant (range p<.001 to p<.05) and substantial increase in conceptual development after four years of college. The average growth between the freshman and senior years was one-half
of a stage. Students' entry level stages largely ranged halfway between the first and second stages; and exiting stage levels primarily ranged from mid-way of the first stage to slightly above the second stage. However, the greatest change was witnessed between their freshman and sophomore years during which they increased one-fourth of a stage. This growth was equivalent to the total amount of growth exhibited during the three year period between their sophomore and senior years. No significant gender differences were found after the initial testing.

The researchers also examined the relationship between conceptual level and persistence, college experiences, and academic majors. There were no significant differences found between the pre-test scores of those students who had left the college prior to their senior year and those students who completed their senior year. Changes in conceptual development were not significantly related to the type of student residence, the extent of extra-curricular activities, academic major, or self-reported commitment to career choice, marriage, and religion. However, students who reported a definite commitment to politics were found to have significantly higher conceptual level scores on the final retest as compared to those students who did not report this type of commitment.

The results of this study should be considered against its limitations. Inter-rater reliabilities showed only "considerable consistency in the ratings, but less than perfect agreement" (p.390). Non-standardized retest administrations could also have served as threats to the study as re-testing was individually or group administered and was conducted in different locations and at different times. Further, effects of attrition could have threatened the results of the study. Although the researchers compared pre-test
scores of those who dropped out of college with those who remained in school, the students who left school could have been different on other variables than those who completed school. This potential difference could have affected the follow-up test scores.

Miller's (1981) summary of findings of over 60 studies involving students and adults provide further validation of Hunt's conceptual systems theory. Overall, Miller found that individuals at high levels of cognitive complexity exhibited significantly more empathy and internal locus of control; greater use of interpersonal and nondirective styles and autonomy; longer decision latencies; reduction in prejudice; and enhanced communication and information processing skills than individuals at lower levels of cognitive complexity. Miller's review also supports the assumption that higher levels of cognitive complexity reflect more adaptive and flexible interpersonal and cognitive abilities.

The basic assumptions of conceptual systems theory would suggest that promoting conceptual development of counselors would enhance their ability to choose and evaluate among competing ethical claims, to better understand themselves and the consequences of their actions on others, to tolerate the ambiguity presented by ethical conflicts, and to cope with any environmental pressures that could impact their course of action. In essence, these processes largely represent those proposed in Rest's four component model of moral behavior. Five studies (Bruch, Heisler, & Conroy, 1981; Bruch, Juster, Heisler, 1982; Holloway & Wamphold, 1986; Holloway, & Wolleat, 1980) merit particular attention for they illustrate how higher levels of conceptual development
could facilitate one’s ability to make ethically competent decisions and provide further validation of the theory and of the premise that higher conceptual growth is better.

At a broad level, Holloway & Wamphold (1986) conducted a meta-analysis of eight studies that examined the relationship between a counselor’s conceptual level (CL) and performance on a variety of counseling tasks. Tasks identified included ability to label and rate client affect, to respond empathetically to clients, to formulate clinical hypotheses of high quality, and to remain assertive in situations requiring assertive behavior. Overall, the results found a significant positive relationship between counselor conceptual level and performance on counseling-related tasks (mean effect size of CL = 1.06; r = .38). Higher CL counselors performed better on a variety of tasks than those counselors at lower levels of CL.

The validity of these results should be considered in regard to the effect size of CL in relation to moderating variables that correlated to CL in excess of r = .30. The effect size of CL was negatively correlated to ecological validity (r = -.47) and to quality of design (r = -.48); and positively correlated with population (r = .73) and instrumentation (r = .41). Effect sizes for CL were greater for counseling students in training than for undergraduate counseling students and for those studies that used standardized measuring instruments in comparison to studies that used unique instruments. Despite these findings, the study does provide evidence that higher levels of conceptual complexity enhance counseling students’ performance on a number of perceptual tasks within complex and ambiguous situations.

The skills examined in the following study (Holloway & Wolleat, 1980) would be similar to ways counselors would utilize, evaluate, and integrate relevant information.
in making decisions about situations involving ethical conflicts. In this study, 37 first semester counseling and guidance students were used to examine the relationship between conceptual level and ability to utilize greater pieces of information in formulating clinical hypotheses. Students completed the Paragraph Completion Method (PCM) (Hunt, Butler, Noy & Rosser, 1978) which measures cognitive complexity. After having watched a five segment videotape of an initial counseling session, students then completed the Clinical Assessment Questionnaire (CAQ) which elicits information about the counselors' hypotheses regarding a client's problem.

Trained professional counselors and counselor educators rated the CAQ to assess each student's ability to formulate clinical hypotheses against each of the following information-processing and clinical judgment categories: elements of understanding, time frames utilized, numbers of instances used to support conclusions, categories of information used and sought, as well as numbers and types of divergent questions used. An overall subjective rating that was reflective of all of the variables combined was also determined. Interrater reliabilities ranged from .852 to .948 for the different categories of the CAQ and .649 for the overall category.

Significant, positive relationships were found between conceptual level and the overall rating of quality and clarity of expression in formulating and validating their hypotheses (p< .002) and numbers of types of divergent questions utilized (p< .004). Amount of information used and types of information sought showed trends toward significance. The researchers suggested that although the relationships to other variables did not reach significance, students' abilities on these variables were reflected in the overall ratings. Therefore, effectiveness exhibited in using these variables were essential...
to the quality of the clinical hypotheses formulated. Amount of experience was not a significant factor in the differences between the ratings.

The results of this study need to be considered in light of its methodological limitations which include potential sampling bias and limited generalizability due to the small, select sample of counseling and guidance students combined with the lack any type of comparison group. Further, the validity of the overall ratings is questionable due to the subjective measure used even though an inter-rater reliability coefficient of $r = .649$ was found.

The relationship between conceptual complexity (CC) and assertive behavior was explored in two consecutive studies utilizing students enrolled in an introductory psychology course (Bruch, Heisler, & Conroy, 1981). These studies and the following study (Bruch, Juster, & Heisler, 1982) are particularly relevant to the moral sensitivity, moral motivation, and moral character components in Rest's model of moral action. In the first study, a total of 54 students, who had participated in an earlier study of assertiveness, were divided into three groups of varying CC levels (high, moderate, and low) as assessed by scores on the PCM.

Students were administered several assertive and cognitive processing measures that assessed competent assertive behavior and types of positive and negative self-statements used in response to a taped stimulus person whose situation required assertive behavior on the part of the students. The instruments included the Assertiveness Knowledge Inventory (AKI) which tests content knowledge unaffected by stress factors; the Hypothetical Behavior-Role Playing Assertion Test (HYPO) requiring subjects to only model good assertive oral responses to show friends what to say; the Reduced
Behavior Assertion Test (RBRAT) requiring subjects to make direct and immediate oral responses to the taped stimulus persons; and the Assertiveness Self-Statement Test (ASST) which asks subjects to evaluate the degree of how negative and positive self-statements reflected their thoughts during the RBRAT. Interrater reliabilities for assessing dependent measures ranged from .72 to .97.

Results indicated that students in the low CC group “appeared deficient on measures of content knowledge, oral delivery skill, and incorporation of important interpersonal obligation statements” (p.379) as this group obtained significantly (p < .05) lower frequencies of assertiveness (F = 5.45, RBRAT) and obligation statements (F = 4.30, HYPO; F = 3.79, RBRAT) in comparison to the other groups. Obligation statements were defined as those statements that reflected consideration or empathy for persons involved in the situation. High CC students were found to report a significant lesser frequency of negative self-statements and maladaptive cognitions while responding to situations requiring assertive behavior (F = 6.84, p < .01).

These researchers extended their investigation in another study conducted on 28 female volunteer students. Subjects were administered the PCM and were divided into two groups of conceptual complexity (CC): high CC group (PCM score, M = 2.33) and low CC group (PCM score, M = 1.38). Subjects were assessed on their responses to behavioral role-play assertion tests consisting of six situations involving demands from various target persons such as close friends, boyfriends, or parents. These demands contradicted the students’ desires and needs. Two other role-plays involved extended interactions in which target persons persisted in forcing their demands on the student. Instruments used included three types of the College Women Assertion Test (CWAS):
simple (CWAS-S) in which situations dealt with a stranger or roommate; difficult
(CWAS-D) in which situations dealt with a close friend, boyfriend, or parent; and
nonassertive (CWAS-NA) in which situations warranted a submissive response.

Interrater agreement percentages were 90% (CWAS-D), 80% (CWAS-S), and
81% (CWAS-NA). Interrater reliabilities for intraclass interactions were .98 (CWAS-D),
.96 (CWAS-S), and .92 (CWAS-NA), with an average .92 for the extended interactions.
Results showed that high CC students, in contrast to low CC students, exhibited
significantly more types of assertive behavior in difficult situations (t = 2.11, p < .05) and
were more capable of maintaining an assertive position despite persistent challenges and
demands from target persons (x2 = 3.89, p < .05). High CC students also exhibited a
significantly greater frequency of obligation statements while formulating their responses
to the target persons in difficult situations (t = 2.40, p < .05). Researchers concluded that
the cognitive process associated with the high CC students contributes to their ability to
weigh and evaluate alternative courses of action while simultaneously maintaining a
sense of their own best interests in reaching solution to problems posed by others whom
they relate to with consideration and regard.

The conclusions of the above studies, however, should be considered in regard to
limitations posed by the methodological design that could threaten their validity.
Generalizability of these results are limited due to the small, select sample of students
from a course in educational psychology, with only female students used in the second
study. Use of a sample previously assessed in an earlier related study could have pre-
sensitized the students used in the first study. Further, role-play responses could exhibit
differences when students are required to respond to similar, “real life” situations.
Another study (Bruch, Juster, & Heisler, 1982) found that high CC individuals responded to situations involving social rejection and academic failure significantly more competently than low CC individuals through use of more internal causative attributions ($F = 5.58$, social rejection; $F = 11.39$, academic failure; $p < .05$); more appropriate thought content, and less dysfunctional thinking as evidenced by use of more positive versus negative self-statements ($F = 11.40$, social rejection; $F = 12.41$ academic failure; $p < .05$). Overall CC Group X Scene Interactions revealed that high CC students also exhibited significantly less negative mood states of depression ($F = 4.82$, $p < .05$) and hostility as compared to low CC groups ($F = 8.89$, $p < .01$). Subsequent inspection revealed that more group differences were found for the academic scenes than for the social scenes.

This study was conducted on 48 paid male (24) and female (24) volunteer students enrolled in an introductory educational psychology course. Students were divided into high CC ($M = 2.33$, females; $M = 2.10$, males) and low CC ($M = 1.33$, females; $M = 1.41$, males) groups as assessed by scores on the PCM. Subjects were asked to first visualize a neutral scene and then scenes involving social rejection and academic failure. Assessments of attributions, self-and task statements, and changes in negative affect were obtained as measured by an attribution questionnaire, Craighead's model of assessing content of self-statements, and the Multiple Adjective Affect Adjective Checklist (MAACL), respectively.

The researchers suggested the possibility that complex cognitive structure facilitates an individual’s ability to make more appropriate initial evaluations and appraisals of such stressful situations and to seek more information regarding such
situations in ways that are less debilitating or dysfunctional. Results of this study are again limited in the extent to their generalizability due to sampling methodology. Researchers did not control for relevancy of these situations to the students in the sample which could have differentially impacted on their responses. Once again, students may respond differently when confronted with similar, “real life” situations.

Despite the limitations of the four studies described above, they support the initial assumptions made regarding the benefits of higher levels of conceptual development to counseling students’ abilities to engage in ethical behavior and provide justification for further exploration in promoting conceptual development in counseling students in an attempt to facilitate their professional ethical competence. The types of variables assessed in these studies are similar to the various adaptive cognitive processes that would enable counselors to formulate competent ethical decisions, to tolerate the ambiguity posed by many ethical dilemmas, and to maintain an ethical stance by possessing a greater ability to overcome potential pressures that could be experienced due to conflicting standards and principles or to conflicting claims of others in relation to one’s perceived best ethical interests and courses of action. In essence, these processes are reflective of those that contribute to moral behavior as proposed in Rest’s (1984) four component model of moral action.

**Conceptual Matching Models: Promoting Conceptual Growth**

Hunt’s (1971) conceptual matching models approach is based on the Lewinian formula \( B = f(P, E) \); behavior is the function of the interaction of the person and the environment; or as defined from the interactionist position of conceptual systems theory, “the complexity of behavior is seen as a function of the level of conceptual development
of the person and the structural complexity of the environment” (Miller, 1981, p.40).
Harvey & al.(1961) describe social environments according to three dimensions
(unilateral-interdependent, reliable-unreliable, and protective-informational) which
provide the basis of four types of environments: (1) reliable- unilateral (consistent
imposition of externally environmental types), 2) unreliable-unilateral (inconsistent
demands to conform to external rules), 3) protective- interdependent (cooperative
development of and understanding of social rules), and 4) informational- interdependent
(independent exploration of social processes within flexible limits).

The conceptual matching models approach as defined relative to educational
settings (Hunt, 1970, 1971, 1975) consists of four aspects which correspond to Lewin’s
B, P, E, and P-E interaction, respectively: (1) desired change (educational objectives),
(2) conception of the person (learner characteristics), (3) conception of the environment
(educational approaches), and (4) conception of the interactive process between person
and environment (theory of instruction) (Hunt, 1970, p. 74). Within the matching models
approach, a “match” refers to a particular person-environment interaction. Hunt
conceptualized two types of matching strategies: a contemporaneous match which
satisfies the learner’s environmental needs and allows the learner to utilize currently
available skills; and a developmental match which provides a slightly challenging
environment and requires the learner to adapt by developing new concepts and strategies.

To promote conceptual growth, a matching-mismatching approach is utilized to
provide appropriate levels of support and challenge by varying the degree of structure or
organization of the learning environment. The model proposes the behavioral outcomes
are differentially affected by learner-environment matching conditions. According to
Hunt, optimal learning environments (contemporaneous matches) are ones that are designed to meet the learning styles relative to conceptual levels by appropriate degrees of structure and guidance. The inverse relationship between conceptual level and degree of structure defines the optimal learning environment: learners at low conceptual levels benefit more from a high degree of structure and learners at high conceptual levels benefit more from low degrees of structure or are less affected by any variations in structure. To foster conceptual growth, developmental or mis-matching strategies are utilized by providing appropriate levels of support and challenge through gradually decreasing the degree of structure relative for learners at low conceptual levels and by providing greater and more challenging opportunities for independent learning for learners at high conceptual levels.

A review of the literature provides empirical support for the conceptual level matching models approach. Hunt (1970) cites several studies that examined the relationship between conceptual level and degree of structure of classroom instruction on various populations of school-aged including culturally disadvantaged high school students. In these studies, low CL was defined as scores on the PCM ranging from 1.0 to 1.4 and high CL was defined as scores on the PCM ranging above 1.8. Overall, results indicated that students at lower levels of CL performed better in more highly structured environments and while students at high levels of CL were less affected by differences in the degree of structure provided, they performed better when a more flexible instructional approach was utilized. Miller's (1981) review of 29 studies examining these same effects of degree of environmental structure relative to conceptual level on performance corroborate the above findings. The populations used in these studies
included a diverse range of students from elementary to high school, up to college undergraduates and graduate level students, teachers and counselors in training, and clinical groups consisting of delinquents and alcoholics.

Holloway & Wamphold’s (1986) meta-analysis of 24 studies conducted between the years of 1967-1983 provide further empirical validation. The purpose of this study was twofold: 1) to investigate the effect of conceptual level on counselors’ performance on counseling tasks (Type A studies) and 2) to investigate the relationship of conceptual level and degree of environmental structure on a counselor’s performance (Type B studies). The results of the eight Type A studies was previously discussed above. Therefore, only the results of the Type B studies will be discussed in this review of the meta-analysis.

An analysis of 16 Type B studies revealed that counselors who were at lower levels of CL performed better given a high degree of environmental structure, whereas counselors at higher levels of CL performed better given less structure and demonstrated little variability in performance given either a low or high degree of structure. However, although subjects at high levels of CL performed better than subjects at low levels of CL in lower structured conditions, subjects at lower CL levels outperformed subjects at higher CL levels in more highly structured environments. Thus, this finding did not corroborate the hypothesis that high CL individuals outperform low CL individuals and contradicted the Type A findings. The researchers concluded that this outcome was explained by the fact that in contrast to high CL subjects, performance of low CL subjects was greatly affected by environmental structure.
The discrepancy between the Type A and Type B studies raised a dilemma over which results were more credible. The researchers concluded that Type B studies were more credible due to the larger number of studies reviewed and to the negligible effect of moderating variables on effect sizes as compared to Type A studies. However, the researchers noted the limitations of a meta-analysis review given that several studies had to be eliminated due to methodological problems which limited the number used and that there was an omission of critical research statistics in reports of findings in several of the studies examined. They recognized the need for further research. Despite these limitations, Hunt's matching model was validated with the corroboration of the hypothesis that subjects in matched environmental conditions performed better than subjects in mismatched conditions.

The differentiating characteristics between individuals at low versus high levels of conceptual development correspond in many ways to the characteristics of individuals described as high versus low self-monitors, respectively (Snyder, 1987). These similarities would indicate that similar cognitive and affective processes mediate individuals' tendencies in regulating their self-presentation styles. Thus, an examination of self-monitoring theory is warranted in consideration of professional ethics training for counseling students.

**SELF-MONITORING AND SELF-PRESENTATION THEORY**

Self-monitoring theory (Snyder, 1987) focuses on different tendencies exhibited by individuals in utilizing inner directives versus social expectations and their abilities in regulating their self-presentation style. Snyder's theory was based on the premise that a variety of interacting factors influence social behavior including one's inner directives.
(values, needs, desires) and perceptions of social expectations of others (Johnson, 1989). Conflict arises when there is a lack of congruency between inner directives and perceived social expectations, requiring individuals to either act in accordance to inner directives or to social expectations. The first resolution results in risking social disapproval while maintaining integrity to oneself, and the second resolution results in greater social approval while experiencing discrepancies between attitudes and behaviors.

To validate his theory that individual differences exist in tendencies to follow internal versus external directives, Snyder (1972) developed the Self-Monitoring Scale. However, the result of several studies (Briggs, Cheek, & Buss, 1986; Gabrenya & Arkin, 1980; Lennox & Wolfe, 1984) failed to validate the construct validity of the scales, and researchers criticized the multidimensional nature of the scale within which sub-scales were found to be contradictory to each other. A factor analysis of the Self-Monitoring Scale conducted by Lennox (1988) revealed that this scale was actually assessing two different types of affective-motivational orientations—acquisitive and protective self-monitoring styles. Lennox concluded that Arkin’s (1981) theory of presentation styles presented the best framework in considering self-monitoring styles and that the theory needed to be expanded to include the protective self-presentation style.

According to Arkin’s (1981) theory, protective and acquisitive modes represent two distinct types of self-presentation style. Although each style may exhibit similar behavioral manifestations, the behaviors are differentially motivated. While circumstances may mediate the preferred style, individuals primarily rely on one style. Thus, acquisitive and protective individuals approach interactions differently, with
acquisitive types seeking interpersonal rewards for acting “right” and protective types approaching interactions with pessimism and fear of social disapproval.

Protective self-presenters, motivated by fear of rejection and disapproval, are characterized as having low self-esteem, social anxiety, reticence in social interactions, and tendencies to conform. In contrast, acquisitive styles; motivated by inner directives, optimism and social enhancement; are characterized as having high self-esteem and self-confidence. Wolfe, Lennox, and Cutler (1986) have identified these two types as “getting along” (protective style) and “getting ahead” (acquisitive style).

In response to the difficulties found with the Self-Monitoring Scale, Lennox and Wolfe (1984) developed the Concern For Appropriateness Scale (CFA) and later, Wolfe, Lennox, and Cutler (1986) presented the CFA as measuring the protective self-presentation style with tendencies toward conformity as characterized by Arkin. The results of this later study Wolfe et al. (1986) revealed evidence that CFA scores were positively related to measures of sociability, social anxiety, emphasis on the importance of social identity, shyness, and self-reports of conformity involving drug use; and were negatively associated with self-esteem and individuation.

In a 1989 study, Johnson investigated the validity of the Concern For Appropriateness Scale by examining tendencies to conform to group pressures on 138 general psychology undergraduates. These students (67 men; 71 women) received credit for their research participation. The investigation consisted of two phases. During phase one, students completed a questionnaire which included the CFA and a list of 18 value statements. In phase two, 63 subjects (27 men; 36 women) were grouped on the basis of
obtaining either low or high scores on the CFA into a low concern group (29 subjects) and a high concern group (34 subjects).

Subjects met individually with confederates who were trained to create an atmosphere friendliness and to communicate the benefits of group members sharing similar values. An interviewer then asked subjects to give their opinions to 12 values that they had previously answered in the questionnaire. All subjects received the same eight values in situations when there was not any pressure to conform and the remaining four values consisted of two values that that had been previously identified as important by the subject and two values previously rated as not important.

Confederates, who had been given a copy of the subjects’ previous responses to these values, gave the same rating as the subjects had given on the importance of the eight items and gave ratings 2 points away from the ratings of subjects on the importance of the four other values. Thus, they had set up conditions to examine the tendency for subjects to change their responses in efforts to conform.

The results revealed significant differences between the responses of the high concern group for important and unimportant values, with greater conformity exhibited for unimportant values (F = 6.31, p < .05). There were no significant differences between the responses to important versus unimportant values in the low concern group (F = .77) or between the two groups for important values (F = 1.98, p < .05). Significant differences were found, however, between the high and low concern groups on unimportant values, with the high concern group exhibiting greater conformity.

Thus, despite the limitations posed by using a select group of volunteer students, the results seem to support the claim that high concern individuals are more likely to
respond to social expectations than low concern individuals. The researcher suggested that low concern individuals are more able to resist peer pressure due to their reliance on internal stimuli and that “they have a stronger tendency to follow internal stimuli regardless of importance” (p.573). In considering high concern individuals, the researcher suggested that there appears to be a limit as to the extent that they will conform to avoid disapproval. While on unimportant issues they are willing to conform to get along, “on important issues, the internal stimuli (values/attitudes) become harder to ignore and make the potential value/attitude discrepant behavior less likely to occur” (p.5).

These results of this study lend insight into some of the factors that would impact counselors’ abilities to not only formulate and justify an ethical position, but to actually implement their decisions. The findings suggest that for both high and low concern counselors, adhering to ethical positions on ethical issues for which they strongly value as significant would be more resistant to contradictory claims and social-environmental pressures. For high concern counselors, these findings may also indicate that on ethical issues which are not only controversial and ambiguous and for which they have not clearly identified a position perceived as personally and professionally important or “right,” they may exhibit greater conflict in formulating and executing a decision and greater vulnerability to their fear of disapproval and external social pressures.

In contrast, low concern counselors may generally lack openness and flexibility in considering and evaluating the worth of diverse ethical viewpoints, especially those perspectives that contradict their inner beliefs and values, when making ethical decisions. Similar tendencies could be exhibited by low concern counselors on strongly held
professional ethical beliefs. Thus, consideration and examination of these psychological variables would be critical to professional ethics training for counseling students as proposed in this investigation.

Two studies (Mill, 1984; Schwalbe, 1991) are particularly relevant to counselors as they investigated the relationship of differences in self-monitoring styles to role-taking abilities. Given that high self-monitors are considered sensitive to situational cues as a means to exhibit appropriate behavior, it was assumed that high self-monitors would possess greater role-taking abilities than low self-monitors.

Mill (1984) investigated the relationship of role-taking abilities of counseling students to differences in self-monitoring styles. The results of her study indicated that high self-monitoring students had greater abilities in cognitive empathy (ability to intellectually take the perspective of another), while low self-monitoring students had greater abilities in affective empathy (ability to respond to or feel the same emotion of another). She suggested the possibility that both levels of self-monitors utilize their different role-taking skills in formulating their clinical judgments. Thus, she recommended that training should both enhance the role-taking skills they already possess and promote development of their lesser developed empathy skills.

Schwalbe (1991) investigated the relationship between role-taking, self-monitoring styles, and exhibiting alignment with others on 202 (82 males; 120 females) undergraduate sociology students. The purpose of Schwalbe’s study was to examine the relationship of both the propensity to role-take and accuracy of role-taking abilities to the Other-Directedness Scale (concern with situational appropriateness) and Public Performing Scale (concern with ‘social urgency’ and effectiveness; presenting behavior

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to produce desired responses) of the Self-Monitoring Scale. Students were administered the original 25 item Self-Monitoring Scale, and adapted version of the Empathic Responsiveness sub-scale of the Interpersonal Reactivity Index.

The results revealed that role-taking propensity was negatively correlated to both scales, with significance found only in the relationship to the Other-Directedness Scale (-.241, p< .01). Role-taking accuracy was found to be significantly correlated to the Public Performance Scale (.240, p< .05). Overall, it appears that while Public Performers (low self-monitors) have greater abilities for role-taking accuracy, individuals who scored high on Other-Directedness (high self-monitors) exhibited less tendencies to utilize role-taking.

The researcher suggested that high self-monitors may rely more heavily on imagery or internal scripts that direct what they believe they should do and either do not need to rely on role-taking to gain insight as to how to act in different circumstance or find that reliance on internal rigid scripts is more reliable than role-taking in social interactions. He also suggested that both scales are addressing the same type of factor that would be more accurately labeled as “inauthentic” behavior as “neither of these social-cognitive strategies for aligning conduct with others allows for much spontaneity or authentic expression of impulses” (p.55).

Despite the limitations of the above studies, the results provided important implications for this proposed study. As previously discussed, role-taking abilities are critical to moral development. Higher levels of moral and conceptual development reflect increased abilities of role-taking complexity and empathetic understanding of others. Thus, the educational interventions proposed for this study aimed at promoting
psychological growth in these domains would be most relevant to enhancing and promoting the role-taking abilities and propensities of both groups of self-monitors. Greater abilities in role-taking facilitate greater flexibility in considering diverse ethical claims and greater understanding of the consequences to others in making ethical decisions.

Only study (Morgan, 1998) evidenced that examined the relationship between self-presentation styles (concern for appropriateness) and moral and conceptual development provided promising results for examining such a relationship in this investigation. This study investigated the effects of a Deliberate Psychological Educational approach on the moral and conceptual development of law enforcement trainees. The results revealed a moderate, inverse relationship (r = -.295, p < .05) between the CFA and one measure of the DIT (N score). A stepwise regression revealed that PCM scores were inversely related to scores on the CFA (r = -.447, p < .05). Although a significant inverse relationship was found between the CFA and DIT (N score), the PCM was found to be the major predictor of CFA on pre-and post-test scores.

Overall, the implications of the self-presentation styles of counselors to their levels of ethical competence are significant. Reliance on either style has drawbacks that could limit their effectiveness in making sound ethical decisions. The ability of high concern counselors to formulate a competent decision and to adhere to this decision despite any social pressures or stress is most critical, as is the ability for low concern counselors to remain open and flexible in considering and evaluating diverse ethical claims that may be at first contradictory to their beliefs.
The educational methodologies to be employed in this investigation to promote the cognitive and affective processes associated with moral and conceptual development should also broaden and enhance the abilities of both presentation styles. Gains in moral development would facilitate abilities for more complex role-taking and attainment of higher levels of principled moral reasoning where judgments are made in consideration of all moral claims in contrast to conventional levels where judgments are made based on mutual concordance. Gains in conceptual development would facilitate greater flexibility, self-awareness, reliance on internal causative factors, and greater tolerance for stress and ambiguity. Thus, consideration of self-presentation styles is not only critical to professional ethics training, but to overall counselor development as well.

Hafercamp (1989) strongly supports the need to examine counselor training within the context of self-monitoring theory. “Self-monitoring theory can be useful for counselors and supervisors who are trying to understand how, when, and for whom attitudes, feelings, and values guide behavior and when they do not” (p. 296). She suggests that training goals should be designed to enhance and promote these relevant counselor process skills.

**DELIBERATE PSYCHOLOGICAL EDUCATION**

While Kohlberg (1975) and Kohlberg & Wasserman’s (1980) research had focused on the development of adolescents as moral philosophers, Mosher & Sprinthall (1971) focused on adolescents as natural psychologists, as individuals and responsible learners capable of perspective-taking and reflecting about themselves, their peers, and their families. Through conducting a series of studies in secondary schools, Mosher &
Sprinthall recognized that the remedial nature of school systems in efforts to assist troubled adolescents was not effective (Hatfield, 1984). They recognized the need for all students to be provided with opportunities that would facilitate psychological growth and development. Thus, Dewey’s progressive educational philosophy was revisited.

The development of a Deliberate Psychological Educational (DPE) (Mosher & Sprinthall, 1971) curriculum was an effort to provide an educational primary prevention approach for all students (Hatfield, 1984). Learning psychology through doing psychology was the fundamental underlying premise of their approach. Action and reflection, two primary components of this model, are realized through the provision of significant real world experiences which “involve social role-taking and provide new and challenging situations for the students... and a supportive seminar group in which to learn requisite skills and to integrate the experiential learnings” (p.295). These principles of growth correspond to the use of moral discussions, interchange, and dialogue utilized by Kohlberg (1975) in promoting moral growth.

A Deliberate Psychological Educational approach consists of five components: (1) providing persons with significant role-taking experiences in the real world context which are characterized as helping experiences such as tutoring, mentoring, or counseling, (2) providing continuous feedback and guided reflection to individuals’ journal entries which is differentiated relative to the needs of the learners, (3) providing a balance between action or real life experiences and reflection and discussion, (4) providing appropriate levels of instructor support and challenge to assist persons in overcoming any fears or conflictive feelings that may evolve as they experience perturbations from the challenges presented in their role-taking and learning experiences,
and (5) providing continuity of the program for at least six months to a year (Reimer, 1995; Thies-Sprinthall, 1984; Thies-Sprinthall & Sprinthall, 1987).

Since the early stages of implementing these principles in secondary educational settings, the use of this cognitive-developmental educational model has been expanded to include a diverse range of students, adults, and professional groups in educational settings. The positive outcomes in utilizing these elements of DPE in fostering psychological growth in various groups such as counselors, teachers, and students has been well-documented (Bernier, 1980; Peace, 1995; Schlaefli et. al, 1985; Sprinthall, 1994; Thies-Sprinthall, 1984; Thies-Sprinthall & Sprinthall, 1987).

Sprinthall (1994) conducted a meta-analysis of 11 DPE role-taking studies that represented diverse student populations across a variety of socioeconomic levels, educational and geographic settings, and ethnic groups. In analyzing the results, data was combined for those studies that assessed moral growth by using the Moral Judgment Interview or the Defining Issues Test. Studies that measured ego and conceptual development as measured by the Sentence Completion Test and the Paragraph Completion Method, respectively were also combined to analyze effect sizes. Significant mean average effect sizes were found for both measures of cognitive development (moral = + .85; ego/conceptual = + 1.10).

Sprinthall attested to the validity of this approach as the role-taking programs were independent of the measures of content and process. All of the studies utilized two measures with different formats (i.e. using the DIT with the PCM) to ensure cross-validation. To reduce potential threats due to testing effects, the studies used a shortened version of Loevinger Index. Further, validation was ensured due to the diversity of
groups and settings employed in the study. The most severe limitation was posed by the use of quasi-experimental design in at least half of the studies. A meta-analysis (Cohen, Kuilik, & Kulik, 1982) of 500 studies, however, revealed that there were no significant differences in effect size by experimental versus quasi-experimental designs.

This meta-analysis corroborates the results of the meta-analysis of 55 studies conducted by Schlaefli et al (1985) that was previously discussed. DPE programs were second only to moral discussions in achieving significant, but moderate effect sizes on moral judgment scores. The results also indicated that treatment effects most strongly impacted adults, ages 24 and older.

Other studies (Peace, 1992; Reiman & Thies-Sprinthall, 1993; Thies-Sprintall, 1984; Thies-Sprintall & Sprinthall, 1987) integrated Hunt’s conceptual matching models approach to a DPE intervention to promote psychological growth in the moral and conceptual domains of counselors and teachers. The results of these studies revealed increased growth in the moral and conceptual development of teaching and counseling professionals.

The inclusion of the matching model approach appeared to be the significant variable in promoting the conceptual development of teachers in the study by Thies-Sprinthall (1984). A pilot study conducted on supervising teachers that did not integrate this component in the curriculum found that the low pre-test conceptual level (CL) scores for three of the ten teachers remained the same on the post-test measure. Comments provided by these low CL participating teachers that indicated they did not understand many of the concepts or strategies presented “confirmed that teachers at low CL levels would need substantial structure, concrete directions, and much practice in any new
learning activity, at least initially" (p.56). A replication study conducted on teachers which integrated Hunt’s matching models approach evidenced significant positive differences between pre- and post scores on both the DIT and the PCM.

Overall, the outcomes associated with the integration of a Deliberate Psychological Education approach with Hunt’s conceptual matching model provide promising implications for the use of this type of intervention in promoting the moral and conceptual development of graduate level counseling students. Even more promising are the findings that fostering the psychological growth of adults is possible given the provision of appropriate learning strategies and environmental structure.

Overall, it appears that an application of a cognitive-developmental approach to the examination of ethical competence of counseling students is supported by the research examined in this chapter. The literature provides consensual support to shift focus of ethics training to cognitive-developmental, process-oriented curriculums which address the cognitive, moral, and mediational variables that are involved in making ethical decisions.

The research findings provide evidence that higher levels of moral development are positively associated with counseling students’ abilities to empathize or role-take which is a prerequisite skill for moral development (Kohlberg, 1969) and that gains in moral development can be attained by providing educational interventions aimed at promoting moral growth. However, there appears to be very limited research which investigates the moral development of counseling students as well as the effects of educational interventions in promoting moral development and ethical decision-making skills of counseling students. The positive outcomes obtained in applying a cognitive-
developmental approach to professional ethics training to foster the moral development of medical students provide promising implications for such applications of this type of approach to ethics training for counseling students.

Further, research findings on the types of cognitive and affective abilities of counseling students at higher levels of conceptual development also provide positive implications for promoting conceptual development of graduate level counseling students. The variables and processes assessed in the studies discussed largely represent those processes that would enhance the ethical decision-making skills of counseling students. Once again, there appears to be a paucity of research which explores promoting conceptual growth of counseling students within a professional ethics course as a means to enhance their ethical competence.

Self-monitoring theory complements the measures used in this investigation as many of the mediational variables associated with self-presentation styles correspond to the psychological variables associated with different levels of moral and conceptual development, as well as to the cognitive and affect processes delineated in Rest’s four component model of moral action. Such variables include; an increased sense of self, reliance on internalized versus externalized factors, abilities to role-take and evaluate and choose among diverse viewpoints, tolerance of ambiguity, abilities to withstand environmental stress and pressures, and motivational influences underlying behavior. To date, there is a lack of research that examines this theory in relation to interventions aimed at promoting psychological growth and to moral and conceptual development of counseling students.
This study served as an initial attempt to examine professional ethics training of counseling students within a cognitive-developmental framework. The results can begin to provide insight as to the effectiveness of educational interventions aimed at promoting psychological growth of counseling students within an ethics training course and as to the relationship between moral and conceptual development and self-presentation styles of graduate level counseling students. Given the findings that validate the constructs of the CFA, and findings that indicate low self-monitoring individuals have greater propensities to role-take and greater affective role-taking abilities; it would be expected that levels of moral and conceptual development would be inversely related to self-presentation styles.

This chapter examined and discussed research related to the state of ethics training and recommended models of ethics curricula and to the theoretical paradigms and interventions that are to be employed in this intervention study. The relevance and implications of these findings to this investigation were discussed.
CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

This chapter will describe the research design and methodology. Topics to be discussed include: sampling and data gathering procedures, instrumentation, specific research hypotheses, data analyses, and a description of the intervention. Ethical considerations and limitations of the study will also be presented.

Research Design

This study employed a quasi-experimental, non-equivalent control group design which is most frequently used in field-based applications (Borg & Gall, 1989; Sprinthall, 1981). The purpose of the study was to integrate a cognitive-developmental approach with a professional ethics class to promote the moral and conceptual development of graduate education and counseling students as means to enhance their self-presentation styles and ethical decision-making skills. The study utilized one intervention group and two comparison groups. The groups were pre- and post-tested on all dependent measures at the beginning and end of the semesters, respectively.

Sample Population and Sampling Procedures

The target population for this study was graduate counseling and education students in Virginia. The sample was drawn from the accessible population of graduate students who were either in a graduate counseling or education program or attended graduate Counselor Education classes at the College of William & Mary. The participants in the intervention group were comprised of the accessible population of graduate education and counseling students who enrolled in the Counselor Education course; ED C43 “Professional, Ethical, and Legal Issues in Counseling,” in the Fall.
1997 semester at the College of William & Mary. The semester covered a period of 15 weeks from August 27 to December 10, 1997. The class met every Wednesday evening for 2 1/2 hours.

One comparison group was comprised of the accessible population of graduate education and counseling students who enrolled in the Summer, 1997 traditionally taught section of C43 “Professional, Ethical, and Legal Issues in Counseling” at the College of William & Mary. This summer ethics comparison course was three weeks in duration, from May 27 to June 12, 1997 and met four nights a week, Monday through Thursday for 3 1/2 hours.

A second comparison group was comprised of the accessible population of graduate education and counseling students enrolled in the Spring, 1998 graduate counseling classes at the College of William & Mary who had not taken the professional ethics course in counseling or school psychology at the College of William and Mary. The semester covered a period of fifteen weeks from January 19 to May 7, 1998. The 1998 Spring Semester Comparison Group was used as a comparison to the 1997 Fall Ethics Intervention Group for its 15 week duration was comparable to the duration of the ethics intervention course held during the 1997 Fall semester.

The students in the 1998 Spring Semester Comparison Group were volunteers. A list of all graduate students in the counseling program was requested through the Graduate Education Academic Office. Those students who had not previously taken the ethics class at William and Mary were contacted to request participation. Students were also solicited in-person during the first class period of select counseling courses offered in this semester.
This 1998 Spring Semester Comparison Group was used subsequent to a search that failed to locate a comparable professional ethics class at another college or university. The search surveyed a total of 46 Counselor Education Programs as listed in Hollis (1993) and as found on the internet throughout the states of Virginia, North Carolina, South Carolina, and sections of Pennsylvania and New York State. Information about course offerings in professional ethics and descriptions of ethics courses offered at these institutions was obtained either by telephone contact with appropriate counseling faculty or by a review of the course offerings and descriptions as listed on the web sites found on the internet. The results of this survey revealed the presence of one of the following four conditions that prohibited using of an ethics course in another Counselor Education Program: 1) a professional ethics course was not offered; 2) professional ethics was integrated within the counseling curricula; 3) an ethics class was offered, but was not comparable to the ethics class at William and Mary; or 4) an ethics class was offered, but methodologies used were too similar to the intervention methodologies used in this study.

**Methodology and Procedures**

The Defining Issues Test (DIT), the Paragraph Completion Method (PCM), and the Concern For Appropriateness Scale (CFA) were administered to all students. Students in all groups were pre-tested on all measures in the beginning of the semester and were post-tested at the end of the semester. At the beginning and end of the semester, students were also asked to respond in writing to a set of questions regarding three vignettes describing ethical dilemmas in counseling. The questions posed corresponded to the types of questions used for the moral dilemmas in the Moral Judgment Interview (MJI)
(Colby, Kohlberg, Speicher, Hewer, Candee, Gibbs, & Power, 1987). The purpose of the questions was to facilitate formulating and justifying their positions relative to the ethical conflicts posed as a means to assess the stages of moral reasoning used in their decision-making processes at the beginning and end of the semester.

Each student received two packets of materials on the first class period of the semester. One packet included the informed consent form, general instructions, a biographical questionnaire, and the three assessment instruments; DIT, PCM, and the CFA with complete instructions. The second packet contained the three contrived ethical scenarios. Students in the traditionally taught Summer, 1997 and Fall, 1997 intervention classes were asked to complete the materials in the first packet (i.e. informed consent, biographical questionnaire, DIT, PCM, CFA) during the last hour of the first ethics class of the semester. Informed consent forms which required students’ signatures were collected prior to administering the assessments. Students in the Spring, 1998 comparison group were given both packets of materials and were asked to complete them outside of class. Students were asked to return these packets by the second week of class. (See Appendix B for copies of packet materials).

The ethical scenarios were completed by all students outside of class. Completed scenarios were to be returned by the second class period. The students in the summer three week comparison class were asked to complete one of the scenarios in class along with the other assessments to ensure that coverage of relevant material presented that week would not bias their responses.

Post-assessments (i.e. DIT, PCM, CFA) were administered to the students in the 1997 Summer Ethics Comparison Group on the last night of class following the final
exam. Students in the fall ethics intervention course were post-tested the week before the final exam during the last hour of class. Post-assessments, distributed to the students in 1998 Spring Semester Comparison Group two weeks prior to final exams, were again completed outside of class. Ethical scenarios were distributed at the same time as the other post-tests, but were completed outside of class for all groups. Students were asked to return completed assessments within one week.

Interviews were also conducted with six students in the intervention group who volunteered to be interviewed. Informed consent was obtained. These 30 minute, audio-taped interviews were conducted within one week subsequent to the last class of the semester. (See Appendix C for copies of interview protocol).

Instrumentation

Defining Issues Test: Moral development was assessed by the Defining Issues Test (DIT) (Rest, 1986b). The DIT is an objective measure modeled after Kohlberg’s stages of moral development. In completing the DIT, participants are presented with six moral dilemmas and are asked to rate the importance of 12 different items according to its value used in making a decision about the dilemma presented by using a 5 point Likert scale ranging from “no” to “great importance”. Subjects are then asked to rank order the four items that they consider most important in making their decision and to indicate their final judgment decision on the situation presented.

“P” scores are obtained which represent the relative importance that subjects attribute to the Kohlberg’s principled stages 5, 5a, 5b, and 6 in making their decisions across the six dilemmas. The aggregate scores of these stages are used in determining the “P” score. “P” scores are usually expressed as a percentage, ranging from 0 to 95.
The most recently derived score, the “N” score represents the “P” score information as well as information about the discrimination and rejection of the lower stages (1 through 4) (Rest, Davidson, & Evens, 1996). The “N” score has been developed to address the criticisms directed at Rest charging that the “P” index did not accurately reflect Rest’s qualitative/quantitative stage conceptualization for it eliminated any usage of lower stage reasoning by subjects. Thus, the “N” score is considered a more comprehensive score reflective all of stage usage. The part of the “N” score that reflects the degree to which the lower stages are rated lower than the higher stages are based on the rating data rather than the ranking data.

The “N” score has been found to generally outperform the “P” score. However, these differences are slight and are differentially impacted by the type of study and sample utilized. The authors suggest that both indices be used by researchers.

The DIT includes a subscale identified as the “M” score which represents those items chosen that are meaningless, while possibly appearing “lofty sounding” to the subject. The Consistency Check controls for an excessive number of invalid responses found between ratings and rankings of an item indicating the degree of the subject’s seriousness in responding and understanding of instructions in taking the test. “A” items are used to provide evidence of an antiestablishment attitude, and the “U” score indicates the degree to which a subject’s moral judgment is related to the subject’s concepts of justice as reflected by the stage-prototypic items rated as most important in making the decision.

Validity: There is considerable evidence of the construct validity (Rest, 1986b). Longitudinal studies show significant upward trends overtime, with changes identified
impacted by education and life experiences (Rest, 1986a; 1986b; Rest, Davidson, & Robinson, 1978). Convergent-divergent correlations to other measures of cognitive development and intelligence range from .20 to .50. There are usually non-significant or very low correlations to attitude, personality, socioeconomic status, sex, and political orientations. Evidence of concurrent validity has been demonstrated in obtaining correlations up to .60s and .70s with other measures of moral reasoning.

**Reliability:** Test-retest reliabilities have ranged from the .70s to .80s over periods ranging from a few weeks to a few months and internal reliability (Chronbach's alpha) averages in the high .70s (Rest, 1986b). The short form items, consisting of three dilemmas (Hienz, Prisoner, Newspaper) have the highest correlations to the six stories. The “P” score correlation found on a sample of 160 subjects was .93 and on a sample of 1,080 subjects was .91. Rest claims that the short form “has substantially the same properties as the 6 story form” (1986b, p.5.7).

**Paragraph Completion Method:** The Paragraph Completion Method (PCM), a semi-projective measure, was used to assess conceptual development (Hunt, Butler, Noy, & Rosser, 1978). The PCM presents participants with six different topics, and participants are asked to write at least three sentences describing their ideas and opinions on each of these topics. The items are designed to assess how a person thinks and attention is given to rule structure underlying the response as well as the content of the response. Scores are determined by raters trained in scoring the PCM. Corresponding stage scores ranging from 0 to 3 are assigned to each item response. The total conceptual level (CL) score is obtained by averaging the three highest responses.
**Validity**: Construct validity has provided evidence that conceptual levels are distinct from IQ/Achievement/Ability as correlations of cognitive complexity to IQ/Achievement/Ability measures have been found to range from .22 to .43. Further, evidence of its being distinct from moral and ego developmental levels has also been found. A correlation of .34 was found in examining the relationship between CL and moral maturity as measured by the Moral Judgment Interview and a correlation of .23 was found between CL and Loevinger’s scale of ego development (Sullivan, Mc Cullough, & Stager, 1970).

**Reliability**: The median inter-rater reliability coefficient found across 26 studies is .86. Studies of shorter duration, report a test-retest reliability coefficient of .67. Correlations coefficients between conceptual level and IQ, ability, and achievement measures have ranged from .15 to .43 across 11 studies.

**Concern For Appropriateness Scale**: The Concern For Appropriateness Scale (CFA) (Lennox & Wolfe, 1984) is a 20 item self-report inventory designed to assess individual differences in tendencies to adhere to a self-protective presentation style whereby individuals exhibit conformity or situation-appropriate behavior. It consists of two subscales; the Cross-Situational Variability subscale (7 items) and the Attention To Social Comparison Information subscale (13 items). While these scales are considered conceptually related, they are empirically distinct scales as found in conducting a factor analysis.

Examples of the Cross-Situational Variability sub-scale include: “I tend to show different sides of myself to different people.”; “Different situations can make me behave like very different persons.” Examples of the Attention to Social Comparison
Information sub-scale include: “When I am uncertain how to act in a social situation, I look to the behavior of others for cues;” “The slightest look of disapproval in the eyes of a person with whom I am interacting is enough to make me change my approach.”

**Validity:** Studies (Cutler & Wolfe, 1985; Johnson, 1989; Wolfe, Lennox, & Cutler, 1986) have demonstrated the validity of the CFA. In utilizing a multitrait-multimethod analysis, Cutler and Wolfe (1985) found that the CFA exhibited convergent validity as significant correlations were found between students’ self-report ratings of concern for appropriateness and susceptibility to boredom and their roommates’ ratings on these traits ($r = .41$ and $.37$, respectively; $p < .001$). Discriminant validity was demonstrated as concern for appropriateness was found to be unrelated to susceptibility to boredom.

Wolfe, Lennox, and Cutler (1986) found evidence that CFA scores were positively related to measures of sociability, social anxiety, importance of social identity, shyness, and self-reports of conformity involving drug use; and were negatively associated with self-esteem and individuation. Further, Johnson’s (1989) study corroborated the validity of the scale in finding that high concern undergraduate students were more likely to respond to social expectations than low concern students particularly on values deemed as less important.

**Reliability:** Internal consistency (Cronbach’s Alpha) has been assessed across nine samples of college students (N’s ranging from 23 to 408). Seven samples consisted of students at SUNY at Geneseo and two samples consisted of students from Missouri Western State College. Coefficient alphas found ranged from .76 to .85 (Protective Variability); .79 to .90 (Protective Social Comparison), and .82 to .89 (total Concern score) (Wolfe, Lennox, & Cutler, 1986). Three week test-retest reliabilities were reported.
as .80 (Protective Variability), .80 (Protective Social Comparison), and .84 (total scale in sample of 98 students) (Johnson, Jewell, & Terrell, 1984).

**Intervention and Comparison Group Design and Methodologies**

The three week summer ethics comparison course and the fall ethics intervention course titled, ED C43 “Professional, Ethical, and Legal Issues in Counseling,” were taught by the same College of William and Mary professor who utilized the same book, lecture topics, course requirements, and exams. The researcher attended all of the classes for both the summer and fall ethics courses, recorded class lectures and discussion topics, and served as teaching assistant in the fall intervention course.

The major differences between these two ethics courses included the differences in the length of the semester and the methodologies used. The summer comparison course was an intense three week course that met four nights each week, Monday through Thursday for 3 ½ hours, from 5:30 p.m. to 9:00 p.m. The fall intervention course was held during a regular 15 week semester, with classes meeting every Wednesday evening for 2 ½ hours, from 4:30 p.m. to 7:00 p.m.. In the three week ethics comparison course, the instructor used the traditional lecture and large group discussion format. This traditional approach was integrated with other methodologies such as journaling and small group casework studies in the ethics intervention course. Both groups were administered the pre-assessments during the last hour of the first class period.

The content of the two courses was also somewhat different. While both course sections utilized the same guest speaker regarding ethical issues in schools, two other guest speakers were invited to present on issues regarding licensure and certification, counseling on the internet, as well as private practice and managed care in the ethics
intervention course. Due to the additional speakers and methodologies used in the intervention course, ethical issues related to diagnosis and theoretical orientation that were presented in the three week comparison course was not covered in the intervention course. Further, whereas the lead professor taught all of the class periods in the three week comparison course, the researcher taught one lesson on dual relationships to the fall intervention group.

The description of the course curricula that follows were the same for both of the summer comparison and fall intervention ethics courses. (See Appendix D for complete description of the summer ethics course curricula and Appendix E for a complete description of the fall ethics intervention course curricula).

Statement of Purpose

The purpose of the professional ethics course was to provide students with a foundation in issues that affect the practice of counseling. Students examined: (1) professional issues, including professional identity, history, and systems of counseling, professional organizations, counseling settings, and counselor functions; (2) counseling ethics and ethical dilemmas; and (3) legal decisions that affect the practice of counseling. The course emphasized active student participation in the exploration of these issues.

Text

Course Requirements

Papers

1. Students were required to interview a counseling professional to obtain their opinions on dual relationships. Students were required to ask them how they felt about the following issues: (1) sexual relationships with clients and former clients; (2) business relationships with clients; and (3) limitations on relationships with supervisees. Students were to utilize the interview results in writing a two page paper which described the professional's responses and the student's responses to the professional's statements. The paper accounted for 15% of their grade.

2. Students were required to write a research paper that explored an ethical or legal issue of their choice. They were required to research recent publications on the topic, summarize the literature, critically evaluate the literature, and write a case study which demonstrated the dilemma or problems that the issue may have created for the counselor. The paper was to be no longer than ten (10) pages and was due the last week of class prior to exams. It accounted for 25% of their grade.

Examinations

There was a mid-term and a final exam. Both exams were multiple choice and short answer essay. The final only covered information presented after the mid-term exam. Each examination accounted for 25% of their grade.

Participation

Class participation was expected and accounted for 10% of their grade.
Lecture Topics and Issues

Initial topics covered included an overview and history of the counseling profession and professional organizations, as well as issues related to licensure and certification, and values. Ethical and legal topics covered included issues related to informed consent, confidentiality, privileged communication, dual relationships, duty to warn, adolescents and minors, Individuals with Disabilities Education Act (IDEA) and school-related topics, ethical codes and standards of practice, discipline, due process, and formal ethics committee hearings.

In the summer ethics comparison course, other topics discussed included ethical issues related to diagnosis and counselors' theoretical orientation. Topics covered in the fall intervention course, not covered in the summer, included more in-depth information about state and national licensure and certification, ethical issues related to counseling on the internet, and community practice and managed care. Ethical issues related to family and marital counseling were also covered more in-depth with the students in the intervention group.

Intervention Course Curricula, Design, and Methodologies

Objectives

In addition to the overall purpose of the course, the intervention strategies were designed to promote students' moral and conceptual development as a means to enhance their ethical decision-making skills and self-presentation styles. As a result of this course, students were expected to have developed: (1) an increased awareness and knowledge about the counseling profession and about the various types of ethical issues and legal considerations in counseling; (2) an increased awareness and knowledge about ethical
codes and standards of practice for counselors set by the state and by the American Counseling Association (ACA); (3) an increased awareness of ethical principles and values in making ethical decisions; (4) greater abilities to differentiate between ethical and unethical behaviors; (4) greater abilities to make coherent, thorough, competent formulations and justifications on their positions on ethical issues; and (4) greater awareness and tolerance of the complexity and ambiguity posed by ethical dilemmas.

Curricula

The curricula integrated the traditional didactic/lecture methods and materials with the elements of Deliberate Psychological Educational (DPE), moral discussions, and the Conceptual Matching Model approach. Other instructional methodologies included: large group discussions, small group casework studies, a class debate, interviews of other mental health professionals, and values exploration. Relevant readings were assigned from the text.

Design

The lead professor was responsible for the presentation of lecture material and related discussions that evolved and for grading required papers and exams. The assistant instructor, the researcher, was responsible for developing and leading the small group casework studies, the class debate, and the culminating large group discussion; and for providing guided reflection and feedback to students’ weekly journal entries. The lead professor assisted in facilitating the small group activities and large group discussion. The assistant instructor also taught one lecture on dual relationships.

During this course, students received the intervention methodologies and course work in ethics. On-going activities throughout the semester included perspective-taking
and role-taking experiences, journaling and guided reflection, and small group case work
studies. The first 1½ hours of the class period consisted of a lecture and large group
discussion. In the last hour, the lecture was most often followed by the small group
casework studies or, in one class, a debate. During the small group activities, the
instructors rotated to each of the small groups to provide guidance, support, and
challenge. The large group reconvened toward the end of class to discuss group positions
and individual perspectives on the ethical conflicts examined.

Levels of support and challenge were provided through a matching and mis-
matching approach as conceptualized by Hunt (1971). Support and challenge were
provided throughout the semester by instructors through their appropriate use of effective
questioning strategies; supportive, yet challenging, guided reflection and feedback to
students’ journal entries; and through their provision of support, challenge, and expertise
during class activities.

In applying this model, different groups were formed for each small group
casework study to ensure that there was a heterogeneous mix of students at lower and
higher levels of conceptual complexity and a diversity of backgrounds and experiences.
Students were also provided with clearly defined guidelines to assist them in their small
group activities as a means to provide the appropriate amount of structure for students at
lower conceptual levels. In providing guidance, students were asked to discuss specific
questions that followed the ethical scenario and were often asked to formulate and justify
a group position on the dilemma presented. The instructors would offer guidance and
support to the small groups.
The ambiguity and complexity of the ethical issues and conflicts that were presented to the students in conjunction with their role-taking experiences provided appropriate challenge to all students. In an effort to progressively offer more challenge, students were not offered the amount of direction and guidance in the second half of the semester as was offered in the first half of the semester during the small group casework studies. Students were not instructed to answer specific questions, and were not always required to formulate and justify a group position, but were asked to defend their individual positions within the group. As the semester progressed, the assistant instructor provided more challenge in the types of guided reflection and feedback provided to students’ journal entries. Students received very little guidance on the final paper which required them to integrate and synthesize what they had learned in class and through their research in critically examining an ethical issue of their choice.

Methodologies

1. Small Group Casework Studies

Small group casework studies were designed to provide opportunities for students to apply the lecture material to a case study. Each group of 4-6 students were given a vignette describing a situation that involves an ethical dilemma. Groups were provided with a set of questions to guide their formulations and justifications of their position on the issue. The questions represented a synthesis of those suggested by experts (Lakin, 1991; Sileo & Kopala, 1993; Van Hoose & Paradise, 1979) and the ethical decision-making model as described in A Practitioner’s Guide to Ethical Decision Making (Forrester-Miller & Davis). Students were always encouraged to explore how their values impacted their perspectives on the ethical dilemmas posed to them.
Small group casework studies followed the presentation of a related lecture topic. During the class periods when there was not enough time to implement the casework studies, students were given the relevant ethical scenario as a journal topic for that week.

2. Role-taking and Perspective-taking Experiences

Role-taking experiences as defined by the DPE approach was not fulfilled in the true sense of students acting in a new role as "real world helpers." Many of these students were taking this course as part of their first semester in the counseling program or were taking it out of interest or for recertification or licensure purposes. Thus, the role-taking experience for these beginning students was largely met through their experiences as beginning graduate counseling students. Other students had been counseling for some time and were currently employed as counselors. Thus, counseling was not a new experience for them. However, for the majority of these students, this type of class which provided a forum to discuss their concerns about ethical issues and to critically examine ethical dilemmas with others of diverse experiences and backgrounds was new to them.

Role-taking experiences designed to expand students' perspective taking abilities were met through dialogue, discussion, and the small and large group activities. In these activities, students were exposed to others' views and were, at times, forced to assume a position on a course of action relative to an ethical conflict which was contradictory to their viewpoint in reaching and defending a group consensus on an ethical conflict. In preparing for a class debate, students were also required to take a specific position on an ethical dilemma regarding confidentiality and HIV clients.
3. Journals and Guided Reflection

Students were required to keep journals reflecting their thoughts and feelings relative to their on-going experiences in and out of class. Periodically, specific journal topics were assigned. The assigned topics most often were related to the ethical scenarios developed for the small group casework studies. For the last journal entry, students were asked to reflect on their experiences throughout the semester and the impact of these experiences on their personal and professional growth. Journals were submitted each week for instructor feedback and guided reflection. Feedback and guided reflection provided the appropriate levels of support and challenge as described by Reiman (1995).

4. Values Exploration

The text offered numerous value exploration exercises. Students were required to complete two of these in exploring their personal and professional values related to specific issues in counseling. Students were consistently encouraged to examine how their values impacted their perspectives about diverse ethical dilemmas in all class activities and in their real world experiences.

Research Questions

The purpose of this quasi-experimental study was to determine if the educational methodologies used in the intervention had a significant impact on the moral and conceptual development of these graduate counseling and education students as compared to the students in the other two groups who either did not receive the same methodologies as part of the ethics course or who had not taken the ethics course. It was predicted that students in the intervention group would obtain significantly higher post-
test scores on the DIT and the PCM than the students in the other two comparison groups.

The second major purpose of the study was to examine the relationship between students’ self-presentation styles and their moral and conceptual levels of development. It was predicted that there would be a significant inverse relationship between concern for appropriateness and moral developmental levels, and between concern for appropriateness and conceptual levels of development.

**Research Hypotheses**

1. Graduate counseling and education students in the intervention group would obtain significantly higher post-test scores on the DIT (P and N scores) and PCM than students in the comparisons groups.

2. Graduate counseling and education students in the intervention group would obtain significantly lower post-test scores on the CFA than students in the comparison groups.

3. Students’ pre- and post-test scores on the DIT (P and N scores) and the PCM would show a significant inverse relationship to the pre- and post-test scores on the CFA.

**Scoring Procedures**

The completed DITs were electronically scored at the Center for the Study of Ethical Development at the University of Minnesota; the program site of James Rest. Completed printouts of score results and analyses were provided to the researcher. The PCMs were scored by a trained rater, Jerene Mortenson, of Roseville, Minnesota. Ms. Mortenson was trained at the Ontario Institute for Studies in Education in 1982 and has obtained high inter-rater correlations with ratings from other experts. She has conducted
training workshops for scoring the PCM at North Carolina State University. The following protocol was used for scoring; *Assessing Conceptual Level by Paragraph Completion Method* (Hunt, Butler, Noy, & Rosser, 1978). The CFAs were hand-scored by the researcher.

The pre- and post-semester responses to the three ethical dilemmas were assessed against the stage criterion as described in the scoring manual for the MJI by three raters. (See Appendix A for a summary of Kohlberg’s stages). Corresponding stage scores ranging from 100-500 (stage 1 - stage 5) were used to designate the stage level of the responses to each scenario. Transitional stage scores (i.e. scores indicating a response level between two stages) ranged from 150 to 450. All raters were familiar with Kohlberg’s theoretical stages of moral development. Two raters had just received their Ph.D. in Counselor Education at the College of William and Mary; and the third rater, the researcher, was ABD status in this program.

**Statistical and Qualitative Analyses**

Mean scores were obtained for the DIT (P and N scores), PCM, and CFA. Due to the non-random selection of groups, four separate analyses of variance (ANOVAs) were conducted to determine if groups were significantly different on pre-test measures. In consideration of “Bonferroni inequality” which addresses the increased chance of committing a Type I error when performing multiple tests, experimentwise alpha increases were controlled for by setting alpha at $p = .0125$ (Weinfurt, 1997).

As initial significant differences were found between groups on the PCM pre-tests, a multivariate analysis of covariance (MANCOVA) ($p = .05$) was used to compare post-test scores between the intervention and comparison groups, with the mean pre-
PCM scores as the covariate. Pearson-product correlations (p = .05) were obtained to examine the relationship of the scores on the DIT (P and N) and the PCM to the scores on the CFA.

All six scenarios (3 pre- and 3 post-scenarios) for the 24 students who had complete sets of pre-and post-scenarios were rated and scored separately. Average global stage scores were found for the 3 pre-test scenarios and for the 3 post-test scenarios. Complete sets of pre- and post-scenarios from each of the three groups were randomly distributed to each rater. Inter-rater reliability was established on the mean scores obtained on 16 sets of pre- and post-scenario assessments. Pearson-Product correlations were obtained on mean stage pre-test scores and mean stage post-test scores. An inter-rater reliability coefficient of r = .881, p < .05 was obtained on pre-test mean stage scores; and a coefficient of r = .722, p < .05 was obtained for post-test scores.

An analysis of variance ANOVA was performed to test for significant differences between groups on the pre-assessment scenarios as groups were not randomly selected. A second ANOVA was conducted to test for significant differences between the groups on post-assessment scenarios. To examine any significant changes that may have occurred within groups over time, a repeated measures ANOVA was also performed. Alpha was set at p = .05.

Qualitative methods were used to analyze students’ responses obtained in the six interviews and their last journal submissions that contained their perspectives and reflections about their experiences in the intervention ethics class. Interviews were transcribed. Levels II and III constant comparative analyses as described by Lincoln & Guba (1985) were conducted. Responses obtained from the interviews and their journal
entries were "chunked" and color-coded to designate similar phrases or concepts. The color coded units emerged as categories. The color coded units were then re-read, re-categorized, and re-sorted, collapsing categories into broader, overarching themes until sorting was complete and themes were homogenous as possible.

**Special Considerations**

The major consideration in implementing this study was to create a safe classroom environment to ensure that all students felt comfortable to openly share and discuss their ethical viewpoints on controversial counseling ethical issues. The small group discussions appeared to have facilitated a safe and trusting environment for sharing concerns and viewpoints. As with any new approach, there was always the potential for unforeseen problems with the program design and methodology employed. Specific to this class, one of the major problems was a lack of time to sufficiently cover the required course material and conduct the in-class intervention strategies during the last hour of each class period. Therefore, it was necessary to build in flexibility by assigning the small group casework ethical scenarios as the journal topic for that week in lieu of conducting an in-class small group activity.

**Ethical Considerations**

Overall, this study presented minimal ethical risks to students due to the nature of the intervention. Signed informed consent was obtained. Students were informed that the nature of the study was to evaluate the effectiveness of the professional ethics class on the development of justice reasoning, complexity of thought and critical thinking abilities, and self-presentation styles (behavior tendencies). Students were informed that completion of the assessments was voluntary, but that class participation and completion
of traditional course requirements was mandatory to receive a grade. Given the nature of the class, there could have been the potential for dual relationship concerns similar to those of an experiential group. Therefore, students were also be informed that grades were not based on the content of their ethical viewpoints and perspectives.

Further, appropriate measures were taken to ensure confidentiality of testing results. Anonymity was ensured through the use of student chosen codes for instrument and subject identification. Study results reported group mean data and individual scores were not disclosed.

**Limitations and Control Measures**

**Statistical Validity**

The statistical validity of the study was threatened by the small sample size. The small group sizes (Ns < 30) violated the central limit theorem which states that a minimum sample size of N = 30 is needed to best ensure that the sampling distribution of the means will be normally distributed (Keiss, 1996). Consequently, the small group sample sizes used in this study (separate group Ns = 10; 11; 17) may also have violated the assumptions of normality required of multivariate tests (Grimm & Yarnold, 1977). When sample sizes are small, the statistical results must be considered with caution to the potential inconsistencies and limitations of the analyses.

**Internal Validity**

The major threat to this type of study design was differential selection which allows for the possible rival explanation that group differences found were due to pre-existing group differences rather than treatment effects. Thus, groups were pre-tested and four analyses of variance were performed to determine if there were initial group
differences on pre-test scores (Borg & Gall, 1989). As a significant difference was found between groups on the pre-test PCM scores, a multivariate analysis of covariance was used, with the PCM pre-scores as a covariate.

These procedural and statistical measures also assisted in controlling for maturation, history, and the differential selection interactions. Maturation was not a major threat due to the ages of participants and the research evidence that psychological growth in adults occurs very slowly. Interactions with maturation could still have posed as a threat due to some other differences in personological variables that were attributed to other factors such as differences in the quality of supervision or work experiences which could have differentially impacted growth during the intervention. History and its interaction with differential selection, a potential threat to any study, was a threat to this one as well given that the summer, fall, and spring groups were not held or assessed concurrently or in semesters of equal duration. To control for history effects, any events that may have affected outcomes were documented (Borg & Gall, 1989).

Mortality also a posed as a threat for some students in each group did not complete both sets of assessments. Records were kept for each treatment of subject absenteeism or withdrawal from the treatment to control for effects of mortality (Borg & Gall, 1989).

Although testing could have possibly threatened the study due to the pre-test design, research data does not provide evidence that such effects occur for the measures used in this study. The CFA may have presented potential threats for, as with any self-report inventory, there are always considerations regarding the validity of the responses. However, differences in test administration procedures did pose as threats to testing.
Experimental treatment diffusion did not pose as a threat due to sequence of the ethics course sections used for comparison. The summer ethics course which served as the comparison class was taught in the semester preceding the fall ethics intervention class. Although both course sections were taught by the same professor, the assistant instructor was responsible for the intervention methodologies such as responding to journals and developing small group casework studies. However, treatment diffusion could have confounded the results of the 1998 Spring Semester Group as ethics was briefly discussed in one course in which some of these students were enrolled, and some students were also required to journal in their some of their courses.

The procedural design controlled for the internal threats of compensatory rivalry, equilization of treatment, and resentful demoralization of control group as the intervention and comparison groups were not participating in concurrently taught class sections. Based on research findings for this age and academic level of students, it is also doubtful that statistical regression posed as a threat. Mean scores obtained on comparable groups of students and adults indicate that they do not typically score at the highest levels of moral reasoning as philosophy students or at the lowest levels of moral reasoning (Rest, 1986b).

**External Validity**

The major threat to the ecological validity of the study was population validity given the use of a small and accessible sample of students at William & Mary. Thus, generalizability of the findings to the target population of graduate level education and counseling students at higher educational institutions in other geographic locations in Virginia is limited. Selection/treatment interaction posed threats for similar reasons.
identified for the internal threats of differential selection and its interaction with maturation.

Experimenter effects may have had an effect given that this approach was not only new to this program, but also to this researcher in acting as a co-instructor. Thus, the effectiveness of instructor skills and abilities, level of enthusiasm, and provision of support and challenge may have contributed to the overall effects of the intervention. This effect was minimized through utilizing the same lead professor in both sections; thus providing continuity of instruction and level of ability and skill.

It is unlikely that the Hawthorne effect posed as a threat for research has demonstrated that effects of “faking high” are insignificant to scores on the DIT (Rest, 1986b). Further, the semi-projective nature of the PCM makes it difficult to fake high. However, the validity of the post-test self-report responses on the CFA could have been contaminated due their knowledge about the their participation in a study and its purpose.

Interaction of time of measurement and treatment effects may have posed as a threat for students were only be post-tested at the end of the course semester. These threats are minimized for DIT scores as the research indicates that moral developmental levels tend to be maintained (Rest, 1986).

Despite that it is a new approach, the methodologies did not deviate from other traditional approaches to the extent that novelty and disruptions effects would have impacted the results. Explicit description of treatment design was controlled for through providing a detailed description of the sampling, statistical, and treatment methodologies which ensured that it could be replicated. This design largely controlled for other
external threats such as pre-test and post-test sensitization, and multiple treatment interference.

**Conclusion**

This chapter reviewed the research design and methodologies used in this study. Sampling, statistical, and data gathering procedures were discussed, and the intervention design and curricula were described, with attention to the special and ethical considerations of this investigation. An examination of the major threats to validity of this study and control measures used were presented. The next chapter will present a summary of the demographic, statistical, and qualitative analyses.
CHAPTER FOUR

RESULTS

This chapter will present results of the study. A description of the sample and demographic data will first be presented and then followed by the results of the statistical analysis of the three proposed hypotheses. The final section of the chapter will report the findings of the MJI ratings of the pre-and post-ethical scenarios and the qualitative data analysis.

Descriptive Sample and Demographic Statistics

Overall, there were 44 graduate education and counseling students in the total initial sample: 18 students in the 1997 Fall Ethics Intervention Group, 12 students in the 1997 Summer Ethics Comparison Group, and 14 students in the 1998 Spring Semester Comparison Group. Of these 44 students, only 38 students comprised the final total sample: 17 in the Fall Ethics Intervention Group, 10 in the 1997 Summer Ethics Comparison Group, and 11 in the 1998 Spring Semester Comparison Group.

One student in the intervention group failed to complete all of the pre-assessments, leaving an incomplete set of pre-and post-assessments. In the 1997 Summer Ethics Comparison Group, one student declined participation and one student failed to complete all of the post-assessments. Four students in the 1998 Spring Comparison Group did not return completed post-assessments.

The final intervention group sample was comprised of 17 students; 16 females and 1 male; ages ranging from 22 years to 54 years, with a mean age of 35 years. 41.1% of the students were within their 20’s, and 23.5% of the students ranging within their 30’s. Thirteen students were Caucasian, 2 students were African American, and 2 were
Latin American (See Table 1). A Bachelor’s Degree was the highest educational degree completed for 41.2% of the students who were currently taking master’s level courses; 35.3% had completed a master’s degree; 17.6% of the students had completed an educational specialist degree, and 5.8% (i.e., 1 student) had obtained a doctorate (See Table 2). 52.9% of the students were full-time students, 41.2% were part-time students; and 76.5% of this group were employed (See Table 3).

Years of counseling experience in the intervention group ranged from 0 to 10 years, with a mean number of 2.5 years of experience. 23% of the students had approximately 1-2 years of experience, and the same percentage of students had approximately 8-10 years of experience. Six of these students indicated that they were currently counseling: 4 full-time and 2 part-time counselors (See Table 4).

The majority of the students (70.6%) in this group indicated that their reason for taking the ethics course was to fulfill academic requirements, while 17.6% were fulfilling licensure and re-certification requirements. 11.8% of the students were taking the course out of interest (See Table 5). Two students had taken a prior formal ethics course, and 2 students had taken a formal course and seminar. Four students had taken a related seminar/workshop. Six students had had no prior ethics training or course work, while 3 students had taken ethics as part of their general education program (See Table 6).

There were 10 students in the final sample in the 1997 Summer Ethics Comparison Group. Of these 10 students, 9 were females and 1 was a male, with ages ranging from 21-58 years of age. The mean age was 36.5 years; with 40% of the students ranging within their 20s, 20% ranging in each of the following decades: 30s, 40s, and 50s. Nine of the 10 students were Caucasian and 1 was African-American (See Table
1.1). The majority of the students (60%) were currently working on master's level courses after having obtained a bachelor's degree. 30% had obtained a master's degree and 10% (i.e. 1 student) had obtained an educational specialists' degree (See Table 2.1). One-half of the group were full-time students, and one-half of the group were part-time. 70% of the students were employed (See Table 3.1).

The majority of these students (60%) did not have any counseling experience. 30% of the students had 4-5 years of counseling experience, and 1 student reported over 26 years of experience. One-half of the group reported that they were currently counseling, while one-half reported that they were not currently counseling. Of the four students that indicated counseling status, 3 were full-time and 1 was part-time (See Table 4.1).

50% of the students reported that their reason for taking the ethics course was to fulfill academic requirements, while 30% reported taking the course to fulfill licensure and re-certification requirements. 20% indicated that they were taking the course out of interest (See Table 5.1). The majority of the students (60%) had had no prior ethics training or course work. 20% had taken a related seminar/workshop, and 20% indicated having taken a general ethics education course (See Table 6.1).

Of the 11 Caucasian students who comprised the 1998 Spring Semester Comparison Group, 10 were females, and 1 was a male, with ages ranging from 22-45 years of age. The mean age was 29.5 years, with 54.5% of the students within their 20s, 27.2% ranging within their 30s; and 18.1% within their 40s (See Table 1.1). The majority of these students (72.2%) had obtained a bachelor's degree and were currently taking master's level courses. Two of the students had completed a master's degree, and
I had obtained an educational specialist degree (See Table 2.1). Eight of the 11 students were of full-time status, and 3 were part-time student status. 27.3% of the students in this group were employed (See Table 3.1).

Seven of these students reported having no counseling experience, while 2 students reported 12 years of experience and 1 student indicated 15 years of experience. Only one student reported having 1 year of counseling experience. The majority of these students (72.7%) indicated that they were not currently counseling, while 27.3% indicated that they were currently counseling. Two were counseling part-time, and only 1 student was a full-time counselor (See Table 4.1).

45.5% of the students reported having no prior ethics training or course work. Of those students who indicated some prior training; 3 students had taken a related seminar/workshop; 1 student had taken a general educational ethics course; 1 student had formal training; and 1 student reported having received both formal training and a related seminar/workshop (See Table 6.1). Reasons for taking the course were not applicable to this group as they were not enrolled in the professional ethics course as were the students in the other two groups (See Table 5.1).

A total of six students, 3 males and 3 females, were dropped from the final sample groups due to incomplete sets of assessment data. Their ages ranged from 20 to 42 years of age; with the majority of the students (i.e. 4 students) in their 20s. One student was 30 years of age and one was 42 years. Five of the six students were Caucasian, and one student was African American. The highest educational degree obtained by five students was a bachelor’s degree, and one student had obtained a master’s degree. All but one of the students were full-time students. Three students were
Table 1

GENDER, AGE, AND ETHNICITY

Intervention Group
1997 Fall Ethics Course
\( n = 17 \)

<table>
<thead>
<tr>
<th>GENDER</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>94%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>7</td>
<td>41.1%</td>
</tr>
<tr>
<td>30-39</td>
<td>4</td>
<td>23.5%</td>
</tr>
<tr>
<td>40-49</td>
<td>3</td>
<td>17.6%</td>
</tr>
<tr>
<td>50-59</td>
<td>3</td>
<td>17.6%</td>
</tr>
</tbody>
</table>

Mean Age 35 Years

ETHNICITY
<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>13</td>
<td>76%</td>
</tr>
<tr>
<td>African American</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>Latin Amer./Hispanic</td>
<td>2</td>
<td>12%</td>
</tr>
</tbody>
</table>

Table 1.1

Comparison Group
1997 Summer Ethics Course
\( n = 10 \)

<table>
<thead>
<tr>
<th>GENDER</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>90%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>30-39</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>40-49</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>50-59</td>
<td>2</td>
<td>20%</td>
</tr>
</tbody>
</table>

Mean Age 36.5 Years

ETHNICITY
<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>African Amer.</td>
<td>1</td>
<td>10%</td>
</tr>
</tbody>
</table>

Comparison Group
1998 Spring Semester
\( n = 11 \)

<table>
<thead>
<tr>
<th>GENDER</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
<td>91%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>6</td>
<td>54.5%</td>
</tr>
<tr>
<td>30-39</td>
<td>3</td>
<td>27.2%</td>
</tr>
<tr>
<td>40-49</td>
<td>2</td>
<td>18.1%</td>
</tr>
<tr>
<td>50-59</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Mean Age 29.5 Years

ETHNICITY
<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>African Amer.</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

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### Table 2
**HIGHEST EDUCATIONAL DEGREE OBTAINED**

**Intervention Group**  
1997 Fall Ethics Course  
$n = 17$

<table>
<thead>
<tr>
<th>HIGHEST DEGREE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelors</td>
<td>7</td>
<td>41.2%</td>
</tr>
<tr>
<td>Masters</td>
<td>6</td>
<td>35.3%</td>
</tr>
<tr>
<td>Ed. Specialist</td>
<td>3</td>
<td>17.6%</td>
</tr>
<tr>
<td>Doctorate</td>
<td>1</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

### Table 2.1

**Comparison Group**  
1997 Summer Ethics Course  
$n = 10$  
1998 Spring Semester  
$n = 11$

<table>
<thead>
<tr>
<th>HIGHEST DEGREE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelors</td>
<td>6</td>
<td>60%</td>
<td>8</td>
<td>72.7%</td>
</tr>
<tr>
<td>Masters</td>
<td>3</td>
<td>30%</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Ed. Specialist</td>
<td>1</td>
<td>10%</td>
<td>1</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

### Table 3
**PART-TIME AND FULL-TIME STUDENT STATUS**

**Intervention Group**  
1997 Fall Ethics Course  
$n = 17$

<table>
<thead>
<tr>
<th>STUDENT STATUS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-Time</td>
<td>7</td>
<td>41.2%</td>
</tr>
<tr>
<td>Full-Time</td>
<td>9</td>
<td>52.9%</td>
</tr>
<tr>
<td>EMPLOYED</td>
<td>13</td>
<td>76.5%</td>
</tr>
</tbody>
</table>

### Table 3.1

**Comparison Group**  
1997 Summer Ethics Course  
$n = 10$  
1998 Spring Semester  
$n = 11$

<table>
<thead>
<tr>
<th>STUDENT STATUS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-Time</td>
<td>5</td>
<td>50%</td>
<td>3</td>
<td>27.3%</td>
</tr>
<tr>
<td>Full-Time</td>
<td>5</td>
<td>50%</td>
<td>8</td>
<td>72.7%</td>
</tr>
<tr>
<td>EMPLOYED</td>
<td>7</td>
<td>70%</td>
<td>3</td>
<td>27.3%</td>
</tr>
</tbody>
</table>

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Table 4
COUNSELING STATUS AND EXPERIENCE

Intervention Group
1997 Fall Ethics Course
n = 17

<table>
<thead>
<tr>
<th>YEARS OF COUNSELING EXPERIENCE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>8</td>
<td>47%</td>
</tr>
<tr>
<td>&lt; 1</td>
<td>2</td>
<td>11.7%</td>
</tr>
<tr>
<td>1-1.5</td>
<td>2</td>
<td>11.7%</td>
</tr>
<tr>
<td>4-4.5</td>
<td>1</td>
<td>5.8%</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>11.7%</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
<td>11.7%</td>
</tr>
<tr>
<td><strong>MEAN YEARS</strong></td>
<td><strong>2.5 Years</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNSELING STATUS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>6</td>
<td>35.3%</td>
</tr>
<tr>
<td>Not Counseling</td>
<td>11</td>
<td>64.7%</td>
</tr>
<tr>
<td>Part-Time</td>
<td>2</td>
<td>11.8%</td>
</tr>
<tr>
<td>Full-Time</td>
<td>4</td>
<td>23.5%</td>
</tr>
</tbody>
</table>

Table 4.1

Comparison Group
1997 Summer Ethics Group
n = 10

<table>
<thead>
<tr>
<th>YEARS OF COUNSELING EXPERIENCE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>4-4.5</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
<td>18%</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>26</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td><strong>MEAN YEARS</strong></td>
<td><strong>4.1 Years</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNSELING STATUS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>Not Counseling</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>Part-Time</td>
<td>1</td>
<td>30%</td>
</tr>
<tr>
<td>Full-Time</td>
<td>3</td>
<td>30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEARS OF COUNSELING EXPERIENCE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>7</td>
<td>63.3%</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>4-4.5</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
<td>18%</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>26</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td><strong>MEAN YEARS</strong></td>
<td><strong>3.7 Years</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNSELING STATUS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>3</td>
<td>27.3%</td>
</tr>
<tr>
<td>Not Counseling</td>
<td>8</td>
<td>72.7%</td>
</tr>
<tr>
<td>Part-Time</td>
<td>2</td>
<td>27.3%</td>
</tr>
<tr>
<td>Full-Time</td>
<td>1</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

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### Table 5
**REASONS FOR TAKING THE ETHICS COURSE**

**Intervention Group**  
1997 Fall Ethics Course  
*n = 17*

<table>
<thead>
<tr>
<th>REASON</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Requirement</td>
<td>12</td>
<td>70.6%</td>
</tr>
<tr>
<td>Interest</td>
<td>2</td>
<td>11.8%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>17.6%</td>
</tr>
</tbody>
</table>

### Table 5.1
**Comparison Group**  
1997 Summer Ethics Course  
1998 Spring Semester  
*n = 10*  
*n = 11*

<table>
<thead>
<tr>
<th>REASON</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Requirement</td>
<td>5</td>
<td>50%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Interest</td>
<td>2</td>
<td>20%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>30%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Table 6
**PRIOR ETHICS TRAINING**

**Intervention Group**  
1997 Fall Ethics Course  
*n = 17*

<table>
<thead>
<tr>
<th>PRIOR TRAINING</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Prior Training</td>
<td>6</td>
<td>35.3%</td>
</tr>
<tr>
<td>Formal Course</td>
<td>2</td>
<td>11.8%</td>
</tr>
<tr>
<td>Seminar/Workshop</td>
<td>4</td>
<td>23.5%</td>
</tr>
<tr>
<td>Formal Course &amp; Seminar</td>
<td>2</td>
<td>11.8%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>17.6%</td>
</tr>
</tbody>
</table>

### Table 6.1
**Comparison Group**  
1997 Summer Ethics Course  
1998 Spring Semester  
*n = 10*  
*n = 11*

<table>
<thead>
<tr>
<th>PRIOR TRAINING</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Training</td>
<td>6</td>
<td>60%</td>
<td>5</td>
<td>45.5%</td>
</tr>
<tr>
<td>Formal Course</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Seminar/Workshop</td>
<td>2</td>
<td>20%</td>
<td>3</td>
<td>27.3%</td>
</tr>
<tr>
<td>Formal &amp; Seminar</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>20%</td>
<td>1</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

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employed. Only one student reported having counseling experience. This student had
four years of experience and was currently a full-time counselor. Reasons for taking the
ethics class were to fulfill an academic requirement (1 student) and out of interest (1
student). Only one student had received some kind of prior ethics training.

Results of Statistical Analyses

As groups were not randomly selected, four separate analyses of variance
(ANOVAs) were conducted to determine if groups significantly differed on the pre-test
measures for the DIT (P and N score), PCM, and CFA. The Bonferroni adjustment was
used to control for experimentwise error. Alpha was set at $p = .0125$; thus maintaining
the alpha level at $p = .05 \left( \frac{4}{4} \cdot .0125 = .05 \right)$. Due to the unequal sample sizes, a
Levine's test of homogeneity of variances was also conducted. Each analysis of variance
revealed equal variances across groups for all four measures. Non-significant Levine
statistics were found for the ANOVA of the P- pre-test scores ($L = 1.632, p > .0125$); N
pre-test scores ($L = .898, p > .0125$); PCM pre-test scores ($L = .204, p > .0125$); and the
CFA pre-test scores ($L = 1.576, p > .0125$)

The ANOVA results revealed that there was a significant difference between
groups on the PCM pre-test scores, $F(2,35) = 6.259, p < .0125$. Mean PCM pre-test
scores for the three groups were as follows: 1997 Summer Ethics Comparison Group
($N = 10, M = 2.02$); 1997 Fall Ethics Intervention Group ($N = 17, M = 1.86$); and the
1998 Spring Comparison Group ($N = 11, M = 2.27$) (See Table 7 for a summary of pre-
and post-test mean scores). A follow-up Tukey HSD revealed that the significant PCM
pre-test differences existed between the 1997 Fall Ethics Intervention Group and the
1998 Spring Comparison Group (Mean Difference = + .4139, p < .0125) (See Tables 8 for ANOVA and 8.1 for Post Hoc Tests).

No significant differences were found between the three groups on the P pre-test scores $F(2,35) = .488, p > .0125$; N pre-test scores: $F(2,35) = .177, p > .0125$; or the CFA pre-test scores: $F(2,35) = .856, p > .0125$). Means scores on the P pre-test scores were as follows: 1997 Summer Ethics Comparison Group (M = 49.67); 1997 Fall Ethics Intervention Group (M = 43.32); and the 1998 Spring Comparison Group (M = 49.10). Mean scores obtained on the N pre-test were the following: 1997 Summer Ethics Comparison (M = 51.63); 1997 Fall Ethics Intervention Group (M = 48.64); and the 1998 Spring Comparison Group (M = 50.61). The following mean pre-test scores were found for the CFA: 1997 Summer Ethics Comparison Group (M = 47.90); 1997 Fall Ethics Intervention Group (M = 49.52); and the 1998 Spring Semester Comparison Group (M = 47.84).
Table 7
Group Means and Standard Deviations for Dependent Measures

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<th>GROUP</th>
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<th>STANDARD DEVIATION</th>
<th>N</th>
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<td>2 43.3294</td>
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<td></td>
<td>3 50.6091</td>
<td>10.9342</td>
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Group 1- 1997 Summer Ethics Comparison Group
Group 2- 1997 Fall Ethics Intervention Group
Group 3- 1998 Spring Semester Comparison Group

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Table 8
Anova and Post Hoc Tests
PCM Pre-Test

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<th>df</th>
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<th>Sig</th>
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Alpha at p = .0125

Table 8.1
Post Hoc Tests

Multiple Comparisons

Dependent Variable: PCM PRE
Tukey HSD

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<tr>
<th>(1) Group</th>
<th>(2) Group</th>
<th>Mean Difference (l-J)</th>
<th>Std. Error</th>
<th>Sig.</th>
<th>98.75% Confidence Interval</th>
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<td>.120</td>
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</tbody>
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Group 1- 1997 Summer Ethics Comparison Group
Group 2- 1997 Fall Intervention Comparison Group
Group 3- 1998 Spring Semester Comparison Group
* The mean difference is significant at the .0125 level

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A multivariate analysis of covariance (MANCOVA), with the mean pre-PCM test scores as the covariate were performed to determine if there were significant differences between the three groups on the post-test scores of the four dependent measures: DIT (P and N scores), PCM, and CFA. Alpha was set at \( p = .05 \).

Hypothesis 1:

Graduate education and counseling students in the intervention group will obtain significantly higher post-test scores on the DIT (P and N scores) and the PCM than the students in the comparison groups.

Hypothesis 2

Graduate education students and counseling students in the intervention group will obtain significantly lower post-test scores on the CFA that the students in the comparison groups.

The MANCOVA revealed no significant overall effects: Wilks' Lambda: \( F(8,62) = .182, p = .993 \), and no significant differences between the three groups on any of the post-test measures: N-post: \( F(2,34) = .090, p > .05 \); P-post: \( F(2,34) = .100, p > .05 \); PCM-post: \( F(2,34) = .447, p > .05 \); CFA-post: \( F(2,34) = .224, p > .05 \). The results also revealed that mean PCM pre-test scores did not significantly impact mean post-test scores obtained for the N-post: \( F(1,34) = 1.502, p > .05 \), P-post: \( F(1,34) = 1.920, p > .05 \), and CFA-post: \( F(1,34) = .606, p > .05 \). Mean PCM pre-test scores did have a significant effect on mean post-test PCM scores, \( F(1,34) = 9.605, p < .05 \), power = .853. Thus, the MANCOVA results failed to confirm the first and second hypotheses.

The lack of significant differences in post-test scores could be attributed to the very small group sample sizes (Ns< 30) which violated the central limit theorem and, consequently,
may have violated assumptions of normality required of multivariate tests (See Table 9 for summary of the Multivariate Tests and Table 9.1 for Between-Subjects effects).

Table 9

Multivariate Tests

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<tr>
<th>Effect</th>
<th>Value</th>
<th>F</th>
<th>Hypoth. df</th>
<th>Error df</th>
<th>Sig.</th>
<th>Noncent Param.</th>
<th>Obs. Power</th>
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<td>Pillai's Trace</td>
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<td>2.298(b)</td>
<td>4.000</td>
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<td>9.910</td>
<td>.599</td>
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| GROUP       |       |       |            |          |      |                |            |
| Pillow's Trace | .046  | .188  | 8.000     | 64.000   | .992 | 1.501          | .101       |
| Wilks' Lambda | .955  | .182  | 8.000     | 62.000   | .993 | 1.457          | .099       |
| Hotelling's Trace | .047  | .177  | 8.000     | 60.000   | .993 | 1.413          | .097       |
| Roy's Largest Root | .033  | .266  | 4.000     | 32.000   | .898 | 1.063          | .101       |

a. computed using alpha = .05
b. Exact Statistic
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<th>Type 111</th>
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<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Noncent. Param.</th>
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a. Computed using alpha = .05  
b. R Squared = .078 (Adjusted R Squared = -.003)  
c. R Squared = .084 (Adjusted R Squared = .003)  
d. R Squared = .022 (Adjusted R Squared = -.065)  
e. R Squared = .227 (Adjusted R Squared = .227)
Although the MANCOVA did not reveal significant differences in post-test scores, further examination of mean pre- and post-test scores did indicate positive movement in the intervention group (Group 2). However, these trends need to be considered with caution due to the small group sample sizes and to the potential that these differences could have been due to chance. The intervention group’s pre- to post-test scores for the DIT (P and N scores) and PCM were as follows: P-pre (M = 43.3294), P-post (M = 45.6647); N-pre (M = 48.6353), N-post (M = 49.9824); PCM-pre (M = 1.8588), PCM-post (M = 1.9824). As hypothesized, CFA scores reflected a lower mean post-test score (M = 45.6471) than pre-test score (M = 49.5294) for the Fall Ethics Intervention Group. The mean post-test score on the CFA for the intervention group was lower than the mean post-test score for the 1997 Summer Comparison Group (Group 1) (M = 47.200) and the 1998 Spring Comparison Group (Group 3) (M = 46.5455).

In comparison to the intervention group, the 1997 Summer Ethics Comparison Group had somewhat lower post-test scores on the DIT (P and N scores) and PCM than on pre-test scores: P-pre (M = 49.6700) P-post (M = 45.6400); N-pre (M = 51.6300), N-post (M = 51.400); PCM-pre (M = 2.02), PCM-post (M = 1.96). CFA Pre-test (M = 47.900) and post-test (M = 47.200) scores only differed by .7 points.

In contrast to the summer comparison group, the 1998 Spring Comparison Group obtained higher post-test scores than pre-test scores on the DIT (P and N scores) and CFA: P-pre (M = 49.100), P-post (M = 53.3364); N-pre (M = 50.6091), N-post (M = 56.5909); CFA-pre (M = 45.1818), CFA-post (M = 46.5455). Mean post-PCM scores (M = 2.20) were only slightly lower than pre-PCM scores (M = 2.2727). Thus, both the
1997 Fall Ethics Intervention Group and this group moved in a positive direction between pre-and post-test measures on the DIT (P and N scores).

Comparisons of the differences in total mean scores obtained from the pre-to post-test measures of the P and N scores indicated that the N score tended to slightly outperform the P score for all three groups; thus supporting prior results obtained by Rest, Davidson, & Evens (1996). Differences in total mean scores obtained on the N-pre-test (\( M = 49.9947 \)) and N-post-test (\( M = 52.2684 \)) resulted in a larger gain (Mean gain = 2.2737 points) than the P gain score (Mean gain score = 1.2105 points) obtained in computing the difference between the P-pre-test (\( M = 46.6684 \)) and P-post-test (\( M = 47.8789 \)).

Overall, these findings revealed that the students in the 1998 Spring Semester Comparison Group were using a higher percentage of principled reasoning at the time of post-testing (53.3%) than the students in the Fall Ethics Intervention Group who increased their percentage of principled reasoning from an initial 43.3% to a post-test percentage of 45.7%. This post-test percentage of principled reasoning was equivalent to the percentage of principled reasoning at post-testing (45.6%) for the 1997 Summer Ethics Comparison Group who had witnessed a decreased percentage in principled reasoning at post-testing (45.6%) as compared to the percentage at pre-testing (49.7%).

Similar trends were found for the post-test scores for the DIT-N scores as well. However, the results indicated that the 1998 Spring Comparison Group had gained a higher percentage of principled reasoning and had given up a greater usage of lower stage reasoning (\( M = 56.59 \)) at post-testing than the other two groups as reflected by post-test N scores of the Fall Ethics Intervention Group (\( M = 49.98 \)) and 1997 Summer Ethics.
Comparison Group (M = 51.40). N -post-test scores (M = 51.40) for 1997 Summer Ethics Comparison Group also indicated a slightly greater usage of principled reasoning and less usage of lower stage reasoning as compared to the Fall Intervention Group (M = 49.98).

The 1998 Spring Semester Comparison Group also had slightly higher post-test PCM scores (M = 2.20) than the 1997 Fall Ethics Intervention Group (M = 1.98) and the 1997 Summer Ethics Comparison Group (M = 1.96). These findings must take into the consideration the significant effect that PCM pre-test scores had on PCM post-test scores, F(1,34) = 9.605, p < .05 (As shown in Table 9, this finding was significant at p = .004.) These significant differences in mean PCM pre-test scores were found between the pre-test scores for the Fall Intervention Group (M = 1.8588) and the 1998 Spring Semester Comparison Group (M = 2.2727). The Spring Comparison Group had significantly higher PCM scores at pre-testing than the Fall Intervention Group. Thus, the PCM scores for the Spring Comparison Group remained fairly stable from pre-testing (M = 2.2727) to post-testing (M = 2.2000), while the Fall Intervention Group made slight gains from pre-testing (M = 1.8588) to post-testing (M = 1.9824).

At the time of post-testing, the Fall Intervention Group had a slightly lower mean CFA post-test score (M = 45.6471) than the 1997 Summer Ethics Comparison Group (M = 47.900) and the 1998 Spring Comparison Group (M = 46.5655). The intervention group was the only group that showed a decrease in mean CFA scores from the time of pre-testing (M = 49.5294) to post-testing (M = 45.6471). The CFA mean pre-and post-test scores for the 1997 Summer Comparison Group (pre: M = 47.9000; post: M = 47.2000)
and the 1998 Spring Comparison Group (pre: \( M = 45.1818 \); post: \( M = 46.5455 \)) remained fairly stable.

In comparison to norms for the DIT- P score, the intervention group pre-test scores (\( M = 43.3294 \)) obtained were comparable to college students (\( M = 43.190 \)); and P-post-test scores (\( M = 45.6647 \)) were slightly higher than norm scores for graduate students (\( M = 44.850 \)). N-pre-test scores (\( M = 48.6353 \)) and N-post-test scores (\( M = 49.9824 \)) fell within the range between norm scores of college students (\( M = 43.943 \)) and graduate students (\( M = 54.566 \)) (See Table 10 for summary of P and N score group norms).

In contrast, the DIT- P and N pre- and post-test scores obtained in the 1997 Summer Ethics Comparison Group (P-pre: \( M = 49.6700 \); P-post: \( M = 45.6400 \); N-pre: \( M = 51.6300 \); N-post: \( M = 51.4000 \)) were slightly higher than norm scores of graduate students on the P score (\( M = 44.850 \)) and within the range between college students’ norms (\( M = 43.943 \)) and graduate students’ norm (\( M = 54.566 \)) for the N score. Slightly different findings were obtained on these measures for the 1998 Spring Comparison Group. Pre-and post-test mean scores for the DIT- P (Pre-\( M = 49.1000 \); Post-\( M = 53.3364 \)) were slightly higher than graduate students’ norms (\( M = 44.850 \)). The mean pre-test DIT-N score (\( M = 50.6091 \)) fell within the range between college students (\( M = 43.934 \)) and graduate students (\( M = 54.566 \)), while the mean post-test DIT-N score (\( M = 56.3364 \)) was slightly higher than the mean score obtained on graduate students’ norms (\( M = 54.566 \)).
According to DIT-P score cut-off points for designation of groups as recommended by Rest (1986), mean post-test P scores of students in the Fall Ethics Intervention Group ($M = 45.6642$) and 1997 Summer Ethics Comparison Group ($M = 45.6400$) fell in the 3rd quartile (35-46) or high third (42 and above). The 1998 Spring Comparison Group's mean P-post-test score ($M = 53.3364$) fell in the 4th quartile (47 and above) or high third (42 and higher).

Table 10

<table>
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<th>Norm Group</th>
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<td>Moral Phil./Pol. Sci. Doc. Students</td>
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<tr>
<td>N Score</td>
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In the PCM scoring manual (Hunt et al., 1978), recommended standards for ranges of scores for designation of groups by level of conceptual level (CL) are as follows: low CL (0-1.0); moderate CL (1.1-1.9); and high CL (2.00 and above). While only the 1998 Spring Semester Comparison Group fell into the high CL range on their mean PCM post-test score (2.2000), the mean PCM post-test scores for Fall Intervention Group (1.9824) and the Spring Comparison Group (1.9600) fell within the range between moderate to high conceptual levels. Mean PCM scores for groups of 91, 43, and 60 graduate students were $M = 1.85$, $M = 1.93$, and $M = 1.82$, respectively. Mean PCM
scores for norms obtained on community college and university students ranged from $M = 1.63$ to $M = 2.03$; and mean scores on norms obtained on teacher trainees ranged from $M = 1.55$ to $M = 1.82$. Thus, it appeared that all three groups in this study had equivalent or higher PCM scores as compared to these graduate students’ norms.

In college samples, mean CFA scores have ranged from 52 - 55 with a standard deviation of 11. Thus, the post-test scores of three groups in this study were below the average scores obtained by college students: Intervention Group ( $M = 45.6471$); 1997 Summer Comparison Group ( $M = 47.2000$); 1998 Spring Comparison Group ( $M = 46.5455$).

Pearson-Product Moment correlations were performed to test hypothesis 3. Alpha was set at $p = .05$.

Hypothesis 3:

Students’ pre- and post-test scores on the DIT (P and N scores) and PCM will show an inverse relationship to the pre-and post-test scores on the CFA.

The Pearson-Product Moment correlations did yield a significant inverse correlation between the mean pre-test scores of the PCM and CFA ($r = -.271$, $p < .05$). No significant inverse relationships were found between the mean DIT scores (P and N) and the mean CFA scores on either pre- or post-test measures, or between the mean post-test scores of the PCM and the CFA. The Pearson-Product Moment Correlations obtained in correlating the pre-CFA scores to the DIT (P and N) were as follows: P-pre ($r = .014$, $p > .05$); N-pre ($r = -.055$, $p > .05$). In correlating CFA post-test scores to the DIT (P and N) and PCM, the results revealed the following correlations:
P-post ( \( r = -0.020, p > 0.05 \)); N-post ( \( r = 0.014, p > 0.05 \)); and the PCM-post ( \( r = -0.140, p > 0.05 \)) (See Table 11 for a summary of Pearson-Product Moment Correlations).

These findings provided partial support to the third hypothesis. Although significant inverse correlations were not found between DIT (P and N) and CFA mean scores on pre-and post-test measures, or between post-test measures of the PCM and CFA, the results did indicate that there were non-significant inverse correlations as follows: Pre-CFA and DIT-N scores (\( r = -0.055 \)); Post-CFA and DIT-P scores (\( r = -0.020 \)); and Post-CFA and PCM scores (\( r = -0.140 \)). It appeared that only the PCM consistently maintained an inverse relationship with the CFA.

According to standards set forth in Grimm and Yarnold (1997) who support Cohen’s classification of effect sizes “measured via R squared or other such indices” (p.249) for social research, effect sizes of .01 are small, .09 are moderate, and .25 or greater are large. Thus, the results would indicate that the PCM and CFA pre-test correlation (R squared = .07) approached a moderate effect size. The lack of finding any other significant correlations may have been attributable to the sample size.
Table 11

Pearson-Product Moment Correlations
Pre-and Post-Tests

Descriptive Statistics
Pre-Test

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Descriptive Statistics
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Correlations

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* Correlation is significant at the .05 level (1-tailed)
Analysis of the Ethical Scenarios

Complete sets of pre- and post-assessment scenarios were received from 24 of the
38 students in the study: 1997 Summer Ethics Comparison Group (N = 6); 1997 Fall
Ethics Intervention Group (N = 11); and the 1998 Spring Semester Group (N = 7).
There were 5 females and 1 male, ages ranging from 21-56 years of age (mean age = 37
years) who completed the scenarios in the 1997 Summer Comparison Group. Four
students had obtained a bachelor’s degree, 1 had completed a master’s degree, and 1 had
received an educational specialist degree.

Three students had counseling experience (26.5, 4.5, and 5 years), and were
currently counseling. Two students were counseling full-time and one student was
practicing part-time. Of the six students, 3 had received no prior ethics training; 2 had
taken an ethics seminar/workshop; and 1 had taken an general educational ethics course.

The students who completed the scenarios in the 1997 Fall Ethics Intervention
Group were comprised of 10 females and 1 male, ages ranging from 22-52 years (mean
age = 34.5 years). The highest level of education obtained for these students were as
follows: bachelors degree (4 students); master’s degree (5 students); educational
specialist (1 student); doctoral level degree (1 student).

Of these 11 students, 5 students had counseling experience ranging from .5 - 10
years of experience: <.5 years (1 student); 1.5 years (1 student); 4 years (1 student); 10
years (2 students). Only 3 of the 5 students were currently counseling; 2 full-time and 1
part-time. Four students had had no prior ethics training; 2 students had taken an ethics
seminar/workshop; 2 students had taken a formal course; 1 student had taken both a
formal course and a seminar/workshop; and 2 students had had a general educational ethics course.

In the 1998 Spring Semester Comparison Group, 7 female students with ages ranging from 22-40 years (mean age = 27.3) completed scenarios. Five students had obtained a bachelor's degree; 1 student had received a master's degree; and 1 student had completed an educational specialist degree. Only two students had counseling experience; 1 student had 1 year of experience, and the other student had 10 years of experience. Only the student with 15 years of experience was currently counseling on a part-time basis. Four of the seven students had had no prior ethics training. The types of prior training received by the other three students included; formal training (1 student); seminar/workshop (1 student); and a general educational ethics course (1 student).

Responses to scenario questions were assessed against prototypic stage criterion judgment descriptions provided in the MJI manual by three raters (inter-rater reliability; pre-test; r = .881; post-test: r = .722). Despite the respectable inter-rater reliability coefficients, the results and trends presented should be interpreted in consideration of the very small group sample sizes which may have violated assumptions of normality, the adapted format of the MJI for use with counseling, and the inexperience of the raters in using the MJI manual scoring protocol.

The dilemmas posed were different from those used in the MJI as they were relevant to counseling. Questions were modeled after the types of questions asked in the MJI. Further, the MJI uses an interview protocol which allows for probing questions. In this study, students completed the scenarios independently by providing written responses to questions following each of the dilemmas. The written format precluded

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further probing to more accurately assess their stage level reasoning used in formulating their responses.

Global mean stage scores were obtained for the pre- and post-scenario assessments for each group. Mean pre- and post-assessment stage scores for each group were as follows: 1997 Summer Ethics Intervention Group: Pre (M = 297.16); Post (M = 333.33); 1997 Fall Ethics Intervention Group: Pre (M = 328.79); Post (M = 319.69); 1998 Spring Ethics Comparison Group: Pre (M = 307.14); Post (M = 307.14).

An analysis of variance (ANOVA) (p = .05), was conducted to determine if there were any differences between groups on pre- and post-assessment scores. A repeated measures ANOVA was also conducted to see if groups significantly changed over time. However, the results of these statistical analyses should be interpreted with caution due to the small number of students in the groups. Sample sizes this small violate the central limits theorem, and consequently, the assumptions of normality required of these statistical tests could have also been violated.

The results of the ANOVA revealed that there were no significant differences between the groups on pre-assessment scores [F (2,21) = 1.30, p > .05]. The results of post-assessment comparisons also revealed no significant differences in post-assessment scores between groups [F (2,21) = .898, p > .05]. The repeated measures ANOVA found no significant differences in group scores from pre- to post-testing [F (1,21) = 1.2220, p > .05] and no significant time by group interaction effects [F (1,21) = 2.279, p > .05].

In further examining the mean scores obtained, it appeared that students’ stage levels of reasoning ranged from the higher end of the transitional 2 / 3 stage level (2/3 stage level = 250) to mid-way between stage 3 and the transitional stage 3 / 4 (3/ 4 stage
level = 350) at the time of pre-testing. A similar stage level range was found at post-testing with the exception that the lowest stage level was at stage 3.

Only the 1997 Summer Ethics Comparison Group showed an increase in stage level reasoning from the pre-to post-assessment scenarios (mean difference = 36.17). However, this increase represents less than one-half of a stage level growth. The 1997 Fall Intervention Group witnessed only a minimal decrease in post-test scores as compared to pre-test scores (mean difference = -9.09); and the pre-to post-test stage level scores for the 1998 Spring Comparison Group remained stable at M = 307.14.

Responses that were assessed at the 2/3 transitional stage level indicated that students were still largely focusing on the instrumental aspects of counseling and acting according “to ethics” for the sake of “ethics” and in light of possible negative consequences to the counselor or concrete harm to the client (Stage 2). They were, however, starting to discuss the duty of the counselor in terms of normative expectations and in terms of the counselor’s concern or caring for the well-being of the client (Stage 3).

Students whose responses indicated a stage 3 level of reasoning primarily focused on normative expectations about the role of the counselor. At this level, students argued that the counselor should act “in the best interests” of the client for they are expected to protect the welfare of their clients. Their arguments did not yet reveal justifications based on ethical codes and guidelines (stage 3/4) of the profession in guiding their behavior. Students also largely focused on maintaining the professional counseling relationship and the appropriate counselor/client boundaries required. There were more comments about the mutual consideration and concern for feelings and
emotional well-being in the client/counselor relationship. Some students also argued that the counselor should act professionally so as not to develop a bad reputation (See Appendix A for a more complete description of Kohlberg’s stages).

An even closer examination of individual stage scores for each dilemma did reveal usage of reasoning associated with higher stage levels (transitional stage 3/4 to stage 5) that was not evident after averaging the three dilemmas together to obtain a combined global stage score. Students argued from the position of ethical codes and standards as guiding the counselor’s decisions and from the general value of human life more typical of stage 3/4. At higher stages, students began to examine the counselor’s actions in terms of the ‘profession’ and to incorporate more of a societal perspective into their reasoning. They recognized the need to weigh the clients’ rights to confidentiality and relevant ethical codes against the welfare of society as primary considerations in making a decision. Students at these higher levels (stage 4/5 to stage 5) argued from a position of the counselors’ obligation to protect the public welfare and individual’s rights to human life and protection of their lives as outweighing an individual right’s to confidentiality for the benefit of society; “the greater good.”

Across all groups, however, there was more frequent usage of stage 3/4 reasoning as compared to usage of reasoning reflective of higher levels of stages 4 to 5. In the 1997 Fall Ethics Intervention Group, 6 of the 11 students scored at stage level 3/4 on at least one dilemma at the time of the pre-assessment, and 8 students scored at this level on at least one dilemma at the time of the post-scenario assessments. On the pre-scenario assessment, 3 of the 6 students in the 1997 Summer Ethics Intervention Group scored at a stage 3/4 level on at least one dilemma, and 4 students exhibited this level of reasoning.
at post-testing. In the 1998 Spring Semester Comparison Group, 3 of the 7 students scored at this transitional level on the pre- and post-scenario assessments.

In contrast, there was less occurrence of higher stage reasoning across groups and frequency of occurrence appeared to remain stable from pre- to post-testing and to be evidenced on only one of the three dilemmas. There were three students in the intervention group who scored at stage 4, and two evidenced stage 4 /5 to stage 5 level of reasoning on both pre- and post-scenario assessments. In the summer ethics group, two students exhibited stage 4 reasoning at post-testing as compared to only one instance of this stage level of reasoning at pre-testing. One student evidenced a stage 4 /5 level of reasoning at post-testing, whereas there was no evidence of this stage at the time of pre-testing. Only one occurrence of stage 4 and stage 5 reasoning on both the pre- and post-scenario assessments was evidenced in the 1998 Spring Semester Comparison Group.

In summary, it appeared that a larger percentage of students (72.7%) in the intervention group exhibited reasoning reflective of stage 3 /4 on post-scenario assessments as compared to 42.8% in the Spring Comparison Group and 67% in the 1997 Summer Ethics Comparison Group. However, the summer ethics comparison group and fall ethics intervention ethics group showed only a slight percentage increase of stage 3 /4 usage from pre-to post-testing. A greater percentage of students in the intervention ethics group (45%) and summer ethics group (50%) exhibited higher stage reasoning (stages 4 -5) as compared to the 1998 Spring Comparison Group (29%).
Qualitative Analyses

The levels II and III constant comparative analyses were conducted on responses obtained from six students in the 1997 Fall Ethics Intervention Group who volunteered to be interviewed and from the last journal entries which presented the reflections of the course experiences of the remaining 11 students in this group. The six interview participants consisted of 5 females and 1 male, all of whom were Caucasian. Two students were in the first semester of their master's program in counseling; 1 student was in the doctorate program in counseling; 1 student had obtained an Educational Specialist Degree and was taking the course for licensure; and 2 students were unclassified part-time students. One of these students had obtained an doctoral level degree and the other students had received a bachelors degree. Both of the unclassified students were in the process of making career decision and were taking the course to determine if professional counseling would meet their career goals and expectations. Only two students had prior counseling experience and were currently counseling.

The data analysis revealed two overarching themes, personal and professional growth and growth-enhancing experiences. The sub-categories of personal and professional growth included: interpersonal awareness, ethical issues in counseling, the professional role of the counselor, tolerance of complexity and ambiguity, and competence. Sub-categories reflecting growth enhancing experiences included: knowledge and information, student dialoguing and perspective-taking, challenge and critical reflection. Highlights of the findings will be discussed by the sub-category of each major theme.
**Personal and Professional Growth**

*Interpersonal Awareness:* The majority of the students in the class commented about how they had obtained an increased awareness of their personal and professional values and how these values impacted their views in making ethical decisions and in working with clients.

In commenting about the course, one interviewee with no prior counseling experience stated, “It think it made me challenge some of my beliefs. It made me realize that I have to be more aware and open to cultural, sexual, and religious differences. There are just so many different things that I had just never thought of before. So it really opened my eyes.”

Another first semester student remarked,

> The way the case studies were done was very helpful in having me examine my own values and beliefs. I guess I came to the realization that I believed that I was aware of how my values would come into play, but now I realize that I had not really examined this in depth. I also realize that it is important to do this as an ongoing process.”

Similar responses were made from students with several years of experience in working as a counselor or school psychologist. One experienced student identified interpersonal awareness as the most significant learning experience:

> To say I learned a lot would be understatement. Perhaps what I learned was more about myself and my own views and how they influence my actions when working with others. Though I thought I knew myself fairly well, I don’t think I
understood how a single thought could potentially have so many different outcomes when applied to ethical issues.

Increased personal awareness was similarly meaningful to another experienced counselor. "I have learned a great deal about myself and my own self-doubts in this course. I learned more about my own values and beliefs and how they may impact my work with clients. It raised my level of self-awareness and clarified my own values. I have become aware of my own needs and how they may interfere with my work with clients."

_**Ethical Issues in Counseling:** One of most significant areas of growth for most students was an increased awareness and knowledge of the diversity and complexity of ethical issues relative to counseling and of the ethical and legal codes and standards of practice. "I realize much of my thinking has changed since the first class. I had no clue that counseling was so 'ethical.' Meaning, I always thought there were strict rules and regulations for every incident. Obviously, this is not the case." Another inexperienced student noted, "I guess before I didn’t even realize that there were these ethical codes out there and that there are laws."

For another inexperienced student, this increased awareness was beyond her expectations of the class:

I learned more about the different controversies and the ethical dilemmas....Before this class, I saw ethical dilemmas as black and white. Either you act ethically or you don’t. However, I have a greater understanding for the complexity of the ethics of the profession. I have realized that it is very easy to
not act ethically in a situation. It just really raised my awareness that probably ethical dilemmas are happening most everyday....So that was a really big step for me just raising my awareness. Just realizing that sometimes the laws and the ethics just don't match up. They can be conflicting.

Similar responses were made from experienced counselors as well. As one experienced counselor stated, “I really learned a lot in terms of thinking about ethical issues and thinking about it in a way where you go a step beyond where you say that’s right or that’s wrong, but thinking about what would happen if such and such—you know more about the rippling effect of things.” Another experienced student expressed an initial reaction of feeling “overwhelmed with all the intricacies of ethics.” She continued, “I guess I had always thought of ethics as more cut and dried or right or wrong. I had no idea how much gray area existed in this subject.”

*The Professional Role of the Counselor*: Increased awareness and a broadened perspective of the professional role of the counselor and the counseling profession were noted by most of the inexperienced students. Perceptions of one female student became more realistic as a result of the class. “I don’t think that I am quite as idealistic as I was. It [counseling] is much more complex than I had anticipated it to be. ...I think I recognize that there is a lot more complexity in the counseling profession and a lot more in dealing with people that don’t share my views....”

Similar changes in perceptions occurred for another student. “I think it is much more difficult to be a good counselor. Before, I thought that all you had to do was just follow the code and guidelines strictly and you were good to go, but not really for they aren’t really strict guidelines, they are just minimal guidelines.” For other students the
class provided some clarity about the procedures in becoming a counselor. "This course has cleared up a lot of issues regarding certification and licensure. I feel have a pretty solid understanding of what I need to accomplish and where this program is taking me."

Even experienced counseling students indicated that they had gained in knowledge and awareness about issues in the profession. "... This class has enriched my understanding of professional issues, professional organizations, legal issues that affect counseling, and most of all how to be a better counselor. So many practices that I believed to be all right were truly unethical."

*Tolerance of Complexity and Ambiguity:* While the majority of students remained unsettled about the complexity and ambiguity of ethical dilemmas and the frequent lack of clear guidelines and procedures for ethical courses of actions, most expressed that they had an increased acceptance and tolerance in coping with these issues as they felt they had a framework for ethical decision-making.

The difficulties that were experienced with the ambiguity are reflected by the following comments from both experienced and inexperienced counseling students. "The lack of clear and specific guidelines for ethical decision-making was frustrating and often confusing." Expressing her frustration, another student commented, "It was very frustrating working with situations that were so nebulous, but it was good for exploring all the issues that surrounded it. But it was very frustrating because in a lot of cases it was hard to really know what I would do...."

One experienced female student commented, "It is difficult because I like black and white. But I have to accept that every situation is different and you have to consider a lot of different things in making your decisions. When I first sat down and was answering
your research questions [ethical scenarios], I thought, oh, that is easy. I know I wouldn’t
do that. But now I know when I sit down to the second set of them that it is not all cut
and dried and all black and white.”

Despite their frustrations, most students were able to express an increased
tolerance and acceptance of the “gray areas.” In commenting about the ambiguity, one
student remarked, “It is a little unsettling, but then there is some comfort in knowing
what you do like consultation and the different steps you go through in making that
decision. So that’s been helpful to know that there are some guidelines and alternatives.”
The ability to identify alternatives in making a decision was most helpful in easing this
student’s frustration. “I believe most of us shared the same frustrations about the lack of
clarity in decision-making, but we were able to come up with other options to handle
each dilemma, such as supervision and referrals when necessary.”

Students’ increased ability to cope with these issues as a result of the class is best
reflected by the comment from an inexperienced student.

... What we needed to do was to recognize the complexity of ethical dilemmas
and the whole point of the ethical dilemma is that there is no simple easy answer.
As ...Kofka said, the problem is not that there is paradox, but that we are
unwilling to hold the potential of the paradox. That was the bottom line in a
nutshell and what I came away from the class with. I felt good about that because
my intention with all the ethical dilemmas was to solve them. I have kind of put
that aside for now. But sometime in my professional life I will have to resolve
them. I can hold some of the ambiguity that I wasn’t able to before.”
Finally, the ethical principle of “beneficience” provided a sense of hope in making ethical decisions for one experienced counseling student. “I can accept the fact that there are a lot of areas that you can’t always know at the time that you are doing the right thing. In the course, it has helped me to realize that bottom line, you think about what is best for the client and hope that you do the right things and don’t make any mistakes.” Only one student who was an experienced counselor expressed a sense of comfort with ambiguity throughout her life. “I have always been able to deal with ambiguity. I deal with gray more than anything.”

Competence: The increased abilities of students to deal with the complexity and ambiguity of ethical dilemmas by having a greater understanding of the decision-making process and alternatives available led to an increased sense of competence and professionalism for most of the students. Despite a gain in competence, most students, especially the inexperienced students, realized that a greater sense of competence will take time and experience.

Well, I think competence comes with education, but also with training and experience. So I think that maybe I have the basis as I had no experience before. I know where I can find help in making decisions and who I can go to if I need help. I still think I need more experience. I need actual situations so I can hash them out. I would say that I am not real competent yet….Before, I was really scared in thinking that I would have this job and I didn’t know what to expect. Another inexperienced student shared similar thoughts. “I do feel much more equipped to to that [ethical decision-making] in the real world having worked through some of the dilemmas….I know what to look for now. I wouldn’t have before…I have a process that I
can work with and am aware of at least what to look for in making ethical decisions even though I don’t necessarily know what I would decide. I have a vocabulary.”

For experienced counseling students, their class experiences left them with a sense of empowerment and a strengthened professional identity. “Professionally, I felt more empowered with my charge to clients and with my clients benefiting from treatment. I felt more empowered and effective in terms of reinforcing boundaries and confidences and obligations to my clients.”

In addressing how the class experience has affected her, this experienced counseling student remarked,

I think it has changed me. My personal identity is very closely tied to my professional identity.... It helped my professional identity and how I identified myself professionally and valuing my profession... I think I feel more confident. I feel pretty good about what I am doing in the counseling field....It has raised my level of awareness so much and I feel pretty confident professionally because I have good training and experience... I also realized that I still have a lot to learn.

In the words of another experienced counseling student, “taking this course in ethics will affect they way that I interact with present and future colleagues and clients. The tools I have learned will only strengthen my professionalism. I would like to thank everyone in the class for sharing their knowledge and experiences that helped me to become a better professional.” Yet, for another student, there was irony in the growth she experienced. “After a semester of examining what values may play a role in our counseling (divorce, aids,...) it is ironic that the struggle of dealing with unethical professionals ends up being an area of growth for me.”
Growth-Enhancing Experiences

Knowledge and Information: All of the students felt that they had increased knowledge about the counseling profession and related ethical issues as a result of the significant amount of information obtained through lecture topics, interviews with professionals, guest speakers, and writing their research papers. In addition to the increased awareness of ethical-related issues previously discussed, many students identified that issues related to professional identity and development were also particularly helpful.

"The professional development information was very useful. The information about the discipline process and what the ethical issues really were, like dual relationships, I would have never come across on my own. The sexual and non-sexual dual relationships were helpful."

"The course has made me aware of procedural and legal considerations that previously I knew nothing about. I have learned the role played by the professional organizations like ACA, and the state and national boards that police the profession....I was not aware of the procedures necessary for licensure in the state of Virginia or on the national level." Similar thoughts were shared by this student. "It was great to have a basic knowledge of how the counseling field evolved and how it continues evolving and to have received information about the different professional organizations and the counseling field is concerning them."

One inexperienced student, in particular, found professional issues most useful in helping her make sense of the process of becoming a counselor. "The professional issues were things that I had questions about anyway—especially about exactly what licensure and certification entail. It was hard before this class to see exactly how having a master's
degree and being certified and licensed would fit together. Now I feel like I have an excellent grasp of how they work.”

For another experienced student, issues regarding the licensure process provided clarity. “I have learned so much about the ethical and legal issues of counseling, and the knowledge that I gained regarding the licensure process. I really felt as if I were trying to make my way through a maze for the licensing procedure before I took this class.”

**Dialoguing and Perspective-Taking:** Opportunities to interact and dialogue with the other students from diverse backgrounds and experiences, especially in the small group work, were particularly beneficial for the majority of these students. Students were exposed to and challenged by diverse views and perspectives which prompted them to re-examine their values, beliefs, and views.

I think that the most beneficial experiences were the small group casework studies. It really helped me to see other people’s point of view. It seemed like all of the groups had a mix of people with different experiences, some were in the field and some were in schools or courts, or some were like me with no experience... It helped to hear other people’s values and maybe it was an area that I didn’t think I really had strong feelings about or I hadn’t really thought of prompted me to look at my values. I think it happened throughout the casework studies.

In reflecting about her experiences, one first semester student recalled: “I remember when I was intimidated by the fact that so many of my classmates had experiences in the field (since I was fresh out of college). However, their viewpoints were very useful to me; some were even entertaining.” She later commented, “The case studies really
challenged me to think about my views—what I think is ethical and not ethical. Sometimes you are set in your thinking and then when you hear others’ views you consider them and it really made me think and change some of my thoughts—just knowing what other viewpoints are."

Similar comments were made by several other students as exemplified in the following quotes from different students.

The group discussions were beneficial, listening to others points of view and how they arrived at decisions and the case scenarios. They highlighted the complexities of the issues and looking at how I and others get to decisions: how they think about why they shouldn’t do that or why you should do that—looking at how they arrived at their conclusions and how I arrived at mine: that was helpful.”

“I have really enjoyed hearing different points of view from other students. The case study debates made everyone take a good look at themselves. It was also shocking when someone else’s view made sense which I would never have thought of.”

Level of experience didn’t seem to hinder the impact of these discussions as reflected in these comments by experienced counseling students. This particular student found some comfort in knowing that others shared her struggles.

The discussions groups... helped me to see that others had logical rationales for the decisions they made. From the discussion in class, I saw that I was not alone, that others grappled with these tough decisions. I saw also that others, as well as myself, at times, want clear black and white answers, even though they do not exist.”
Another experienced student attributed her increased interpersonal awareness to these small group discussions.

I would not have understood this [how one specific thought could have so many different outcomes] had the class not interacted in the way it did for all of the different case studies. I thought most of the class discussions were enlightening and a whole bunch of fun....The discussions have increased my awareness of the depths of thoughts, the importance of discussion issues with colleagues (if for no other reason than to get their view), and helped me to understand myself better.”

In some instances, perspective-taking activities changed students’ initial views about how they would address certain ethical dilemmas. The debate related to HIV and confidentiality was one such activity that impacted students’ perspectives, especially if forced to defend a position contradictory their views. The initial discomfort in having to do this is illustrated by the words of this student:

I was on the side that should not disclose. I would have been on the other side. I didn’t like having to debate something I was against. I think that after going through the whole process, it changed my thinking on that. It was probably better not to have disclosed until we had gotten all of the information together and to give the client a little more time. I would try to get the client to examine and realize what he/she needed to do. If this failed, then I would need to disclose. Before, I would have disclosed immediately.

This experience similarly impacted this student who also was forced to defend a contradictory position.
The biggest change in my thinking came from the debate that we had on the case dealing with aids... I was on the opposite side of what I think. It was frustrating at first, but we were talking and I would say, well, we really have to address these issues because that is what the other group is going to say. My perspective I think helped them to come up with a better defense and then when they were talking - it kind of helped me to see the other side. Before, in my previous class, we were told that no matter what you just disclose the information... There were some things that were said that really got me thinking. [Now] I have mixed feelings about it.

An experienced counseling student shared these feelings.

I changed my way of thinking to the point that I could go along with the consensus of the group. Right off the bat I felt that they should be notified, but then there are so many other situations related to that, and I felt comfortable with what we reached as the consensus; the counseling relationship is what you value. What is your goal? Going into the debate I would have never considered that. To me it was cut and dried.

*Challenge and Critical Reflection:* The challenging questions and views presented to students in the small group case work studies and guided feedback to their journal entries facilitated critical thinking and reflection about ethical issues and a re-examination of their values, beliefs, and opinions. Journaling also provided these students with an opportunity to process their thoughts and unresolved issues. Almost every student commented about the significant impact of these experiences. The following excerpts highlight some of their comments related to the impact of these activities.
The challenge of these activities caused this first semester student to more critically examine the issues.

This class has caused me to try to put myself into situations and think through how I would act. I generally do not like these types of exercises because I do not like the fact that I have limited information. I usually come up with an answer like it depends on this or it depends on that. But I now realize that this exercise has caused me to look deeper than if the exercises had given me all the information. By this I am thinking that if I had all the information I felt I needed to make a concrete decision, I would have neglected the other scenarios in which I might have acted differently.

This experienced counseling student found the challenging questions stimulating and thought-provoking.

I think the class was interesting working with other members. When we would get into our small groups and start interacting, it was energizing and it was causing you to have different thoughts. I liked the way you and [the professor] would go around to the different groups and then just come with some devil’s advocate kind of thing or just put a whole new slant on that; you know something you hadn’t even thought about. That would always be helpful. I liked that input.”

One experienced student commented particularly about the ethical dilemmas posed in the case work studies or given as journal assignments. “You had to examine these dilemmas and think what you would do and why would you do it. And then it was helpful in the case studies to answer the questions if you thought this then why. It really
caused you to look at things and examine things closely and think about different aspects of the case that you wouldn't have thought about without the questions."

The philosophical differences and the way that some of the students worked within a group were somewhat troublesome at first for one experienced counseling student. However, this student believed that these experiences provided the impetus for growth.

There were some [groups] where everyone was interactive and cooperative and some would take the initiative and try to take their opinions and sway the group. But that was good for me. I need to be confronted. I need to be challenged and that caused me to do that. It made me think why do you think this way or why do you have this belief or value. It was also a good experience for me in sifting through my own values.

There were mixed feelings about having to journal each week. Despite the difficulties posed in writing weekly journal entries, journaling was a means to critically reflect on their experiences and the various ethical dilemmas. It came to viewed as most beneficial by most students as illustrated by their comments.

To this student, journaling presented difficult challenges. "The required journal writing was difficult, but the exercises definitely made me think about the ethical concerns of counseling. The journal writing also forced me to do problem-solving that I wouldn't have done. It was beneficial to get the opportunity to process my thoughts on paper." For another student journaling provided a means of obtaining clarity. "Journaling was good for I would leave class and all the issues were still whirling around in my head. So that offered some clarification and getting down on paper."
In addressing the instructor feedback provided on the journals, this student further remarked:

Some of your comments there; I would just think that I had something all thought about and then you would come up with something else and I'd think, gee. That's good cause I learned from what you were saying: when you would question what I wrote or write questions to make me look at the problems from a different perspective. A few times it was hard to accept because I had taken time to thoroughly think through the dilemma and then you would pose 1, 2, or 3 questions and then realize that what I wrote was not as good as I thought. This was where the real learning took place for me.

Perhaps the value of journaling is best exemplified by the words of this student.

The process of keeping a journal was helpful. It forced me to be more thorough in sorting through the issues of each case. I became more aware of the complexity of each case. I recognize better the struggle that is involved in making ethical decisions. I feel that I am less judgmental about the decisions others make. The process...assisted me in clarifying my own values and seeing places in my value system that were somewhat ambiguous. Journaling reinforced for me the awesome responsibility that a counselor undertakes and a profound respect for those who are willing to bare their souls in an effort to grow.

The reflections of the experiences of these students illustrate the increased personal and professional growth that was achieved as a result of the curricula and methodologies used in the Fall ethics intervention course. Opportunities to dialogue and share perspectives; activities designed to challenge students’ perspectives and facilitate
critical thinking on complex and often ambiguous ethical dilemmas in counseling; and a means for processing and critical reflection were considered most beneficial and valuable by all of the students in the course.

**Conclusion**

This chapter presented a summary of the analysis of the demographic, statistical, and qualitative data obtained in this study. Although the results failed to confirm the three hypotheses, there was indication that students in the intervention group did show slight gains from pre- to post-test scores on the DIT (P and N) and PCM scores and a slight decrease in post-test CFA scores as compared to pre-test scores. The intervention group also had the lowest CFA post-test score across the groups. However, similar trends were also found in the comparison of pre- to post-test scores on the DIT (P and N scores) for the 1998 Spring Comparison Group. These trends need to be considered with caution due to the fact that these trends could have been attributable to chance differences.

The Pearson-Product Moment Correlations showed a significant inverse relationship between the CFA and PCM pre-test mean scores, while a non-significant inverse relationship was found between post measures of the CFA and PCM. Non-significant inverse correlations were also found between the CFA and DIT-N pre-test measures and between the CFA and DIT- P post-test measures. Results from the stage analysis of the ethical scenarios indicated that all three groups tended to exhibit mean global stage post-test scores reflective of stage 3 level reasoning. However, a closer examination revealed occurrences of higher stage reasoning (stage 3 /4 to stage 5) in all groups, with the larger percentage of incidences of higher stage reasoning found in the Fall Ethics Intervention and Summer Ethics Comparison Groups. The qualitative
analyses illustrated the significant impact that the course curricula and methodologies had on student growth and development.
CHAPTER FIVE

SUMMARY AND DISCUSSION

Overview: Rationale and Theoretical Models

The purpose of this study was to integrate a cognitive-developmental approach with professional ethics training to promote the moral and conceptual development of graduate education and counseling students as a means to enhance their self-presentation styles and ethical decision-making skills. The state of professional ethics research and training provided significant implications and justification for this type of investigation.

Today, the counseling profession witnesses an on-going development and diversification of ethical codes and standards paralleling the growth and expansion of the profession and societal issues (Anderson, 1995; Herlihy & Remley, 1995). These trends in conjunction with the ambiguity and complexity of ethical dilemmas and codes contribute to the difficult task of making competent ethical decisions. Despite concurrent trends of increased professional ethics training, unethical practices do occur as evidenced in studies such as those conducted by Neukrug, Healy, and Herlihy (1992). As research only cites "reported violations," the true magnitude and scope of unethical behaviors among mental health professionals remains uncertain given that many such practices may go unreported.

To date, research provides little insight into ethical decision-making skills and competence of counselors. As research has largely investigated adherence to codes, there is increased recognition of the need to examine the more complex cognitive, psychological, and mediational processes associated with making ethical decisions (Neukrug, Lovell, & Parker, 1996; Fuqua & Newman, 1989). Further, there remains a
need for more effective ethics training curricula which combines didactic with experiential approaches, emphasizes process-oriented skills, and provides opportunities for critical reflection and dialogue (Kitchener, 1986; Strom & Tennyson, 1989; Wilson & Ranft, 1993).

Given that ethical decision-making is largely a cognitive and moral process, it seemed only logical to investigate professional ethics training within a cognitive-developmental approach. The cognitive-developmental theoretical models chosen for this investigation were moral and conceptual development. Kohlberg’s theory of moral development suggests that higher stages of moral justice reasoning represent morally better stages of “principled” morality. The concept of principled justice reasoning correspond to the ethical principles used in ethical decision-making; autonomy, non-maleficence, beneficence, fidelity, and justice.

Conceptual systems theory suggests that individuals at higher levels of conceptual development have greater abilities for critical thinking and processing of information; self-awareness and understanding of the consequences of their actions on others; tolerance for ambiguity; and increased abilities in coping with stress, conflicts, outside pressures. These constructs associated with higher conceptual levels are similar to the types of cognitive and affective processes required in making ethical decisions and executing the chosen course of action and described in Rest’s four component model of moral action (1986, 1994).

The significant impact that higher levels of cognitive development has had on individuals’ cognitive skills and behavior has been well-documented. Higher developmental levels of moral reasoning have been found to be associated with
corresponding types of moral behavior (Blasi, 1980, Kuhmerker, 1991) and professional competence across diverse professions (Rest & Narvaez, 1994). Individuals at higher levels of conceptual development have shown increased abilities to perform a variety of cognitive, ambiguous, and perceptual counseling tasks and to more effectively cope with outside pressures (Bruch, Heisler, & Conroy, 1981; Bruch, Juster, & Heisler, 1982; Holloway & Wamphold, 1986; Miller, 1980).

This study also served as an initial attempt to examine the relationship of graduate education and counseling students’ self-monitoring and self-presentation styles to levels of moral and conceptual development. To date, there has only been one study evidenced that has examined the relationships of these constructs (Morgan, 1998).

Self-monitoring and self-presentation theory address differences and contradictions between overt behavior and private realities. According to this theory, individuals’ actions are motivated either by perceptions of social expectations of others (protective style; tendencies to conform) or by inner directives such as values, needs, and desires (acquisitive style) (Arkin, 1981; Snyder, 1987). Over-dependence on either style could be problematic to counselors in performing counseling-related cognitive and clinical tasks (Hafercamp, 1989).

**Intervention Design**

The intervention design used in this study integrated a traditional didactic approach to professional ethics training with the components of Deliberate Psychological Education (DPE) (Mosher & Sprinthall, 1971), moral discussions, and Hunt’s conceptual matching model. The DPE model has had 25 years of empirical validation in promoting psychological growth in students and adults (Mosher, 1995; Reiman, 1995).
Educational interventions that have utilized this approach have been found to promote moral and conceptual development across a diverse range of students, adults, and professionals (Schlaefli, Rest, & Thoma, 1995; Sprinthall, 1994; Thies-Sprinthall & Sprinthall, 1989).

Hunt's (1970, 1971, 1975) conceptual matching models approach was integrated into the DPE model as several studies have found that integrating Hunt's model with a DPE approach has been effective in promoting psychological growth of professionals (Peace, 1995; Reiman & Sprinthall, 1993; Thies-Sprinthall & Sprinthall, 1987). This approach facilitates growth by providing varying degrees of structure in the learning environment relative to the conceptual level of the learners. Thus, it is similar to DPE in its provision of appropriate degrees of support and challenge to learners.

The intervention methodologies used in applying this integrated approach included large and small group discussions, small group casework studies, role-taking and perspective-taking experiences, and journaling with guided reflection. A balance of support and challenge was offered through instructor use of effective questioning strategies, guided reflection and feedback, and decreasingly less guidance in small group activities as the semester progressed. Groups were randomly formed and changed each week to ensure a heterogeneous mix of students at various conceptual levels in small group discussions. The diversity of students in the class at varying levels of cognitive development conjunction with the ambiguity and complexity posed by ethical dilemmas provided sufficient on-going challenges to all students.
Research Design and Methodologies

The sample was comprised of the accessible population of graduate education and counseling students at the College of William and Mary. In addition to the intervention group, two comparisons groups were also utilized. One group consisted of students who enrolled in the traditionally taught ethics class during the 1997 Summer semester. The other group was comprised by graduate students who enrolled in graduate counseling courses during the 1998 Spring semester and who had not taken the professional ethics course at William and Mary.

It was hypothesized that the students in the intervention group would obtain significantly higher post-test scores on the DIT (P and N scores) and the PCM; and significantly lower post-test scores on the CFA than the students in the other two comparison groups. As a result of examining the relationship of students' concern for appropriateness (tendencies to comply to social expectations) to moral and conceptual development, it was expected that there would be an inverse relationship between the CFA and the DIT (P and N scores) and the CFA and PCM on both pre- and post-test scores.

All students were also administered three vignettes describing contrived counseling-related ethical dilemmas and were asked to respond to a series of questions modeled after the questions posed in the Moral Judgment Interview. Scenarios were completed at the beginning and end of the semester and responses were rated against prototypic criterion responses provided in the MJI manual to determine the average global stage levels for each set of three pre- and post-semester scenario assessments.
Summary of Statistical Results

As a preliminary ANOVA revealed significant differences in pre-test scores on the PCM between the groups, a MANCOVA was used to examine differences between post-test scores. The results of the MANCOVA failed to confirm the hypotheses as no significant differences on the DIT (P and N), PCM, and CFA post-test scores were found between the groups. However, the examination of mean scores did indicate positive movement in the intervention group from pre- to post-test scores obtained on the DIT (P and N) and PCM. As hypothesized, students in the intervention group evidenced lower CFA scores on the post-test as compared to the pre-test. The intervention group also had lower CFA post-test scores than the other two groups. The CFA pre-to post-test scores for the two comparison groups remained fairly stable. However, the interpretation of these trends need to be considered in light of the potential for the effects being attributable to chance differences.

Contrary to expectations, the 1998 Spring Semester Comparison Group obtained higher post-test scores on the DIT (P and N) and PCM than the 1997 Fall Ethics Intervention Group and the 1997 Summer Ethics Comparison Group. This Spring Comparison group also witnessed gains from pre- to post-test scores on the DIT (P and N) measures and the PCM. There was only a minimal decrease from the CFA pre-to post-test scores.

In contrast to both the Fall Intervention Group and the 1998 Spring Semester Group, the 1997 Summer Ethics Comparison Group evidenced lower post-test than pre-test scores on the DIT (P) and PCM. There was only a minimal decrease from pre- to
post-test scores on the DIT- N score, and a minimal increase from pre- to post-test scores on the CFA.

The results of the Pearson-Product Moment Correlations revealed a significant inverse relationship between the PCM and CFA pre-test scores, but failed to find significant inverse relationships between the CFA and the DIT (P and N) on either pre- and post-test measures or between the CFA and the PCM on post-test scores. However, the results indicated a non-significant inverse relationship between the pre-test scores on the CFA and DIT-N. Results of the post-test correlations also indicated a non-significant inverse relationship between the CFA and the DIT-P measure and the PCM. The relationship between the CFA and PCM was consistent for both pre- and post-test scores, with the pre-test correlation approaching a moderate effect size (r squared = .07) as defined by Cohen's classification of effect size.

Limitations

The lack of significant post-test differences between groups could be attributable to the small group sizes which impacts statistical validity. All three groups had less than 30 students (Ns <20) which violated the central limits theorem and decreased statistical power. Given the very small group sizes, the assumptions of normality of multivariate tests may have also been violated. Therefore, the results and trends discussed must be considered with caution to the potential inconsistencies and limitations of the analyses.

The research design and methodologies employed in this study could have further contributed to the findings. The major design features that could have potentially impacted the results include differences in test administration, the lack of concurrent examination of groups within the same semester, and treatment diffusion.
Differences in test administration procedures could explain the higher post-test scores obtained by the 1998 Spring Semester Comparison Group on the DIT (P and N scores) and the PCM as compared to the other two groups. Pre- and post-tests were administered during the last hour of class for the 1997 Summer Ethics Comparison Group and the Fall Intervention Group. In contrast, the students in the Spring Comparison Group completed the pre- and post-assessments on their own time. Therefore, they had more time to reflect on the issues before responding and were able to complete the assessments when motivated to do so. Control was also lost over any other potential influences or sources of assistance that may have impacted their performance.

Testing procedures could also explain the decrease from pre- to post-test scores for the 1997 Summer Ethics Comparison Group. Due to time limitations and scheduling conflicts, students were administered the post-assessments on the last night of class during which they also had the final exam for the course. Students were asked to complete the assessments after completing the exam. Therefore, it is most likely that fatigue and motivational factors impacted their performance on the post-assessments. Students in the Fall Intervention Group were post-tested the week before their final exams during the last hour of a regular class.

Student motivation could have been another test-related factor that impacted students’ performance, especially on post-test scores. Given that post-testing was conducted at the end of a semester, it is difficult to ascertain if the students completed the post-assessments to the best of their abilities. This time of any semester is stressful for most students in meeting final requirements of research papers and studying for final exams. Further, as assessments were administered during the last hour of class, students
were able to leave as soon as the assessments were completed. This factor may have contributed to the potential that students rushed to complete the assessments, without as much thought or reflection as could have been given to items in the tests.

Performance on the PCM is illustrative of the potential impact of time restraints, test fatigue, and motivation in completing the PCM post-test. At least three students in the 1997 Summer Ethics Comparison Group and in the 1997 Fall Intervention Group failed to provide the minimum number of sentences required on the PCM post-test or did not write in complete sentences in responding to the items. On each of these assessments, the rater indicated that their scores could have been higher had they had written the minimum number of complete sentences. Additionally, one student in the Summer Ethics Group completed the post-DIT and CFA, but did not complete the PCM which prevented the use of this students’ pre- and post- data in the statistical analysis.

Further evidence of the potential that students’ motivational and fatigue factors contributed to post-test results is found in outlier scores that reflected the extreme drop in DIT post-test scores by two students. In the 1997 Summer Ethics Group, one student’s mean DIT score dropped to $M = 0.00$ at post-testing from a mean score of $M = 30.00$ at pre-testing. Without this outlier post-test score, the overall post-test mean for this group would have been $M = 50.711$ in comparison to the obtained post-test mean of $M = 45.64$. A student in the Fall Ethics Intervention Group obtained a mean post-test score of $M = 6.70$ as compared to a pre-test score of $M = 26.70$. Without this outlier post-test score, the overall group mean post-test score would have been $M = 48.099$ as compared to the obtained mean, $M = 45.664$. 

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The three groups that comprised this study were not assessed concurrently within the semester. Thus, history and its interaction with differential selection could have threatened the validity of the findings. Although there were no significant events noted across the three semesters that were included in this study, students could have been differentially impacted by the differences in the time of year within which the semester fell or by the differences in the types of classes and instruction in which they were enrolled.

The most significant flaw in the research design was the lack of an equivalent and concurrently held professional ethics class to serve as comparison group to the 1997 Fall Intervention Group. The 1998 Spring Comparison Group served as the only basis of comparison in examining students' cognitive growth that occurred over a 15 week semester without exposure to the ethics curricula and methodologies provided to the students in the Fall Ethics Intervention Group. Given that both groups moved in a positive direction, it is difficult to ascertain if the intervention methodologies employed would have made a statistically significant impact on post-test scores had the sample sizes been larger or had an equivalent 15 week ethics course been used as a comparison group.

Despite the lack of an equivalent 15 week ethics comparison class, the differences in the lengths of the semesters between the 1997 Summer Ethics Comparison Group and the 1997 Fall Intervention Group should not have significantly impacted the validity of the study. DPE interventions and use of moral discussions in classes of 3-12 weeks in duration have been found to be as effective in promoting moral development as interventions that were used in classes longer than a 12 week duration (Schlaefli, Rest, &
Thoma, 1985). Thus, if the intervention methodologies had been used with the students in the three week ethics course versus the 15 week Fall ethics course, there still would have been the potential for moral development to occur.

Treatment diffusion may have been a factor that impacted the 1998 Spring Semester Comparison Group. Although this group had not previously taken the professional ethics course, ethics was briefly addressed as part of the introductory counseling theories course in which some of these students were enrolled. Further, some of these students were also required to do journaling as part of their course work during the semester. Journaling was also one of the main components of the intervention methodologies used with the 1997 Fall Ethics Intervention Group.

It is unlikely that treatment diffusion threatened the validity of the comparison of post-test scores between the 1997 Summer Ethics Comparison Group that received the traditional didactic approach and the 1997 Fall Ethics Intervention Group. The order of the two courses controlled for this threat as the traditional summer course preceded the ethics course in which the intervention methodologies were implemented. Further, the co-instructor/researcher, had the lead responsibility for the intervention methodologies.

Specific components of the intervention design could have also contributed to the lack of significant differences in post-test scores. These factors include the length of the intervention, effectiveness of the conceptual matching model approach used, the DPE role-taking component, time constraints, and expertise of the co-instructor.

The lack of significant differences in conceptual growth could have been due to the one semester duration of the intervention. Conceptual levels do not change quickly, particularly in adults; and tend to change more rapidly when facilitation of conceptual
growth is the primary focus and when groups are homogeneously formed (Hunt et al., 1978). Although facilitation of conceptual growth was a focus of the study, a longer duration of two semesters may have been needed for significant growth to have occurred.

The practical difficulties in effectively implementing the conceptual matching model approach with heterogeneous groups of students at different levels of conceptual development could have impacted the findings related to conceptual growth. Efforts were made to vary the degrees of structure, support, and challenge offered to students. Support and challenge were provided to students through the types of guided reflection and feedback provided to students' journal entries and through the questions posed to students during the small group case work studies. As the semester progressed, efforts were made to provide less guidance and increased use of challenging questions during the small group discussions. Despite these efforts, it is difficult to determine if the degrees of structure and challenge were effectively implemented relative to individual differences in conceptual levels and corresponding needs of the learners.

It may also have been possible that some of the more inexperienced students or those at lower levels of moral development and conceptual complexity were overwhelmed with the inherent ambiguity and complexity of the ethical dilemmas presented to them. Although students' last journal entries indicated that they had developed more tolerance for the ambiguity and complexity of ethical dilemmas, the difficulty presented in making ethical decisions on such dilemmas in the real world remained an issue for these students. Further, their increased sense of competence at the end of the semester was largely due to the fact that they not only had a decision-making process to use, but that they could seek guidance and consultation from others.
The complex and ambiguous nature of ethical decision-making may have presented as too much challenge for these students and consequently hindered their growth in both conceptual and moral development. Such detriments to cognitive growth have been documented (Holloway & Wamphold, 1986; Kohlberg, 1969). Thus, an additional semester may have provided the continuity, time for reflection, and support needed for these students to exhibit growth. According the DPE model, continuity of a DPE program should be provided for at least six months or up to one year (Reiman, 1995; Thies-Sprinthall, 1984).

The DPE role-taking component of the intervention design could have been another factor that contributed to the lack of significant differences in post-test scores. In the DPE model, role-taking means providing students with experiences in the real world context which are characterized as helping experiences such as tutoring, mentoring, or counseling (Reiman, 1995). The role-taking experiences of the students in the intervention did not exactly meet the model's definition.

The new role for the majority of these students was their role as new counseling students learning about the professional and ethical issues related to the counseling profession. Of the 17 students in this group, only 6 students were counseling at that time. Two students were fairly new to the counseling role as they had had less than one year of counseling experienced, and two other students had 1 - 1 \( \frac{1}{2} \) years of experience. The other students who had been counseling were not new to the profession as years of experience ranged from 4-10 years.

In light of this fact, however, the class did provide for new and meaningful learning experiences for all students. Learning about the role of the counselor and the
difficult task of making ethical decisions was initially overwhelming to some students and created anxiety for many of the new students as reflected through their comments in their journal entries. In their journals, students struggled with the types of ethical dilemmas and decisions that they would, at some time, have to face.

The experienced students also commented about the dissonance that they felt in trying to make meaning of their past and current counseling experiences in light of the issues discussed in class. For three of the experienced students, this dissonance was heightened for they were currently involved with ethical issues that presented to them in their work environment. Further, all of the experienced counselors in the class commented that the class provided them with a forum to discuss ethical issues which was a new experience for them; and many felt that they had grown from the experiences in the class.

Time restraints due to curricula requirements impacted on providing students with weekly small group casework studies and other perspective-taking activities such as class debates. On the weeks that there was not sufficient time to allow for these types of activities, students were assigned what would have been the small group casework study as their journal assignment. Although these assignments provided them an opportunity to explore their own thoughts on the issues presented, they did not receive the benefit of the dialogue and exchange of perspectives with other students or the benefit of debating on other ethical issues. It is difficult to determine if opportunities for weekly intervention in-class activities would have made a significant impact on post-test scores.

Finally, the inexperience of the co-instructor in facilitating and implementing the intervention methodologies could have also contributed to the findings. Although the
lead professor assisted in facilitating small group discussions, the co-instructor had the main responsibility for developing the activities and providing guided reflection and feedback to students' journal entries.

**Summary and Discussion of Analyses of Ethical Scenarios**

The analysis of the mean pre- and post-test scores obtained on the ethical scenarios indicated that students were largely exhibiting stage 3 level of reasoning in their pre- and post-assessment responses to the dilemma questions. The results of the ANOVA and repeated measures ANOVA revealed no significant differences between groups on the post-scenario assessments or significant change within groups over time.

However, the results and trends presented need to be considered with caution due to the adapted format of the MJI for use with counseling students in this study and small group sample sizes which may have violated assumptions of normality required of the statistical tests. Further, despite the respectable inter-rater reliability coefficients (pre-test, $r = .881$; post, $r = .722$), the researchers were inexperienced in using the scoring protocol of the MJI.

Responses from most of the students across all groups primarily justified their decisions according to normative expectations of counselors whose primary duty is to act "in the best interests" or to "protect the welfare" of their clients in making decisions about what actions to take. Maintaining the boundaries and therapeutic nature of the client/counselor relationship were most often cited as other primary considerations. Students identified consideration to the mutual concern and caring of both the client and the counselor in justifying their proposed course of action.
Consideration of just the mean global stage scores of the three dilemmas misrepresented the number of students who exhibited a transitional 3 / 4 stage level (3 -8 students per group) or the few students who scored at higher levels on at least one dilemma. At this transitional level, students tended to justify their decision about the counselor's action on the basis of ethical codes and guidelines. Their responses appeared to indicate that the ethical codes dictated the decisions and role of the counselor. They did not respond in such a way that would have indicated that the counselors' actions were based on their commitment to and acceptance of these standards established by the profession or that they were based on the responsibility invested by society in its public servants who enter that profession (Stage 4 reasoning).

There were some students who evidenced higher stage 4 reasoning (1 -3 students per group), and some students (1-2 students per group) who evidenced a transitional 4 / 5 or stage 5 level reasoning on a dilemma. The dilemma that elicited these higher levels of reasoning was related to confidentiality and the HIV client. In this scenario the client presented in counseling as unwilling to disclose to his sexual partners about his diagnosis. Thus, the decision about whether or not the counselor should break confidentiality elicited considerations of the potential life and death consequences inherent in this dilemma. The value of human life became an essential consideration in their decision-making. Students addressed the conflict between weighing the values of protecting confidentiality and protecting the public welfare. At the higher levels of reasoning (stages 4/5 to stage 5), students responded that the value of human life and the public welfare outweighed any ethical codes related to confidentiality. One student even spoke to the client losing his rights for the “larger good” and protection of society.
The lack of more evidence of higher stage usage could be attributed to the adapted written format, lack of student motivation, and the raters' lack of experience in using the scoring procedures. Further, the MJI has been found to underestimate higher levels of moral reasoning as compared to the DIT that has been found to be more sensitive to higher stage reasoning and less sensitive to reasoning found at lower stages (Kuhmerker, 1991; Rest, 1986a). These differences are also attributed to the differences in testing format. Whereas the DIT is primarily a recognition test, the MJI requires respondents to construct a decision and underlying reasons for taking the proposed action.

For the purpose of this study, an adapted format of the MJI was used to assess how counseling students reasoned in making decisions relative ethical dilemmas in counseling. The study format utilized a written versus an interview protocol, with questions modeled after the types of questions used in the MJI. Thus, the validity and reliability of this assessment protocol are questionable. Further, the raters, while knowledgeable about Kohlberg's theory of moral development, did not receive extensive formal training in utilizing the scoring procedures of the MJI and had no prior experience in using the MJI.

The adapted format which utilized a written versus an interview protocol precluded the use of probing questions to further assess students' reasoning underlying their responses. Quality of student responses varied within and between scenarios and from pre- to post-testing. Many students did not develop their responses or did not answer many of the questions. Thus, raters had only the written words from which to assess stage level reasoning. Given that raters were not able to probe for more clarity of
students' reasoning and rationale, it is difficult to ascertain if they were capable of producing higher stage level responses. However, the potential for usage of higher stage level reasoning became realized as it was found that some students tended to exhibit higher stage level reasoning, particularly on one specific dilemma.

In examining the occurrences of higher stage usage, a greater percentage of students in the intervention group utilized stage 3/4 (72.7%) reasoning as compared to the other two groups. However, the 1997 Summer Ethics Group had a greater percentage of students who utilized stage 3/4 (67%) compared to the 1998 Spring Comparison Group (stage 3/4: 42.8%). Overall, the fall intervention and summer ethics groups also evidenced a larger percentage of occurrences (45%; 50%, respectively) of higher stage reasoning (stages 4-5) than the 1998 Spring Comparison Group (29%). Thus, these findings may suggest that the professional ethics course experience of the summer and fall groups attributed to the greater percentages of students who exhibited higher stage usage of reasoning.

These findings need to be considered in relation to the level of counseling experience of these students. With the exception of 1-2 students per group, most students in the intervention group and summer ethics group who exhibited these higher stage levels of reasoning had counseling experience and had received some type of prior ethics training. For the minimal number of students without counseling experience who responded at such levels, acknowledgment of prior ethics training was found. These trends were partially substantiated in the 1998 Spring Comparison Group as only the students who evidenced stage 4/5 to stage 5 level reasoning were counseling. The majority of the students who were not counseling and exhibited stage 3/4 to stage 4
reasoning were enrolled in courses in which ethics was discussed in relation to the issues studied.

Thus, it is possible that students' real world experiences combined with their increased awareness of the complexity and ambiguity posed by ethical dilemmas contributed to identifying strict adherence to ethical codes and standards of practice as the primary consideration in taking a course of action (i.e. defining the actions of the counselor). As there appeared to be an increased consideration of the counselor's actions in relation to the 'profession' at these higher stages, it is possible that these students may have also possessed a greater sense of professional identity from their experiences as counselors and as active participants in the professional ethics class.

Overall, the findings were promising in relation to the types of decisions and reasoning used in responding the questions posed for the ethical dilemmas. The majority of students were able to recognize the clinical and ethical problems surrounding dual relationships and the conflicting values that can exist in making difficult decisions. Certainly, actions based on strict adherence to codes and protection of clients' welfare and emotional well-being reflect sound intentions for ensuring ethical practices. Further, the majority of student responses also exhibited the foundations of sound decision-making processes as reflected by their identification of types of considerations pertinent to making a decision about the dilemmas and openness to seek consultation and supervision prior to making a difficult decision.

It would have been interesting to see how students' written responses would have compared to their responses obtained through an interview format where further probing may have elicited higher levels of reasoning. Further, it would be interesting to compare
stage level reasoning obtained on the MJI dilemmas to stage level reasoning on the adapted format which posed ethical dilemmas related to counseling. As students may be more likely to identify and empathize with the counselor and the clients depicted in the ethical dilemmas on both a personal and professional level, it may be likely that there would be differences in the types of decisions and justifications used in dilemmas related to counseling as compared to the decisions and underlying reasons about the dilemmas depicted in the MJI.

As Rest (1983) proposed, different patterns of thinking reflective of different stages may be exhibited across different situations and circumstances. Certainly, acting as a counselor in the real world with human lives that have names, faces, and emotions provides a different context within which decision-making and the impact of those decisions become more personally and professionally meaningful.

**Summary of Qualitative Findings**

Despite the study’s limitations and the lack of significant findings, the class experiences of the intervention group were valuable and contributed to students’ personal and professional growth. The voices of the students in their journal entries and interview responses speak to the value of their experiences in the class. The ways in which the students’ experienced growth exemplify many of the types of cognitive and affective processes associated with moral and conceptual development and motivational characteristics underlying self-presentational styles and behavior.

All students indicated that they not only had increased awareness of the counseling profession and the types of complex ethical issues that can present to counselors, but that they had developed an increased interpersonal awareness of how...
their values and beliefs impact their perspectives and how these values could potentially affect their clinical and ethical decisions regarding clients. The opportunities to share perspectives and dialogue with students of diverse backgrounds and experiences and to be challenged to critically examine and evaluate the immediate and overarching relevant issues pertaining to ethical dilemmas broadened their perspectives and facilitated their abilities for critical self-evaluation and reflection about their perspectives on many ethical issues. “It has really challenged me to think about ethical dilemmas in a new way.”

Students became hungry to hear and consider other perspectives and more capable to evaluate these views against their own in formulating their positions on certain issues. “I got a lot from the people who had been in the field and sharing their experiences. I wanted to hear more about what others thought about things.” “I wish we had more time for discussion.” Students also began to think about the implications of their decisions outside of the counseling room. “It was stimulating to be challenged and hear conflicting points of view. I appreciate the opportunity to discuss with a group the longer term implications of decisions... I began to think about the rippling effect of things.”

What had once been “black and white” about ethical decisions to many of these students now took on shades of gray. Many of the students initially experienced this realization with frustration and uncertainty. Although the complexity and ambiguity posed in many of the ethical issues remained a concern and an area of uncertainty for all students, they expressed more tolerance of these inherent difficulties and felt a sense of increased competence as they now had a framework for ethical decision-making. It was

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also comforting for them to know that consultation and supervision could and should be utilized in making decisions on such ethical issues. Ethical decision-making now became a shared responsibility which lessened the overwhelming burden on them in making such hard and critical decisions about the human lives they would impact.

Of equal importance, their sense of professional identity was strengthened and their respect and pride of the counseling profession enhanced. “It helped my professional identity and how I identified myself professionally and really valuing my profession.”

“Prior to taking this ethics course, I never really had thought about how important it was to keep up with all the regulations and laws….Failing to keep updated and familiar with such crucial information could result in unintentional, unethical behavior that could do serious damage to my client and to my career as a counselor”

The increased value for the profession and ethical competence also heightened some students’ awareness of the ethical behavior of other professionals and their need to address these problems. “…It made me aware of how unaware people who claim to be in the mental health field are of appropriate ethical practices…There is a lot of educating needed… I have decided that my focus and perhaps my purpose…is to help them with their awareness levels of appropriate ethical practices.” As another student stated, “It is ironic that the struggle of dealing with unethical professionals ends up being an area of growth for me.”

Valuing ethical competence and counseling as a profession is a critical step toward ensuring that counselors will make every effort to maintain competent, ethical practice (Kitchener, 1991). Valuing ethical competence begins to address the component
of moral motivation or values prioritization, one of the four interrelated processes involved in exhibiting moral action (Rest, 1984, 1986).

As Rest (1986a) and his colleagues suggested in their work with health professionals, the consideration of the moral component (i.e. moral motivation and values prioritization) becomes less of a significant factor in the decision-making process as professionals have less conflict between self-competing interests and deciding the right course of moral action to take. Further, the increased value placed on being a competent and ethical professional will enhance the abilities of counselors with presentation styles that are either motivated according to inner directives and values or to the need to seek social approval to choose and maintain an ethical course of action.

In addition to the information and knowledge gained through the lecture topics, the activities that the students identified most frequently as significantly contributing their growth were the small group casework studies, the debate, journaling, and the challenge and support provided by the instructors. Thus, from the students’ perspectives, the course curricula in conjunction with the intervention methodologies utilized did make a significant impact on them. However, for reasons potentially related to the very small group sizes and design limitations, the impact of the students’ experiences as a result of this class was not realized in the statistical analysis of post-test scores.

**Retrospective Discussion of the Research and Intervention Design**

In retrospect, it would have been interesting to have also interviewed the students in the 1997 Summer Ethics Comparison Group. These students could have also been asked to write their reflections about their class experiences at the end of the course. Comparison of their reflections about the types of class experiences that they perceived...
as most significant in contributing to their growth to those reflections of the students in the intervention group may have further clarified the value of the intervention methodologies in promoting the types of critical thinking and increased interpersonal awareness that was experienced by the students in the intervention group.

The lack of statistically significant findings on post-test results served to highlight the value of these qualitative pieces to this study as the reflections of these students spoke to the ways in which their class experiences significantly impacted them. Without this piece from the summer ethics comparison group, it is difficult to draw any conclusions about any type of growth that may have occurred as a result of the traditional didactic approach used in the summer professional ethics class.

Other modifications to the research design and methodology would also have been made in light of the limitations posed by this study. Efforts would have been made to ensure standardized testing administration procedures. All students would have been pre- and post-tested within the first hour, in contrast to the last hour, of the class period and post-tested two weeks before final exams instead of the week before or on the same night of exams. These procedures may have more effectively controlled for the degree of student fatigue and motivational factors that could have contributed to students’ performance in completing the assessments. Further, instructions for completing the assessments would have been reinforced through provision of a thorough oral review of the instructions as a supplement to the written instructions provided to each student.

To further assess students’ complexity of thinking in formulating and justifying a course of action relative to ethical dilemmas in counseling, an interview format would have been utilized to more effectively enable raters to assess levels of reasoning used by
the students. Another type of ethical issue would have been used as a dilemma in place of one of the two dual relationship dilemmas. A more diverse set of dilemmas may have elicited different types of reasoning from students as was evidenced in the one dilemma related to HIV and confidentiality in this investigation.

Given the significance of the experience of debating on the issue of HIV in the intervention class, more debates would have been used for other issues. Efforts would have been made to ensure that more students were assigned to defend the position that was contradictory to their initial position on the issue presented. If possible, more in-class intervention strategies would have been used in conjunction with the class lectures. The ability to do such activities on a weekly basis may still have posed as a challenge as there was a great deal of lecture material to cover.

Use of a comparable professional ethics class of an equivalent semester duration would have contributed significantly to this study. Of course, use of another class with a different professor at a different university brings its own set of limitations. Ideally, it would have been most effective to have had the traditionally taught professional ethics class offered concurrently within the same semester as the intervention course, or at least, in consecutive semesters with the traditional class preceding the intervention class.

Finally, it would have been interesting to extend this study over the course of two semesters to provide the on-going continuity, support, and challenge to the students in the intervention group. Although this professional ethics course serves as an excellent introductory course, its placement in the students' program largely precluded the ability to dovetail the class in consecutive semesters with the students' counseling practicum.
The practicum would have served as an ideal continuation of the DPE model following the ethics intervention course.

**Implications For Future Research**

The findings of this study provide important implications for future research and professional ethics training and education. This study served as an initial attempt to examine the impact of integrating a professional ethics course with the components of Deliberate Psychological Education, moral discussions, and a Conceptual Matching Model approach on the cognitive growth of graduate counseling students in one counselor education program. Replication of these efforts with larger numbers of students and different instructors across a representative sample of counselor education programs is needed to provide greater insight about the effectiveness of these methodologies in promoting the moral and conceptual development of graduate counseling students and in examining the relationship of moral and conceptual development to students' levels of concern for appropriateness (tendencies to conform).

Research that would examine cognitive growth over the course of two semesters as previously discussed would provide opportunities to see if the on-going continuity does significantly impact the cognitive growth of students. Ideally, it would be most beneficial to explore the effects of dovetailing a similar cognitive-developmental approach to professional ethics training with the students' practicum experience within which students would be provided with on-going opportunities for critical reflection, challenge, and support. Students' counseling experiences in the semester following the ethics training would serve as the DPE role-taking experiences as defined by the model.
Similar DPE studies could be extended to counselors who are entering into the new role of being a supervisor.

Research could also contribute to the educational field by comparing the effects of an integrated approach to professional ethics training to a formal course in professional ethics on cognitive growth and more particularly on students’ ethical decision-making skills. Other studies that could examine and compare the effects of different types of curricula and methodologies on students’ abilities in making ethical decisions to the types of cognitive-developmental strategies employed in this study are also needed as there are many different viewpoints as to how to most effectively teach professional ethics (Wilson & Ranft, 1993).

In addition to further investigating the effects of a cognitive-developmental approach and other approaches on the ethical decision-making skills of counseling students, studies need to be implemented that use different instrumentation and data collection methodologies in examining the complexity of students’ formulations and justifications on ethical dilemmas in counseling. Despite the evidence validating the use of the instruments utilized in this study in assessing moral and conceptual development, the question remains if these particular instruments are the most effective tools to accurately assess the level of complexity in students thinking and reasoning about ethical dilemmas specific to counseling and the types of changes that the students in this study indicated did occur as a result of the intervention strategies used in this study.

As previously indicated, it has been proposed that contextual factors can differentially impact the use of different patterns and organizational schemes of thinking reflective of different stages (Rest, 1986a). Thus, the question remains as to whether
dilemmas posed to counselors that have the potential to occur in the real world context of
counseling make any significant impact on the cognitive and affective processes
associated with ethical decision-making. The development of the Ethical Judgment Scale
(EJS) (Van Hoose & Paradise, 1980), modeled after Kohlberg's stages of moral
development, remains as the only instrument evidenced in the research developed to
examine the ethical orientation of counselors through assessing their responses to ethical
dilemmas specific to counseling. Unfortunately, this instrument has evidenced
questionable and weak reliability and validity (Doromat & Creamer, 1989).

Differences in the types of tasks required in completing assessments aimed at
measuring these constructs and abilities also need to be a consideration in
instrumentation. There has been substantial empirical validation of the differences in the
estimation of moral stages between the DIT and the Moral Judgment Interview (Rest,
1983, 1986a). In completing the DIT, students need to be able to recognize and rate the
importance of different considerations reflective of different stages; whereas in
completing the MJI, students are required to construct their formulations and
justifications in making ethical judgments. These task differences lead to an
underestimation of higher level reasoning in students' performance on the MJI and an
overestimation of higher stage reasoning on the DIT. It has also been found that while
individuals demonstrate comprehension of stages equal to or lower than their moral
developmental level, they prefer reasoning levels equivalent to or one stage higher than
their modal stage of development. However, their higher stage preference does not
necessarily mean that they comprehend these higher levels of thought (Rest, 1973; Rest,
Turiel, & Kohlberg, 1969).
These findings provide important implications to the types of assessment instruments used in future research efforts that examine counseling students’ level of complexity of thought used in ethical decision-making within the context of counseling and outcomes of intervention strategies implemented to promote ethical decision-making abilities. Certainly, in the real world, it is critical that counselors are able to formulate sound and well-reasoned justifications for their ethical decisions and actions. Their ability to articulate their reasoning in taking a particular course of action requires more than their ability to merely recognize the important considerations. They also need to be able to critically evaluate and choose between diverse ethical views, codes, and ethical principles, and then integrate and synthesize their thoughts in developing sound well-reasoned justifications about their decisions.

Thus, it would seem logical that an instrument modeled after the MJI would more accurately assess their level of reasoning abilities and processes in a way that would more closely replicate what would be required of them in the real world context of counseling. Use of the adapted format of the MJI was an initial attempt in this investigation to further explore how students reasoned about ethical dilemmas that can present in counseling. In light of the limitations of this assessment protocol, the majority of students were able to identify important clinical and ethical considerations, but did not articulate well-developed, reasoned justifications for their decisions.

Hopefully, future efforts will be made to further examine and compare different ways to assess these abilities. Such efforts could eventually lead to the development of an instrument such as the MJI or EJS for use with counseling students. Concurrent examination of the relationship of these different types of assessment methodologies to
students' levels of moral and conceptual development and self-presentation styles would provide additional substantiation and insight regarding the relationship between these psychological processes and ethical decision-making skills of counseling students.

Increased use of longitudinal studies are needed to further examine the long-term maintenance and benefits of cognitive growth as a result of interventions in professional ethics training in counseling. Findings indicating that moral developmental levels obtained were retained throughout four years of medical education are promising (Self & Olivarez, 1996). Studies are also needed that examine how gains in developmental growth are affected after students have practiced counseling in real world settings.

Finally, longitudinal studies are needed to provide greater understanding about the practical outcomes of such cognitive-development approaches to professional ethics training aimed at promoting cognitive growth and ethical decision-making skills of counseling students. Although individuals at higher levels of cognitive development have been found to exhibit corresponding types of ethical behavior and competence (Blasi, 1980; Rest & Narvaez, 1994), it has also been shown that more mature forms of moral reasoning are necessary, but not sufficient in assuring corresponding types of mature forms of ethical behavior (Kohlberg, 1975; Rest, 1984, 1986a).

As Rest (1986a) suggests in his four component model of moral action, moral behavior is a result of the interaction of interrelated cognitive, affective, and psychological processes. The research of Rest and his colleagues have shown that abilities in one or more of these processes does always consistently predict competence in the other components.
The types of moral judgments made by students in relation to contrived ethical dilemmas within a classroom environment certainly provides a safe and non-threatening environment within which to make such decisions. The real world context, however, provides a new dimension to making such decisions and to possessing the ego strength to execute a course of action. As previously discussed, counseling, in a real world setting, provides a personally and professionally meaningful context in which the counselor's actions affect human lives with whom the counselor has developed a relationship. Many of the students in this study commented that while they felt that it was difficult to make decisions about some of the dilemmas in class, they remained even more uncertain as to how their abilities to make such decisions would translate in the real world with real clients.

Investigating the practical outcomes of ethics training would not be an easy task given the complexity of variables that impact behavior and the sensitive nature of the investigation. The question remains as to how to most effectively measure the impact of cognitive growth and ethical decision-making abilities on the practices of counselors. It would seem that qualitative designs may be more effective in studying ethical behaviors than the traditionally used survey methods that typically assess adherence to codes, attitudes, or responses to other contrived ethical dilemmas. Although both methods involve the subjective nature of self-reporting, qualitative designs can bring more depth to these examinations through the use of interview and questionnaire protocols.

Increased use of purely qualitative or mixed designs in all research investigating the issues addressed in this examination would provide greater insight and understanding.
about the effects of treatment interventions. As found in this study, the full impact of interventions are not always evidenced or accurately represented in post-test scores.

**Implications For Future Professional Ethics Training and Education**

The qualitative findings of this study provide equally significant implications to professional ethics training. Although there still remains uncertainty as to how to most effectively teach ethics, the voices of the students provided testimony to the significance of small group casework studies, debates, and journaling on their personal and professional growth and abilities to critically evaluate ethical issues and dilemmas.

Counselor educators may want to consider more routine use of these types of strategies and other types of activities that provide opportunities for students to dialogue and share perspectives and that foster critical reflection and evaluation of ethical issues and promote cognitive development. Further, counselor educators could contribute to the field by making more concerted efforts to examine the effects of their course curricula and methodologies on students' cognitive growth, self-presentation styles, ethical decision-making skills by routinely assessing students on these constructs with other types of assessment instruments such as the DIT, PCM, and CFA in addition to the routine class exams. Rest (1984) strongly encourages efforts to more routinely evaluate the impact of training by using other forms and types of assessment instruments instead of placing primary reliance on performance of class exams as has been traditionally practiced.

In implementing the intervention design feature of this study, it became quite apparent throughout the 15 week duration, that balancing the time required to sufficiently cover the course material with time to conduct the intervention activities was most
challenging. The time limitations posed in this formal concentrated focus on professional and ethical issues in counseling bring into question the potential effectiveness of using solely an integrated approach to teaching professional ethics. An integrated approach may lead to sporadic and insufficient coverage of pertinent ethical issues. Such an approach may also not ensure that the types of activities used in this study, specifically designed to promote cognitive development and abilities to make competent ethical decisions, would be an integral part of the weekly course curricula across all counseling-related classes.

As Kitchener (1986) suggests, to effectively address the components of Rest’s (1986a) model in promoting the ethical decision-making skills and ethical competence of counseling students, opportunities and strategies must be employed to create an ethical climate in both specific course work and throughout the entire counselor education program. Thus, her charge to counselor educators would be to offer a formal course in professional ethics in conjunction with an integrated approach throughout the program curricula. It seems as though this type of approach would most effectively provide the concerted time needed to sufficiently cover the diverse professional and ethical issues in counseling and to implement the types of DPE and moral perspective-taking activities that promote students’ cognitive development.

A major consideration involved in providing effective professional ethics training is the expertise and ethical competence of counselor educators. To the students in this study, the knowledge and practical experience of the professor as both a counselor and as a former member of an ethics committee hearing panel made a significant impact on the instructional effectiveness of the course. In particular, students commented about his...
passion about the profession and for adherence to the highest ethical standards of practice.

Rest (1986a) and Kitchener (1986) strongly advise exposure to competent ethical professionals who not only serve as counselor educators, but who are also active in the larger social context of the counseling profession. Counselors educators must not only be able to be effective professional ethics teachers, but must serve as competent ethical professionals in their work as counselor educators and in the counseling profession. Their perspectives and actions serve to endorse ethical competence. “By modeling, through discussions, and by valuing ethical behavior, counselor educators can encourage young professionals to act in an ethically competent manner” (Kitchener, 1986, p.310).

The quality of the students’ responses to the questions posed in the ethical scenario assessments in this investigation provide relevance to the consideration of the types of methods used in promoting ethical decision-making skills in professional ethics courses. Although motivational factors could have largely contributed to the lack of quality in students’ responses, it became apparent that students could benefit from opportunities to practice formulating and justifying their positions on ethical issues in more formal ways as a supplement to the types of critical evaluation and reflection about ethical issues that emerged through dialogue and small group casework studies.

One of the factors that contributed to the students’ sense of increased competence about their abilities to make ethical decisions was that they had been provided with a framework within which to critically evaluate the issues posed in the ethical dilemmas. However, they were never provided with opportunities to independently articulate and justify a well-developed position on an ethical issue either in written or verbal form.
Handelsman (1986) suggested that counselor educators “may need to reconceptualize ethics as a skill that needs to be developed explicitly” (p. 25). Kitchener (1986) shares this perspective as she promotes use of her three tier critical-evaluative approach in improving moral reasoning of counseling students. Her approach provides a framework of ethical analysis that would be applicable across all contexts. As professional counselors, students will need to be able to critically evaluate and differentiate between diverse ethical claims, intuition, codes, principles, and laws in developing and articulating well-reasoned justifications for a chosen course of action on an ethical issue. Thus, they would greatly benefit from this kind of practice and preparation. As Baldwin (1980) suggested, “Students can be taught to think in ethical terms…” (p. 281).

The findings of this study also suggested the possibility that students, particularly the more inexperienced students, may have been overwhelmed by their increased awareness of the complexity and ambiguity of ethical dilemmas and the corresponding challenges that they pose in making ethical decisions. Many of these students had not realized the “ethical” nature and related responsibilities in the role of being a counselor. In contrast, the class appeared to more readily meet the developmental needs of the students who were experienced counselors. Although they too verbalized some frustration and concern over the more complex issues, many of them found the class empowering and validating to them as professionals.

Given these findings, it might be more effective to require both an introductory course and an advanced course in professional ethics. The provision of two levels of ethics training may be more effective in meeting the developmental needs of all students,
while providing the on-going continuity and more appropriate levels of challenge and support required to foster cognitive growth and enhance students' ethical decision-making skills. The more advanced class could provide more opportunities to integrate the more universal viewpoints of deontological and utilitarian philosophies and the broader implications of ethical decisions at the professional and societal level into the critical examination of ethical issues. It certainly would be interesting to implement this type of approach as an exploratory, pilot study for at least one academic year and examine its effects on students' moral and conceptual growth, self-presentation styles, abilities to formulate and justify well-reasoned ethical decisions.

Some of the charges to counselor education programs proposed may seem lofty and unrealistic given the practical limitations related to the demands that would be placed on counselor education programs and faculty. To implement a sound comprehensive approach to professional ethics training by competent professionals requires the invested efforts of all program administrators and faculty members. While there may be legitimate reasons that would preclude such an investment, it is important to recognize that counselor educators are accountable to their counseling students, the public, and the profession in ensuring that students who enter the field value ethical competence and possess the ability to offer competent ethical practices as well as effective therapeutic clinical skills (Robinson & Gross, 1989).

Implications to the Professional Society

Efforts to more effectively ensure that counseling students and counselors in the field possess the level of cognitive and psychological growth necessary to make sound ethical decisions extend beyond the walls of counselor education programs in higher
educational institutions to the professional organizations, ethics committees, and certification and licensure boards at local, state, and national levels. These forums provide the mechanisms needed to foster and endorse the value for competent ethical standards and to provide the types of added resources and training necessary to promote ethical competence.

As indicated by some of more experienced counseling students’ work experiences in this study, there are professional counselors at the supervisory level who do not always uphold the highest ethical standards or who may not possess the necessary knowledge, skills, and abilities to make competent ethical decisions. Yet, these are the professionals that these students and other counselors rely upon for guidance and supervision. The questionable pervasiveness of this lack of supervisory competence remains uncertain and may suggest important implications to those professionals who set the standards for counseling and supervisory practice.

To better ensure that professionals who become supervisors are able to be competent in providing the types of consultation and guidance to less experienced counselors or colleagues, national and state certification and licensure boards may want to consider critically examining the standards required of a professional to provide supervision. Certification and re-certification standards may be need to include more emphasis on ethical training and education for both counselors and supervisors.

Monitoring ethical practices is certainly a complex and difficult task. However, it would seem that preventive measures such as increased standards for ethics training and education are critical steps toward ensuring more competent professionals. The need for such increased efforts to provide more routine, refresher ethics training courses is
particularly significant in light of the on-going advances in technology and emerging societal issues that create unique ethical issues in counseling and the need for more ethical guidelines, education, and training to assure that counseling professionals remain abreast of these ethical issues and to assist them with ways of managing these issues (Kitchener, 1991). Such efforts as recently taken by the Association of Counselor Education and Supervision to conduct an “Ethics Interest Network Needs Assessment” through their newsletter (1998) are critical steps in working toward this goal for ethical competence.

Concluding Statements

In conclusion, this study served as an initial attempt to examine the relationship of a cognitive-developmental approach in a professional ethics course to students’ moral and conceptual growth, self-presentation styles, and ethical decision-making skills. To date, there is very little evidence of this type of investigation in counselor education. Although the study did not produce statistically significant differences between groups on post-test scores, the voices of the students provided evidence of the impact that the intervention strategies had on their personal and professional growth. Further, the significant inverse relationship found between the CFA and PCM on pre-test measures corroborates previous findings (Morgan, 1998) and begins to provide some insight about the relationship between the constructs relative to conceptual complexity and self-presentation styles.

The results of this study provide significant implications to research, professional ethics education and training, and to the profession. Future research needs to replicate and extend the design and intervention methodologies to obtain a greater understanding
and insight as to how a cognitive-developmental approach to professional ethics training effects the cognitive growth, self-presentation styles, and ethical decision-making skills of counseling students and the ethical competence of practicing counselors.

Counselor educators may want to consider implementation of deliberate ethics curricula planning to ensure sufficient coverage of material and provision of opportunities for students to participate in the types of activities that promote cognitive growth and ethical decision-making skills. Further, counselor educators who model competent ethical practice and standards as educators and counselors can serve as valuable role models to their students aspiring to roles of counseling professionals.

Finally, professional organizations and regulatory boards at all levels can play a significant role in promoting ethical competence by providing the additional resources, education, training, and related certification and licensure standards as a means to better ensure the ethical competence of counselors and supervisors. While accountability of ethical behavior ultimately lies with the professional, the lines extend downward toward the educators and upward toward the professional society. All parties are accountable to the public in ensuring that they are being served by competent and ethical counselors.

The provision of professional ethics training aimed at promoting the types of cognitive, psychological, and affective processes that influence ethical decision-making and actions provide the essential foundations for clinical and ethical competence. Hopefully, the value for ethics education will become more pervasive in counselor education and realized through increased provision of professional ethics courses in counseling that incorporate growth-enhancing methodologies in program curricula, and, ultimately, through the increased prevalence of competent, ethical mental health
practices. Ethical competence is critical to society and to the profession. As Handelsman (1986) proposed, competent ethical thinking should be held to the same theoretically-based standards of sound research design and counseling theoretical orientation.
Appendix A

Kohlberg’s Moral Stages of Development
DESCRIPTION OF KOLBERG'S STAGES OF MORAL DEVELOPMENT

Level 1 - Pre-Conventional:

Stage 1: Heteronomous Morality:

What is Right: to avoid breaking rules backed by punishment, obedience for its own sake, and avoiding physical damage to persons and property.
Reasons for Doing Right: avoidance of punishment, and the superior power of authorities.
Social Perspective of Stage: Egocentric point of view. Doesn’t consider the interests of others or recognize that they differ from the actor’s, doesn’t relate two points of view. Actions are considered physically rather than in terms of psychological interests of others. Confusion of authority’s perspective with one’s own.

Stage 2: Individualism, Instrumental Purpose, and Exchange:
What is Right: Following rules only when it is to someone’s immediate interest; acting to meet one’s own interests and needs and letting others do the same. Right is also what’s fair, what’s an equal exchange, a deal, and agreement.
Reasons for Doing Right: to serve one’s own needs or interests in a world where you have to recognize that other people have their interests too.
Social Perspective of Stage: Concrete individualistic perspective; Aware that everybody has his own interest to pursue and these conflict, so that right is relative (in the concrete individualistic sense).

Level II - Conventional

Stage 3: Mutual Interpersonal Expectations, Relationships, and Interpersonal Conformity:
What is Right: Living up to what is expected by people close to you or what people generally expect of people in your role as son, brother, friend, etc. “Being good” is important and means having good motives, showing concern about others. It also means keeping mutual relationships, such as trust, loyalty, respect and gratitude.
Reasons for Doing Right: The need to be a good person in your own eyes and those of others. Your caring for others. Belief in the Golden Rule. Desire to maintain rules and authority which support stereotypical good behavior.
Social Perspective of Stage: Perspective of the Individual in relationships with other individuals. Aware of shared feelings, agreements, and expectations which take primacy over individual interests. Relates points of view through the concrete Golden rule, putting yourself in the other guy’s shoes. Does not yet consider generalized system perspective.
Stage 4: Social System and Conscience:

*What is Right:* Fulfilling the actual duties to which you have agreed. Laws are to be upheld except in extreme cases where they conflict with other fixed social duties. Right is also contributing to society, the group, or institution.

*Reasons for Doing Right:* to keep the institution going as a whole, to avoid the breakdown in the system “if everyone did it,” or the imperative of conscience to meet one’s defined obligations (Easily confused with State 3 belief in rules and authority).

*Social Perspective of Stage:* Differentiates societal point of view from interpersonal agreement or motives. Takes the point of view of the system that defines roles and rules. Considers individual relations in terms of place in the system.

**Level III - Post-Conventional or Principled**

Stage 5: Social Contract or Utility and Individual Rights:

*What is Right:* Being aware that people hold a variety of values and opinions, that most values and rules are relative to your group. These relative rules should usually be upheld, however, in the interest of impartiality and because they are the social contract. Some nonrelative values and rights like *life* and *liberty*, however, must be upheld in any society and regardless of majority opinion.

*Reasons for Doing Right:* A sense of obligation to law because of one’s social contract to make and abide by laws for the welfare of all and for the protection of all people’s rights. A feeling of contractual commitment, freely entered upon, to family, friendship, trust, and work obligations. Concern that laws and duties be based on rational calculation of overall utility, “the greatest good for the greatest number.”

*Social Perspective of Stage:* Prior-to-society perspective. Perspective of a rational individual aware of values and rights prior to social attachment and contracts. Integrates perspectives by formal mechanisms of agreement, contract, objective impartiality, and due process. Considers moral and legal points of view; recognizes that they sometimes conflict and finds it difficult to integrate them.

Stage 6: Universal Ethical Principles:

*What is Right:* Following self-chosen ethical principles. Particular laws or social agreements are usually valid because they rest on such principles. When laws violate these principles, one acts in accordance with the principles. Principles are universal principles of justice: the equality of human rights and respect for the dignity of human beings as individual persons.

*Reasons for Doing Right:* The belief as a rational person in the validity of universal moral principles, and a sense of personal commitment to them.

*Perspective of Stage:* Perspective of a moral point of view from which social arrangements derive. Perspective is that of any rational individual recognizing the nature of morality or the fact that persons are ends in themselves and must be treated as such.

(Kuhmerker, 1991, pp. 28-29)
Appendix B

Pre- and Post-Assessment Protocol and Assessment Instruments
GENERAL INSTRUCTIONS FOR COMPLETION OF PRE-ASSESSMENTS

1. Please be sure to complete all of the assessment materials in this envelope. You should find a Biographical Questionnaire and three assessments: the Defining Issues Test, the Paragraph Completion Method, and a self-report rating scale for behavior tendencies.

2. Please select a combination of three letters and three numbers (e.g. RFJ 236) as your identification code and write this same code on all materials where indicated.

3. Please make a personal record of your identification code to ensure that you will be able to have access to your results after the summer 1998 session should you so choose.

4. Please read all instructions carefully to ensure that you fully understand how to complete the assessment instruments.

5. Please answer all questions by indicating your true thoughts, feelings, or opinions. Remember, there are NO right or wrong answers and your responses are anonymous.

6. You may use either a pencil or a pen. If you decide to change an answer, please make sure that your final response choice is accurately and clearly marked.

7. When you have completed all of the assessment materials, please put all materials, including all instruction pages, back in the envelope. Check to make sure that your identification code is on all items. You do NOT need to put your code on the envelope.

8. You will have approximately 75 to 90 minutes to complete all materials.

Thank you for your participation!
GENERAL INSTRUCTIONS FOR COMPLETION OF POST-ASSESSMENTS

1. Please be sure to complete all of the assessment materials in this envelope. You should find three assessments: the Defining Issues Test, the Paragraph Completion Method, and a self-report rating scale for behavior tendencies.

2. Please use the same identification code previously selected when you completed these assessments at the beginning of the semester (i.e. combination of three letters and three numbers) and write this same code on all materials where indicated.

3. Please make a personal record of your identification code to ensure that you will be able to have access to your results after the summer 1998 session should you so choose.

4. Please read all instructions carefully to ensure that you fully understand how to complete the assessment instruments.

5. Please answer all questions by indicating your true thoughts, feelings, or opinions. Remember, there are NO right or wrong answers and your responses are anonymous.

6. You may use either a pencil or a pen. If you decide to change an answer, please make sure that your final response choice is accurately and clearly marked.

7. When you have completed all of the assessment materials, please put all materials, including all instruction pages, back in the envelope. Check to make sure that your identification code is on all items. You do NOT need to put your code on the envelope.

8. You will have approximately 75 to 90 minutes to complete all materials.

Thank you for your participation!
BIOGRAphICAL QUESTIONNAIRE

Identification Code: ___________  Gender: _____ Male _____

Female (for instrument matching purposes)

Age (in years): ___________  Occupation: _______________________

Race: _____ African American  Native American/Pacific

_____ Islander  _____ Asian American  Latin American/Hispanic

_____ Caucasian/European American  Multiracial

Marital Status:

_____ Single (never married)  _____ Separated  _____

Widowed  Married  _____ Divorced

Educational Level(s) Obtained:

_____ Bachelor's Degree, indicate major _______________________

_____ Master's Degree(s), indicate major(s) _______________________

_____ Educational Specialist, indicate major _______________________

_____ Doctorate, indicate major _______________________

Student Status: _____ Full-time  _____ Graduate

_____ Part-time  _____ Post-Graduate

Counseling Experience: _____ years/months  Currently Counseling: ___ Yes

Status: _____ Full Time  _____ Part Time  ___ No

Prior Professional Ethics Training: _____ formal course  _____ seminar/workshop

_____ Other, please specify _______________________

Reason For Taking This Course: _____ Requirement  _____ Interest

_____ Other, please specify _______________________

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INFORMED CONSENT INFORMATION  
(1997 Summer Ethics Comparison Course)

1) The purpose of this study is to evaluate the effectiveness of this professional ethics training course on the development of justice reasoning, complexity of thought and critical thinking abilities, and self-presentation styles (behavior tendencies).

2) You may refuse to complete the assessments without any penalty to your grade. Should you choose to participate, you will be asked to complete all of the assessment instruments at the beginning and end of the semester, and the biographical questionnaire. You will also be asked to actively participate in all class activities. Should you choose to participate, you also may withdraw participation at any time. **However, participation and completion of ALL course requirements as stated and described in the course syllabus will be required of ALL students.**

3) To ensure anonymity, all assessment instruments and questionnaires will be identified by an identifying code that you choose to use on all forms.

4) You may request that your results be made available to you. However, the results will only be made available to you after the 1998 Summer semester. Should you choose to make such a request, you will be required to disclose your identification code to the researcher. However, confidentiality of your results will be ensured by the researcher. You will need to schedule an individual appointment with the researcher to discuss your results.

5) The study results will only report group mean data. Any other information or data reported in the study results will have NO identifying information.

**PLEASE COMPLETE AND SIGN**

I, ______________________ have read the above information and fully understand my rights and the terms and conditions of my participation or non-participation in this study.
INFORMED CONSENT INFORMATION
(1997 Fall Ethics Course)

1) The purpose of this study is to evaluate the effectiveness of this professional ethics training course on the development of justice reasoning, complexity of thought and critical thinking abilities, and self-presentation styles (behavior tendencies).

2) You may refuse to complete the assessments and to participate in the non-traditional methodologies (those activities and requirements NOT listed in the course syllabus) without any penalty to your grade. Should you choose to participate, you will be asked to complete all of the assessment instruments at the beginning and end of the semester, and the biographical questionnaire. You will also be asked to actively participate in all class activities. Should you choose to participate, you also may withdraw participation at any time. **However, participation and completion of ALL course requirements as stated and described in the course syllabus will be required of ALL students.**

3) To ensure anonymity, all assessment instruments and questionnaires will be identified by an identifying code that you choose to use on all forms.

4) You may request that your results be made available to you. However, the results will only be made available to you **after** the 1998 Summer semester. Should you choose to make such a request, you will be required to disclose your identification code to the researcher. However, confidentiality of your results will be ensured by the researcher. You will need to schedule an individual appointment with the researcher to discuss your results.

5) The study results will only report group mean data. Any other information or data reported in the study results will have **NO** identifying information.

PLEASE COMPLETE AND SIGN

I, ________________________ have read the above information and fully understand my rights

(Print Name)

and the terms and conditions of my participation or non-participation in this study.
INFORMED CONSENT INFORMATION
(1998 Spring Comparison Group)

1) The purpose of this study is to evaluate the effectiveness of this professional ethics training course on the development of justice reasoning, complexity of thought and critical thinking abilities, and self-presentation styles (behavior tendencies).

2) You may refuse to complete the assessments without any penalty to your grade. Should you choose to participate, you will be asked to complete all of the assessment instruments at the beginning and end of the semester, and the biographical questionnaire. You will also be asked to actively participate in all class activities. Should you choose to participate, you also may withdraw participation at any time.

3) To ensure anonymity, all assessment instruments and questionnaires will be identified by an identifying code that you choose to use on all forms.

4) You may request that your results be made available to you. However, the results will only be made available to you after the 1998 Summer semester. Should you choose to make such a request, you will be required to disclose your identification code to the researcher. However, confidentiality of your results will be ensured by the researcher. You will need to schedule an individual appointment with the researcher to discuss your results.

5) The study results will only report group mean data. Any other information or data reported in the study results will have NO identifying information.

PLEASE COMPLETE AND SIGN

I, ______________________ have read the above information and fully understand my rights

(Print Name)

and the terms and conditions of my participation or non-participation in this study.
This questionnaire is aimed at understanding how people think about social problems. Different people often have different opinions about questions of right and wrong. There are no “right” answers in the way that there are right answers to math problems. You will be asked to give your opinion concerning several problem stories. Here is a story example:

Frank Jones has been thinking about buying a car. He is married, has two small children and earns an average income. The car he buys will be his family’s only car. It will be used mostly to get to work and drive around town, but sometimes for vacation trips also. In trying to decide what car to buy, Frank Jones realized that there were a lot of questions to consider. Below there is a list of these questions.

If you were Frank Jones, how important would each of these questions be in deciding what car to buy?

Part A: (sample solution): On the left hand side of the page check one of the spaces by each question or statement of a consideration to indicate its importance.

<table>
<thead>
<tr>
<th>Importance</th>
<th>Great</th>
<th>Much</th>
<th>Some</th>
<th>Little</th>
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Part B: (Sample question)

From the list of questions and considerations above, select the most important one of the whole group. Put the number of the most important question on the top line below. Do likewise for your 2nd, 3rd, and 4th most important choices. (Note that in deciding what is the most important, a person would re-read #2 and #5 as they were thought to be very important, and then pick the one of them as the most important, then put the other as “second most important” and so on).

<table>
<thead>
<tr>
<th>Most Important</th>
<th>Second Most Important</th>
<th>Third Most Important</th>
<th>Fourth Most Important</th>
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</table>
General Instructions for the DIT

(1) The purpose of the questionnaire is to understand people's opinions about controversial social issues as different people have different opinions.

(2) Please consider every item carefully, but also pace yourself to ensure that you are able to complete the questionnaire within a reasonable allotted time period.

(3) Each story will be followed by a question asking your opinion on a course of action. You will be asked to check one of the response choices.

(4) You will then find a list of questions or statements of considerations a person may ask oneself in making a decision. You are to rate each one as to how important you think it is in making the decision. The five degrees of importance can be defined as follows:

   Great: Concerns something that makes a big, crucial difference one way or the other in deciding.

   Much: Concerns something that a person should clearly be aware of in deciding, and one way or another it will make a difference in your decision, but not a big, crucial difference.

   Some: Concerns something you generally care about, but something that is not of crucial importance in deciding.

   Little: Concerns something that is not sufficiently important to consider in deciding.

   No: Concerns something that has no importance in deciding, and would be a waste of time in thinking about when trying to make a difficult decision. Such items may seem foolish or make no sense.

(5) You will then be asked to consider the whole group of items and to rank them as to which one you consider as the most important, second most important, third most important, and fourth most important. A sample story and solution is attached for further understanding as to how to complete this section.

(6) The items should be rated and ranked in terms of how important that issue is in making a decision about the social problem presented. (e.g. Which is the crucial question that a person should focus on in making a decision? or On what general basis would you want people to determine what is crucial in these problems?) Some of the items may be perceived as raising important matters, but you should ask yourself, Should the decision rest on that issue?

(7) Please answer all items by indicating your true opinions. Remember there are no right or wrong answers and your responses are anonymous.
HEINZ AND THE DRUG

In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost to make. He paid $200 for the radium and charged $2,000 for a small dose of the drug. The sick woman’s husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about $1,000, which is half of what it cost. He told the druggist that his wife was dying, and asked him to sell it cheaper or let him pay later. But the druggist said, “No, I discovered the drug and I’m going to make money from it.” So Heinz got desperate and began to think about breaking into the man’s store to steal the drug for his wife.

Should Heinz steal the drug?  (Check One)

______ Should steal it

______ Can’t decide

______ Should not steal it
On the left hand side of the page check one of the spaces to indicate the degree of importance of each of the following questions or statement of a consideration:

1. Whether a community's laws are going to be upheld.
2. Isn't it only natural for a loving husband to care so much for his wife that he'd steal?
3. Is Heinz willing to risk getting shot as a burglar or going to jail for the chance that stealing the drug might help?
4. Whether Heinz is a professional wrestler, or has considerable influence with professional wrestlers.
5. Whether Heinz is stealing for himself or doing this solely to help someone else.
6. Whether the druggist’s rights to his invention have to be respected.
7. Whether the essence of living is more encompassing than the termination of dying, socially and individually.
8. Whether values are going to be the basis for governing how people act towards each other.
9. Whether the druggist is going to be allowed to hide behind a worthless law which only protects the rich anyhow.
10. Whether the law in this case is getting in the way of the most basic claim of any member of society?
11. Whether the druggist deserves to be robbed for being so greedy and cruel.
12. Would stealing in such a case bring about more total good for the whole society or not?

From the list of questions above, select the four most important:

Most Important
Second Most Important
Third Most Important
Fourth Most Important
ESCAPED PRISONER

A man had been sentenced to prison for 10 years. After one year, however, he escaped from prison, moved to a new area of the country, and took on the name of Thompson. For eight years he worked hard, and gradually he saved enough money to buy his own business. He was fair to his customers, gave his employees top wages, and gave most of his own profits to charity. Then one day, Mrs. Jones, an old neighbor recognized him as the man who had escaped from prison 8 years before and for whom the police had been looking.

Should Mrs. Jones report Mr. Thompson to the police and have him sent back to prison?

(Check One)

_______ Should report him

_______ Can't decide

_______ Should not report him
ESCAPED PRISONER

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<tr>
<th>IMPORTANCE</th>
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<th>MUCH</th>
<th>SOME</th>
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On the left hand side of the page check one of the spaces to indicate the degree of importance of each of the following questions or statement of a consideration

1. Hasn’t Mr. Thompson been good enough for such a long time to prove he isn’t a bad person?
2. Every time someone escapes punishment for crime, doesn’t that just encourage more crime?
3. Wouldn’t we be better off without prisons and the oppression of our legal system?
4. Has Mr. Thompson really paid his debt to society?
5. Would society be failing what Mr. Thompson should fairly expect?
6. What benefits would prisons be apart from society, especially for a charitable man?
7. How could anyone be so cruel and heartless as to send Mr. Thompson to prison?
8. Would it be fair to all the prisoners who had to serve out their full sentences if Mr. Thompson was let off?
9. Was Mrs. Jones a good friend of Mr. Thompson?
10. Wouldn’t it be a citizen’s duty to report an escaped criminal, regardless of the circumstances?
11. How would the will of the people and the public good best be served?
12. Would going to prison do any good for Mr. Thompson or protect anybody?

From the list of questions above, select the four most important:

- Most Important
- Second Most Important
- Third Most Important
- Fourth Most Important
NEWSPAPER

Fred, a senior in high school, wanted to publish a mimeographed newspaper for students so that he could express many of his opinions. He wanted to speak out against the use of the military in international disputes and to speak out against some of the school’s rules, like the rule forbidding boys to wear long hair.

When Fred started his newspaper, he asked the principal for permission. The principal said it would be all right if before every publication Fred would turn in all his articles for the principal’s approval. Fred agreed and turned in several articles for approval. The principal approved all of them and Fred published two issues of the paper in the next two weeks.

But the principal had not expected that Fred’s newspaper would receive so much attention. Students were so excited by the paper that they began to organize protests against the hair regulation and other school rules. Angry parents objected to Fred’s opinions. They phoned the principal telling him that the newspaper was unpatriotic and should not be published. As a result of the rising excitement, the principal ordered Fred to stop publishing. He gave as a reason that Fred’s activities were disruptive to the operation of the school.

Should the principal stop the newspaper? (Check One)

[Blank] Should stop it

[Blank] Can’t decide

[Blank] Should not stop it
NEWSPAPER

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<tr>
<td>1. Is the principal more responsible to students or to the parents?</td>
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<td>2. Did the principal give his word that the newspaper could be published for a long time, or did he just promise to approve the newspaper one issue at a time?</td>
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<td>3. Would the students start protesting even more if the principal stopped the newspaper?</td>
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<td>4. When the welfare of the school is threatened, does the principal have the right to give orders to the students?</td>
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<td>5. Does the principal have the freedom of speech to say “No” in this case?</td>
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<td>6. If the principal stopped the newspaper, would he be preventing full discussion of important problems?</td>
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<td>7. Whether the principal’s order would make Fred lose faith in the principal.</td>
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<td>8. Whether Fred was really loyal to his school and patriotic to his country.</td>
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<td>9. What effect would stopping the paper have on the students’ education in critical thinking and judgments?</td>
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<td>10. Whether Fred was in any way violating the rights of others in publishing his own opinions.</td>
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<td>11. Whether the principal should be influenced by some angry parents when it is the principal that knows best what is going on in the school.</td>
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<td>12. Whether Fred was using the newspaper to stir up hatred and discontent.</td>
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</tbody>
</table>

From the list of questions above, select the four most important:

- Most Important
- Second Most Important
- Third Most Important
- Fourth Most Important
PARAGRAPH COMPLETION METHOD

Please write your identification code on the line below (for instrument matching purposes only):

Code:_____________________________________

Instructions:

On the following pages, you will be asked to give your ideas about several topics.

Please write at least three sentences on each topic.

There are no right or wrong answers, so give your own ideas and opinions about each topic. Indicate the way you really feel about each topic, not the way others feel or the way you think you should feel.

In general, spend about three minutes for each item. Should you need more space to write your responses, please use the back side of the page for that particular topic(s).

The topics, each on a separate page, are:

1. What I think about rules...
2. When I am criticized...
3. What I think about parents...
4. When someone does not agree with me...
5. When I am not sure...
6. When I am told what to do...
CONCERN FOR APPROPRIATENESS SCALE

Code (for instrument matching purposes) ________________________________

These statements concern your reactions to a number of different situations. No two statements are exactly alike, so consider each statement carefully before answering. Select the response that tells how true or false the statement is, as applied to you.

1. I tend to show different sides of myself to different people.
   A. ___ certainly, always true
   B. ___ generally true
   C. ___ somewhat true, but with exceptions
   D. ___ somewhat false, but with exceptions
   E. ___ generally false
   F. ___ certainly, always false

2. It is my feeling that if everyone else in a group is behaving in a certain manner, this must be the proper way to behave.
   A. ___ certainly, always true
   B. ___ generally true
   C. ___ somewhat true, but with exceptions
   D. ___ somewhat false, but with exceptions
   E. ___ generally false
   F. ___ certainly, always false

3. I actively avoid wearing clothes that are not in style.
   A. ___ certainly, always true
   B. ___ generally true
   C. ___ somewhat true, but with exceptions
   D. ___ somewhat false, but with exceptions
   E. ___ generally false
   F. ___ certainly, always false

4. In different situations and with different people, I often act like very different persons.
   A. ___ certainly, always true
   B. ___ generally true
   C. ___ somewhat true, but with exceptions
   D. ___ somewhat false, but with exceptions
   E. ___ generally false
   F. ___ certainly, always false

5. At parties, I usually try to behave in a manner that makes me fit in.
   A. ___ certainly, always true
   B. ___ generally true
   C. ___ somewhat true, but with exceptions
   D. ___ somewhat false, but with exceptions
   E. ___ generally false
   F. ___ certainly, always false
6. When I am uncertain how to act in a social situation, I look to the behavior of others for cues.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

7. Although I know myself, I find that others do not know me.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

8. I try to pay attention to the reactions of others to my behavior in order to avoid being out of place.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

9. I find that I tend to pick up slang expressions from others and use them as part of my own vocabulary.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

10. Different situations can make me behave like very different people.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

11. I tend to pay attention to what others are wearing.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false
12. The slightest look of disapproval in the eyes of a person with whom I am interacting is enough to make me change my approach.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

13. Different people tend to have different impressions about the kind of person I am.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

14. It's important to me to fit in to the group I'm with.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

15. My behavior often depends on how I feel others wish me to behave.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

16. I am not always the person I appear to be.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

17. If I am the least bit uncertain as to how to act in a social situation, I look to the behavior of others for cues.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false
18. I usually keep up with clothing style changes by watching what others wear.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

19. I sometimes have the feeling that people don't know who I really am.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false

20. When in a social situation, I tend not to follow the crowd, but instead behave in a manner that suits my particular mood at the time.
A. ___ certainly, always true
B. ___ generally true
C. ___ somewhat true, but with exceptions
D. ___ somewhat false, but with exceptions
E. ___ generally false
F. ___ certainly, always false
ETHICAL DILEMMAS IN COUNSELING

Instructions

You will be presented with three case scenarios depicting ethical dilemmas in counseling. Following each dilemma is a series of questions. Please answer all questions to the best of your ability. You may answer in as much detail as you believe is necessary to sufficiently answer each question. You may use the back of each page should you require more space, but please identify the number of the question to which you are responding.

Please write your same identification code that you had previously selected and used on each case dilemma page where indicated.

You may use a pencil or a pen. Please try to make your responses as legible as possible.

Please respond to all questions by indicating your true thoughts, feelings, and opinions. Remember, your responses are anonymous.
ETHICAL DILEMMAS IN COUNSELING

Case # 1

A 20 year old woman, Ann, is admitted to a psychiatric hospital. This is the young woman’s first exposure to hospitalization or mental health care. She had gone to a counselor once, but reports that she did not feel comfortable discussing her issues with her. The counselor who was assigned to her case was only employed as short-term temporary help at the hospital. Ann tells this counselor that she is the first person that she has trusted and to whom she could openly discuss her sensitive personal and family issues. Ann also relates to the counselor that she is the first person to believe in her and provide her support and encouragement. Her step-parents have difficulty understanding and accepting her and offer very little positive reinforcement. Upon discharge, Ann states that she would like to be friends with the counselor and asks her if she can keep in touch with her and occasionally meet to talk with her. In preparation for her discharge, the counselor refers this young woman for aftercare counseling services with a licensed counselor.

Case # 2

A single mother of three children seeks counseling for severe depression following her separation from her husband. After one month, she loses her secretarial job due to cut backs at the business where she was employed. She becomes very distressed as she is unable to find employment and realizes that she will not be able to continue counseling for she can no longer afford the fees. Her husband provides her with no financial support. She has shown progress with this counselor and desperately wants to continue seeing him. She offers secretarial services to him in return for counseling. The counselor is actively involved in many professional organizations and committees and could really use this help for the demands of his professional membership roles require a significant amount of record-keeping and correspondence.

Case # 3

A counselor is seeing a young man who confides in the counselor that he has had unsafe sex with several females and has recently been tested as being HIV positive. He is unsure which woman infected him. He also has recently found a woman with whom he is particularly interested in pursuing a more intimate relationship, but does not plan to tell her about his testing positive for fear of rejection. The counselor tries to encourage him to disclose this to her, but he absolutely refuses to deal with this issue.
Questions for Ethical Dilemmas

1. What should the counselor do? Why?

2. Do you think there is a right or wrong course of action for the counselor to take in this situation?
   a. If yes; Why? Which decisions would be right? Why? Wrong? Why?
   b. If no; Why?

3. What do you think are some important considerations for the counselor to recognize in this situation?
   a. Why are these important?
   b. How do these apply to what the counselor should do?

4. What do think is the counselor's most important duty or obligation in regard to this situation? Why?
   a. Why is this obligation more important than any of the above considerations you identified in question # 3?
   b. How does this apply to what the counselor should do?

5. What do you think are some of the important considerations that the client should recognize in this situation? Why?
   a. How do these apply to what the counselor should do?

6. What do think is the most important consideration that the client should recognize in this situation? Why?
   b. How does this apply to what the counselor should do?

7. Do you think that there are certain conditions or circumstances that would serve as exceptions in the counselor taking your prescribed course of action?
   a. If yes; under what conditions or circumstances? Why?
   b. If no; Why?

8. If there were to be negative professional or legal consequences for the counselor adhering to your position, would you prescribe another course of action?
   a. If yes; What would that be? Why?
   b. If no; Why?

9. Would there be a particular course of action that would justify negative professional or legal consequences?
   a. If yes, What would this be? Why?
   b. If no, Why?

10. In thinking back over the dilemma, what would be the most responsible action for the counselor to take? Why?
Appendix C

Interview Protocol
INFORMED CONSENT
AUTHORIZATION FOR AUDIOTAPING INTERVIEW

1. The purpose of the interview is to further evaluate the effectiveness of the professional ethics training course.

2. You may refuse to be interviewed without any penalty to your grade. Should you choose to be interviewed, you will be asked questions about your experiences in this class.

3. All interviews will be audiotaped. Tapes will be erased upon completion of their use by the researcher.

4. Interview responses and any other information used in the final study report will have NO identifying information.

PLEASE COMPLETE AND SIGN

I, _________________________, have read the above information and fully understand my rights and the terms and conditions of my participation or non-participation in the interview process.

__________________________
Signature

__________________________
Date
INTERVIEW QUESTIONS
PROFESSIONAL ETHICS CLASS FALL 1997

1. Why did you take this course?

2. What were your expectations of this course?

3. How has the course met/not met your expectations?

4. What have been the most beneficial experiences? Explain.

5. How has this course affected your competence in making ethical decisions?

6. What kinds of concerns or questions still remain regarding ethical decision-making?
Appendix D

1997 Summer Professional Ethics Course Curricula
ED C 43  
Professional, Legal, and Ethical Issues in Counseling  
The College of William and Mary  
Summer, 1997

Instructor: Rick Gressard  
Office: Jones 321  
Phone: 221-2352

Statement of Purpose: This course will provide counseling students with a foundation in issues that affect the practice of counseling. Students will examine: (1) professional issue, including professional identity, history, and systems of counseling, professional organizations, counseling settings and counselor functions. (2) counseling ethics and ethical dilemmas, and (3) legal decisions that affect the practice of counseling. The course will emphasize active student participation in the exploration of these issues.

Text  

Course Requirements

Papers
1. For this paper you are to interview a counseling professional to get their opinions on dual relationships. You should ask them how they feel about; (1) sexual relationships with clients and former clients; (2) business relationships with clients; and (3) limitations on relationships with supervisees. After the interview, you are to write a two page paper describing the professional’s responses and your response to their statements. Please bring the paper with you to class on June 4. This paper will account for 15% of your grade.

2. This paper will be a research paper that explores an ethical or legal issue of your choice. For this issue, you are to research the recent publications on the topic, summarize the literature, critically evaluate the literature, and write a case study which demonstrates the dilemma or problems that this issue may create for a counselor. This should be done in no more that ten pages. The paper will be due on June 10. It will account for 25% of your grade.

Examinations  
There will be a mind-term and final examination. Both will be multiple choice. The final will only cover information presented after the mid-term. Each examination will account for 25% of your grade.
Class Participation
Class participation is expected and will account for 10% of your grade.

Course Outline

May 27  Reading: Chapter 7
Introduction
The Profession
Professional Organizations
Licensure and Certification

May 28  Reading: Chapters 1, 2, 3
Ethics and Values

May 29  Reading: Chapter 4
Confidentiality

May 30  Reading: Chapter 6
Dual Relationships

June 3  Dual Relationships
Other Ethical Issues

June 4  Reading: Chapter 5
Legal Issues and Discipline

June 5  Reading: Chapter 9
Mid-Term
Theory, Practice, and Research

June 6  Reading: Chapters 10 & 11
Discipline
Multicultural and Special Populations

June 9  Reading: Chapters 12 & 13
Issues in Family and Group Therapy

June 10  Reading: Chapter 14
Counselor and the Community
Private Practice

June 11 (Class Starts at 7:00)
Ethical Issues in Working with Children and Adolescents
Ethical Issues in Working with Disability
DESCRIPTION OF CLASS LECTURES AND ACTIVITIES
1997 SUMMER ETHICS COMPARISON COURSE

WEEK ONE

May 27

Lecture Topic(s)
The Counseling Profession
Administered Pre-Assessments

Methodologies
Lecture
Large Group Discussion
Student Brainstorming Activity

Description of Lecture, Discussion, and Activities
The students were asked to provide their perspectives to the question “What is counseling?” Student responses were recorded on the board. A discussion about the different responses followed with comments regarding how students’ values, beliefs, and experiences impacted their perceptions.

Virginia’s state licensure definition of ‘counseling’ and ‘counseling treatment intervention’ was shown to students.

Students were asked to identify ways that the profession of counseling differs from psychology, social work and psychiatry. Their responses were recorded on the board.

May 28

Lecture Topic(s)
The History of Counseling
Professional Organizations
Certification and Licensure

Methodologies
Lecture
Large Group Discussion

Description of Lecture and Discussion
The lecture delineated the history of the counseling profession from its beginnings with Frank Parsons. All of the divisions of the American Counseling Association (ACA) were defined and acronyms given. The structural relationship of the National to State to Local...
organizations was outlined. The last part of the lecture covered the standards and requirements for licensure at both the National and State level. A description of the membership and duties of the Virginia Board of Professional Counselors was presented at the end of class.

May 29

*Lecture Topics*
Review of Licensure and Certification Requirements
Ethical Principles
Counseling and Values
Informed Consent
Confidentiality

*Methodologies*
Lecture
Large Group Discussion
Student Brainstorming and Exploration Activity

*Description of Lecture, Discussion, and Activities*
The requirements for licensure and certification were reviewed and potential changes to the licensure requirements were discussed. This review was followed by a lecture about differences between mandatory and aspirational ethics. Kitchener’s ethical principles of autonomy, non-maleficience, beneficence, justice, and fidelity were defined and discussed.

In transitioning to the topic of counseling and values, students were asked to share their reasons for becoming a counselor. (i.e. “Why do I want to become a counselor?” was posed.) Students’ responses were recorded on the board. The responses were examined in relation to students’ values, beliefs, and experiences. Students were encouraged to discuss how their perspectives about becoming a counselor could impact them as counselors.

A more in-depth lecture and discussion about values followed. Students were asked to examine how they would react to clients when counseling values differed. Examples of value conflicts posed in the book served as sources of discussion as did their experiences.

The last part of the lecture covered issues related to informed consent: what to include in an informed consent, the importance of informed consent, confidentiality and informed consent.

Confidentiality was defined and limit to confidentiality were delineated. Students posed questions related to their experiences as counselors and teachers.
WEEK TWO

June 3

Lecture Topics
Privileged Communication
Duty to Warn

Methodologies
Lecture
Large Group Discussion

Description of Lecture and Discussion
The history and definition of privileged communication was presented. The implications of a recent court case, Jaffe versus Redmond, to the issue of privileged communication in Virginia were discussed.

Duty to warn was defined and discussed in relation to relevant court cases and state statutes. Specific issues related to FERPA and school records were discussed. The description and implications of the federal regulation, 42 CFR, related to persons receiving alcohol and drug services, to FERPA and schools, and to agencies that provide substance abuse treatment were examined.

June 4

Lecture Topics
Dual Relationships

Methodologies
Lecture
Large Group Discussion
Student Brainstorming Activity

Description of Lecture, Discussion, and Activities
A description and explanation of the counselor-client relationship as creating a container was presented. Ways in which the container could be harmed were explored.

Students were asked to identify different types of dual relationships that could exist in counseling. Responses were recorded on the board. The ethical issues and conflicts surrounding each of these examples of dual relationships were discussed. Students shared personal experiences about dual relationship issues.

The language pertaining to social and sexual dual relationships in the ACA code of ethics was presented and compared to Virginia’s standards of practice. A group discussion
regarding the standards about sexual relationships with clients in other states followed. The question as to what a counselor should do in the event that he or she has knowledge about another counselor involved in a sexual dual relationship was explored.

June 5

**Lecture**
Mid-term Exam- No lecture

June 6

**Lecture Topics**
Dual Relationships
Custody and Detaining Orders

**Methodologies**
Lecture
Large Group Discussion

**Description of Lecture and Discussion**
The professor presented a sexual dual relationship case that had presented when he served on the ethics committee. Dual relationships relative to gifts and group counseling were also discussed. Students shared and discussed personal experiences and concerns about potential dual relationships within their work. Alternatives and consequences were explored.

Emergency and Temporary Custody Orders were defined and compared.

**WEEK THREE**

June 9

**Lecture Topics**
ACA’s Standards of Practice
Discipline and Hearings

**Methodologies**
Lecture
Large Group Discussion
Role Play
Description of Lecture and Discussion

Specific ACA standards of practice were defined and discussed.

Due process and procedures and consequences regarding violations of the ethical codes and standards of practice were reviewed. A description of the hearing committee and process for investigating complaints was presented in detail.

A role-play related to discipline and the hearing process was conducted. One student role-played a hearing committee member along with the instructor. Another student role-played the counselor who had been charged with an ethical violation. Students processed their role-playing experiences and class discussion followed.

June 10

Lecture Topics
Review of the Formal and Informal Hearing Process
Theoretical Orientation
Ethical Issues Related to Diagnosis

Methodologies
Lecture
Large Group Discussion
Student Brainstorming Activity
Review for Final Exam

Description of Lecture, Discussion, and Activity
The lecture began with a review of the discipline hearing process and procedures. This review was followed by a discussion of the importance of practicing within a framework of a theoretical orientation and the ethical issues surrounding one’s theoretical approach in practice.

Ethical issues related to diagnosis followed. Students were asked to brainstorm about the pros and cons of diagnosis. Responses were recorded on the board. A discussion of the implications of diagnosis followed. Students shared personal experiences related to this issue.

June 11

Lecture Topic:
Ethical Issues in the Schools

Ethical Issues Related to the Individuals with Disabilities Act (IDEA)

Guest Lecturer: Dr. Lynn Pelco, School Psychology, College of William & Mary
Methodologies
Lecture
Large Group Discussion

Description of Lecture and Discussion
Dr. Pelco reviewed the IDEA and its ethical and legal implications to school personnel. Further discussion followed regarding working with adolescents and children and school records. Students shared and discussed personal experiences in working in the schools.

June 12

Lecture Topics
Final Exam- No Lecture
Post-Assessments Administered
Appendix E

1997 Fall Ethics Intervention Course Curricula
ED C43
Professional, Legal, and Ethical Issues in Counseling
The College of William and Mary
Fall, 1997

Instructor: Rick Gressard
Office: Jones 321
Phone: 221-2352

Statement of Purpose: This course will provide counseling students with a foundation in issues that affect the practice of counseling. Students will examine: (1) professional issue, including professional identity, history, and systems of counseling, professional organizations, counseling settings and counselor functions. (2) counseling ethics and ethical dilemmas, and (3) legal decisions that affect the practice of counseling. The course will emphasize active student participation in the exploration of these issues.

Text

Course Requirements

Papers
1. For this paper you are to interview a counseling professional to get their opinions on dual relationships. You should ask them how they feel about; (1) sexual relationships with clients and former clients; (2) business relationships with clients; and (3) limitations on relationships with supervisees. After the interview, you are to write a two page paper describing the professional’s responses and your response to their statements. Please bring the paper with you to class on September 24. This paper will account for 15% of your grade.

2. This paper will be a research paper that explores an ethical or legal issue of your choice. For this issue, you are to research the recent publications on the topic, summarize the literature, critically evaluate the literature, and write a case study which demonstrates the dilemma or problems that this issue may create for a counselor. This should be done in no more that ten pages. The paper will be due on December 3. It will account for 25% of your grade.

Examinations
There will be a mind-term and final examination. Both will be multiple choice. The final will only cover information presented after the mid-term. Each examination will account for 25% of your grade.
Journals

Each week you are to submit a journal entry reflecting upon your experiences in and out of class and your readings. Journal should focus on process and not content. Content describes “what” you have done. Process describes your thoughts, feelings, and any concerns about your experiences. Journal entries should be a minimum of 1 ½ to 2 typed pages, single or double spaced and standard font size (10-12) and margins (1 inch). Satisfactory completion of the journals is required for completion of the course.

Class Participation
Class participation is expected and will account for 10 % of your grade.

Course Outline

August 27
Introduction
The Profession
Professional Organizations

September 3 Reading: Chapter 7
Licensure and Certification

September 10 Reading: Chapter 1,2,3
Ethics and Values

September 17 Reading: Chapter 4
Confidentiality

September 24 Reading: Chapter 6
Dual Relationships

October 1
Dual Relationships
Other Ethical Issues

October 8 Reading: Chapter 5
Legal Issues and Duty to Warn

October 15
Mid-Term

October 22
Ethical Issues Working with Children and Adolescents

October 29
Discipline
November 12  Reading: Chapter 9
Theory, Practice and Research

November 19  Reading: Chapters 10 & 11
Multicultural and Special Population Issues

November 26
Thanksgiving- No Class

December 3  Reading: Chapter 14
Counselor and the Community
Private Practice

December 10
Final Exam
DESCRIPTION OF CLASS LECTURES AND ACTIVITIES  
1997 FALL INTERVENTION COURSE

WEEK ONE  August 27

Lecture Topic(s)
Introduction
The Profession
Administered Pre-Assessments

Methodologies
Lecture
Large Group Discussion
Student Brainstorming Activity
Journaling

Description of Lecture, Discussion, and Activity
The students were asked to provide their perspectives to the question “What is counseling?”
Student responses recorded on the board. A discussion about the different responses followed with comments regarding how students’ values, beliefs, and experiences impacted their perceptions.

Virginia’s state licensure definition of ‘counseling’ and ‘counseling treatment intervention’ was shown to students.

Journal Assignment
The difference between “content” and “process” in relation to writing journals was reviewed with students. Students were asked to share their thoughts and concerns about the class and the reading assigned for the next week.

WEEK TWO  September 3

Lecture Topic(s)
The Counseling Profession
History of Counseling
Professional Organizations

Methodologies
Lecture
Large Group Discussion
Student Brainstorming Activity
Journaling

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**Description of Lecture, Discussion, and Activities**

Students were asked to compare the counseling profession to psychology, social work, and psychiatry. Responses were recorded on the board and a discussion followed.

The lecture then delineated the history of the counseling profession from its beginnings with Frank Parsons. All of the divisions of the American Counseling Association (ACA) were defined and acronyms given. The structural relationship of the National to State to Local organizations was outlined. The last part of the lecture covered the standards and requirements for licensure at both the National and State level. A description of the membership and duties of the Virginia Board of Professional Counselors was presented at the end of class.

**Journal Assignment**

Students were asked to write their thoughts and reflections about the fundamental question, “Who has a right to counsel anyone?”

---

**WEEK THREE**  
**September 10**

**Lecture Topic(s)**  
Licensure and Certification

**Methodologies**

Lecture  
Large Group Discussion  
Journaling

**Description of Lecture and Discussion**

The requirements for licensure and certification at the State and National level were presented. A description of the licensure board with the Department of Health Professions was presented. Students discussed their concerns about licensure and certification requirements. Requirements across other states were also briefly discussed.

**Journal Assignment**

Students were asked to reflect on the class discussion about licensure and certification requirements: its benefits and limitations in ensuring competent, ethical practice.

---

**WEEK FOUR**  
**September 17**

**Lecture Topics**

Proposed Changes to Licensure  
Ethics and Ethical Principles  
Introduction to Values
Methodologies
Lecture
Large Group Discussion
Small Group Casework Study
Journaling

Description of Lecture and Discussion
The potential changes to the licensure requirements in relation to CACREP accreditation were discussed. This review was followed by a lecture about differences between mandatory and aspirational ethics. Kitchener’s ethical principles of autonomy, non-maleficence, beneficience, justice, and fidelity were defined and discussed.

Small Group Activity
This small group activity introduced the issue of values in ethical decision-making. Students were asked to form small groups of 4-5 members. Each group was given the following Values Case Discussions. They were instructed to read each case utilizing the questions to guide their discussion about each of the cases presented. For the purpose of the small group work, students were asked to primarily focus on questions 1, 2, 3, and 6. The instructors rotated to each of the small groups to facilitate the discussion and provide guidance.

VALUES CASE DISCUSSIONS

During the course of counseling, your clients express the following statements. Read each statement and then use the questions that follow as a guide for your discussion of each statement.

This marriage of mine is at a dead end; we’re not even looking at each other. I’d get out tomorrow, but what I am I gonna do about the kids; she’s murder on them. I can’t stand the thought of what my leaving them with her will do to them. [taken from Lakin, M. (1991). Coping with ethical dilemmas in psychotherapy. New York: Pergamon Press, p.55.]

I want to quit this damn job and stay home with the kids, but my husband won’t hear of it. We do need the money and he’ll say I quit this like I quit everything else that was too much of a challenge. [taken from Lakin, M. (1991). Coping with ethical dilemmas in psychotherapy. New York: Pergamon Press, p.55.]

My husband has had several jobs, but has decided that he’d like to stop to working. We bought farm so that he can have some things to do while I work. I am concerned about the money for he is still supporting his three kids from his first marriage. I didn’t even want the farm, but I am afraid that if I complain or disagree I’ll lose him. You know I have already been married once before! [adapted from Lakin, M. (1991). Coping with ethical dilemmas in psychotherapy. New York: Pergamon Press, p.56.]
Discussion Questions
1. What values do you hold regarding marriage, divorce, and marital roles that could potentially affect working with each of these clients? How would they affect you in your work with the client?
2. What other values do you hold that may override your specific values on marriage, divorce, and marital roles that would also affect your work with these clients? How would they affect your work with the client?
3. If you hold strong value positions, do you think you can interact honestly and in a non-influential manner in assisting your clients to freely formulate their decisions? How?
4. What would you tend to say to each of these clients in response to their statements and what approach would you use?
5. Do you have a moral responsibility to expose these clients to your values? To a diverse set of value options? Why or Why not?
6. In your opinion, what would be a bad decision, if any, for your client to make in each of these dilemmas? If you felt very strongly that your client was making this bad decision or even a worse decision, what would you do? Why?
7. When would you know that it was ethically right for you to refer the client?

Large Group Discussion
In the last 15 minutes of class, students reconvened into the large group to process their small group discussions and individual perspectives. Similar and contrasting views about the relationship of values to working with clients in the case studies were shared and discussed. Questions 3, 5, and 7 were explored in the large group.

Journal Assignment/Values Exploration
Students were asked to complete the Values Conflicts exercises on pages 63-64. These exercises presented circumstances of various clients that may or may not have conflicted with the value systems of the students. The students were to decide whether or not they could work with the client under the circumstances provided or if it would be difficulty for them to do so. Students were asked to process their thoughts and feelings in completing the exercise. They were also encouraged to reflect on the small group case discussion experiences.

WEEK FIVE September 24

Lecture Topics
Values and Counseling
Introduction to Informed Consent

Methodologies
Lecture
Large Group Discussion

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Students' Brainstorming Activity
Small Group Casework Studies
Journaling

Description of Lecture, Discussion, and Activity
In continuing the topic of values in counseling, students were asked to share their reasons for becoming a counselor in response to the question, “Why do you want to become a counselor?” Their responses were recorded on the board and an examination and discussion followed. The discussion explored how students' needs, values, beliefs, and experiences affect their motivations for entering into the counseling profession and how they need to be continually aware of how their needs and value systems influence their work with clients. Students posed questions and shared their related personal experiences.

The issues of clients' rights and informed consent were briefly introduced prior to the small group casework study.

Small Group Casework Study
Students were asked to form groups with 4-5 students with whom they had not participated in a small group. The following informed consent case study was distributed to all students. Students were directed to take time to consider their responses to answer questions 1-7 individually and then discuss these questions as a group. Each group was asked to formulate a position about who was ultimately responsible. Instructors rotated to the groups to provide guidance, support and challenge.

INFORMED CONSENT
CASE STUDY

Megan, a 16 year old junior in high school, was having severe anxiety reactions in social situations. As a result of her anxiety, she was experiencing physical problems such as loss of sleep and weight and was having academic difficulties. The school counselor, unable to help her, referred her to the college counseling and research center.

The counseling intern, Bill, briefly oriented her about the services and informed her that he needed parental consent to continue for she was a minor. Megan was reluctant for she was concerned about her parents’ reaction to her seeking counseling. Bill alleviated her concerns for he assured her that her parents would not be told any details about what she disclosed in counseling and she agreed to bring her mother to the next session.

Bill explained to both of them policies and procedures about clients’ rights and responsibilities and confidentiality. Further, he informed them that their sessions might be a part of research being conducted and that his supervisor might observe some of their sessions. They agreed that the purpose of their counseling was to help Megan become
less anxious, more competent, and better able to manage the stress experienced around social situations.

He diagnosed her having a social phobia and decided to use eye movement desensitization and reprocessing, a procedure still considered experimental and controversial in its effectiveness for easing emotional trauma surrounding social situations experienced in childhood. However, he believed it would help to eliminate any traumatic thoughts, feelings, or pictures that contributed to her anxiety.

Megan began having nightmares and experiencing more fear. She began to skip classes in which she knew she would have to perform in some way. The mother learned about this from the school counselor and called Bill. She met with Bill and his supervisor and expressed concern, frustration, and anger by the lack of adequate information she had been given about her daughter’s treatment for she was told very little other than it was part of research. She was considering filing a complaint.

1. What primary ethical issues does this case present to you? Ethical codes?
2. What might you have done differently than Bill?
3. How could the informed consent been presented to ensure that consent was obtained in a fully ethical manner?
4. Do you think that the mother has any responsibility in what has occurred? If so, what?
5. What responsibility, if any, did the school counselor have as the referral counselor?
6. What responsibility, if any, did the supervisor have?
7. Was Megan’s right to confidentiality balanced against the mother’s right to know?
8. How does informed consent with a minor differ from an adult?

Large Group Discussion
The large group was reconvened and each group was asked to share some of the major issues that evolved in their discussion. Specific responses to questions 1, 4, 5, and 6 were shared. The groups were then asked to share and discuss their position relative to the question “Who was ultimately responsible for Megan’s mental and physical well-being? Questions 7 and 8 were posed to the class for further discussion. The last question posed to the class was “How can you ever be sure that your client fully understands the terms and conditions of the counseling process?

Journal Assignment/Informed Consent
Students were given the following discussion questions related to informed consent and were asked to answer the questions posed under each scenario and then explore their thoughts and feelings about the issues posed and the experience of the process involved in answering the questions and making certain ethical choices and decisions. Students were also encouraged to further reflect their experiences in the small group casework study.
INFORMED CONSENT
DISCUSSION QUESTIONS

Imagine that a client has come to you for therapy. At the beginning of the counseling session, the client states fears and concerns about the therapy process and begins to question your level of competence.

1. How would you describe the therapeutic process you propose in a way to alleviate the client’s fears and concerns?
2. How would you describe the potential risks and benefits of therapy?
3. What other information would you feel the need to discuss with the client? How would you explain these issues?
4. How would you ensure that the client fully understands this information?

After the first session, the client tells you that you have alleviated his/her concerns about counseling and really felt very comfortable in talking with you. The client states that if this session had not gone well, he/she would have probably not considered any further counseling. However in assessing the client’s needs, you realize that the kind of therapy techniques that would best meet the client’s needs are ones with which you have very little experience. Further, you feel that the client is having serious emotional needs and needs counseling services. However, you question whether you will be able to effectively assist this client.

1. Are there any relevant ethical codes to guide you in this situation? If so, which ones?
2. What action, if any, would you take? Why?
3. How would you explain your assessment and relevant options to the client, if you chose to do so?
4. If you decide to refer the client and the client refuses to work with anyone else, what would be your next strategy? Why?

WEEK SIX October 1

Lecture Topics
Confidentiality
Privileged Communication

Methodologies
Lecture
Large Group Discussion
Debate
Journaling

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Description of Lecture and Discussion
The history and definition of privileged communication was presented. The implications of a recent court case, Jaffe versus Redmond, to the issue of privileged communication in Virginia were discussed. Differences between confidentiality and privileged communication were noted and clarified. Exceptions to upholding confidentiality were listed and examples were provided. Students asked questions about issues they had faced at work.

Debate
Students were asked to count off by 2’s in forming two groups to debate the issue of confidentiality and the HIV client. Both groups were given the following HIV confidentiality case. One group was assigned the “pro” position, to argue for maintaining confidentiality, and the other group was assigned the “con” position, to argue for breaking confidentiality. Groups were directed to follow the guidelines and instructions provided in preparation for the debate. Instructors rotated between the groups to provide challenge and support.

CLASS DEBATE: HIV & CONFIDENTIALITY

Issue: If a counselor learns that a client has been tested as HIV positive, should the counselor break confidentiality if the client is not willing to disclose this information to past, current, and/or future partners and does not always practice safe sex?

Group Preparation: Each group should thoroughly discuss all the relevant ethical and legal considerations surrounding this issue. After discussing this issue, groups will be assigned either a pro or con position and will be asked to prepare a justification and defense for this position. In preparing your group defense, make sure that you build a case that you can support both from an ethical/moral and legal standpoint. It will be important to address all the considerations and pertinent issues. You must stay true to your position and not make any exceptions. Groups may use the possible exceptions in challenging the opposition.

Each group should then prepare a list of questions that challenge the other group’s position. Each group will have an equal amount of time to present their case. A question and answer period will follow during which each group will challenge the opposing side. Instructors may also ask questions of each group. All members of each group should participate during the debate. Assign issues for each person to address during the debate.

Debriefing: After the debate, the class will discuss their reactions to this activity. The following questions will guide the discussion.
1. What was your overall reaction to this debate?
2. What specific thoughts and/or feelings arose during the debate?
3. What was the most difficult or challenging part of this activity for you? Explain.
4. Did you gain any insight that could potentially help you make a competent decision about such an issue should it arise in counseling? What did you learn that was of value to you?
5. Did you change your initial perspective about this issue as a result of the debate? How? What was the most influential factor(s)?
6. What would you still find as being most difficult for you, personally and as a counselor, if presented with a similar case in the future?
7. How would you address your concerns in resolving the dilemma?

**Large Group Discussion**
The two groups reconvened a large group to process the debate. The following additional questions were posed to the students: Which ethical principle was the most important consideration in making your argument? How can you be sure that sexual contact with the HIV client posed imminent danger to others? How do you define imminent danger? What responsibility did any of the partners have in ensuring their own safety? What if the client was a family member of your family or a close friend; would that change your position? Why or why not? What if one of the sexual partners had been your family member; would you want the counselor to disclose? Why or why not? Are we as counselors going beyond our professional competence in making a medical diagnosis in relation to HIV and its imminent danger to others? How many of you changed your initial stance on the issue through your participation in defending a position or in hearing the arguments from the opposing view?

**Journal Assignment**
Students were asked to address the questions listed under the debriefing section in writing their journal entries.

**WEEK SEVEN**

**October 8**

**Lecture Topics**
Confidentiality
Duty to Warn
Privileged Communication
Review for Mid-Term

**Methodologies**
Lecture
Large Group Discussion
Journaling
Description of Lecture and Discussions
This class lecture further discussed issues related to confidentiality, duty to warn, and privileged communication. The Tarasoff case was reviewed and "imminent harm" was defined. Court ordered records and alternatives to these types of subpoenas were discussed. Confidentiality issues related to computer files and managed care were also covered. Students shared personal experiences related to these issues and posed related questions that they faced at work.

Journal Assignment
Students were given the following case study involving confidentiality issues in marriage and family counseling. They were to use the questions as guidelines in making their decisions. Students were directed to reflect about the process of making their decisions and about any issues of concern related to the case.

MARRIAGE AND FAMILY COUNSELING CASE STUDY

Case #1: A counselor had been working with a family which consisted of the parents who had been married for fourteen years and their two children: a 10 year old daughter and a 12 year old son. The children had been reported as having behavior and academic problems in school. At home, they constantly fought with each other. The mother had difficulty managing them and the father appeared to be somewhat distant and very focused on his job which he found most challenging and stressful. These factors created conflict in their marriage. After the eighth session, the counselor received a telephone call from the mother during which she disclosed that she was seriously thinking about leaving her husband and her kids. She made it very clear that she did not want her husband to know anything about her plans. She stated that she would continue with the family counseling, but also desired to meet secretly with the counselor to explore strategies and develop a plan for leaving. The counselor was in a dilemma for such confidentiality issues had not been discussed as part of the informed consent. [adapted from Lakin, M. (1991). Coping with ethical dilemmas in psychotherapy. New York: Pergamon Press, pp.152-153]

Questions for consideration and discussion
1. What are the ethical issues related to this situation? What makes it an ethical rather than a technical question or problem?
2. To whom is the counselor ultimately responsible? Why?
3. What are the potential courses of action? For each, identify the potential consequences/risks involved and to/for whom?
4. What should the counselor do? What is the basis for your recommendation (i.e. ethical codes, principles, values)?
5. What measures could have been taken to safeguard against this situation?
Lecture
Mid-Term Exam-No Class

Journal Assignment
Students were asked to respond to the following case study for their journal entries. No specific directions were given.

MARRIAGE AND FAMILY COUNSELING
CASE STUDY

Case #2: You have been working with a woman who had been referred to you by her doctor for he had found no physiological basis for her frequent bouts with choking and breathing problems. After several sessions, you realize that her problems result from her inability to express her large amount of anger about her relationship with her husband. He agreed to come to a conjoint session, but became defensive in talking about his feelings toward his wife. Although he expressed that he loved her, his nonverbal behavior was not congruent. You decide to meet with them separately for a couple of sessions. In your second session with him, he discloses that he had been having an affair for several months, but was adamant that he would never tell his wife for he feared how his four children would suffer and he did not want to disrupt their lives. He became very emotional as he talked about his children and his love of being a father. He stated that he was committed to staying in his marriage, but that he planned to continue with his affair. His goal for meeting with the counselor was to become better able to continue with his marriage and the affair without suffering from as much stress. He wanted to continue individual counseling, but was very clear that this affair remain confidential. [adapted from Herlihy, B. & Corey, G.(1996). ACA ethical standards casebook (5th ed.). Alexandria: American Counseling Association, p.234.]

Questions for consideration and discussion

1. What are the ethical issues related to this situation? What makes it an ethical rather than a technical question or problem?
2. To whom is the counselor ultimately responsible? Why?
3. What are the potential courses of action? For each, identify the potential consequences/risks involved and to/for whom?
4. What should the counselor do? What is the basis for your recommendation (i.e. ethical codes, principles, values)?
5. What measures could have been taken to safeguard against this situation?
WEEK NINE October 23

Lecture Topics

Individuals with Disabilities Act (IDEA)
Ethical Issues in Working with Children and Adolescents Schools

Guest Lecturer: Dr. Lynn Pelco, School Psychology, College Of William & Mary

Methodologies

Lecture
Large Group Discussion
Journaling

Description of Lecture and Discussion

Dr. Pelco reviewed IDEA and its ethical and legal implications to school personnel. Further discussion followed regarding working with adolescents and children. Students posed questions and shared personal experiences related to this issue.

Journal Assignment

As an introduction to the ethical issues related to dual relationships, students were asked to write about the following case study involving social dual relationships. The questions were to be used as guides in making their decisions. They were to briefly address their position and then reflect on the process of making the decision and any difficulties and challenges that this issue presented to them in formulating a position.

DUAL RELATIONSHIPS (Friendship/Social)

CASE STUDY

Case Study: A female counselor had seen client for counseling for only three sessions. The client had gone to counseling for a specific dilemma that she was trying to resolve. At this time, the client decided that these sessions were sufficient for helping her to resolve her major concern presented in counseling. During the three sessions, the counselor and client realized that they had bonded very quickly and immediately felt a close rapport. The counselor realized that she shared similar experiences and interests as the client. A year later, they happen to run into each other at a community lecture. The former client asked the counselor to join her for dinner at her home after the lecture. The counselor accepted. As the counselor was getting ready to leave, the former client expressed to the counselor that she enjoyed her company and that she would like to get to know her better. The counselor shared these same feelings, but was unsure about what to do.

1. Do you think that the counselor made a sound ethical decision by accepting the dinner invitation? Why or Why not?
2. What would you have done as this client’s counselor? Why?

3. What should the counselor do now? Why?

4. Is there a right or wrong course of action? If so, what actions do you feel are right? Wrong? Why? If you believe the counselor should not have accepted the invitation or continue to see the client, how would you as this counselor address this with the client?

5. Does the number of sessions make any difference in what you would decide to do? If yes, what is that magic number of sessions? How would this make a difference and why?

6. Does the length of time from termination provide any support for the possibility of having a social relationship/friendship? If yes, what is that magic length of time? How would this make a difference and why?

7. If the number of sessions and the termination period impact your decision; which would be more important in terms of your decision? Why?

8. Should the severity of the client’s reasons for entering the counseling relationship impact such decisions? Why? Would it impact your decision? How and why?

**WEEK TEN October 28**

**Lecture Topics**
Dual Relationships (non-sexual)

**Lecturer:** Nicole Chase, Researcher, Assistant to Professor

**Methodologies**
Lecture
Large Group Discussion
Student Brainstorming Activity
Small Group Casework Studies
Journaling

**Description of Lecture and Discussion**
The lecture included a definition of dual relationships and an explanation of how and why they can become problematic. Students were asked to brainstorm different types of non-sexual dual relationships. Responses were recorded on the board and students were asked to provide concrete examples. The language pertaining to dual relationships in the ACA Code of Ethics and the Virginia Board’s Standards of Practice were presented and compared. Consequences for violations were reviewed. Students were also provided with a three tier process for making informed ethical decisions related to dual relationships. Students shared personal concerns and experiences related to the issue.

**Small Group Casework Studies**
Students were asked to form small groups of 4-5 students with whom they had not previously been involved in a small group activity. They were given the following dual relationship case study in rural settings. The only instructions given were that the groups
were to formulate and justify a group decision. Instructors rotated to the small groups to provide support and challenge.

**DUAL RELATIONSHIPS: RURAL SETTINGS**  
**CASE STUDY**  

Sue, counselor moves into a very rural small town in the mid-west. Other than a small family medical and dental practice, there were no other medical or mental health services. The closest mental health services were at least one and a-half hours away. Being the only counselor, her practice quickly grew. In town, she had become very close friends with a divorced woman, Ann, who had a teenage son. Ann had told Sue about the severe abuse that she had received by her former husband and about her extreme financial difficulties due to her husband’s failure to pay alimony and child support. In the meantime, Ann’s 17 year old son started to develop academic and behavioral problems in school. He has become very disruptive in school and has begun to exhibit hostility to the other neighborhood peers and adults, as well. Ann was very distressed and overwhelmed by his behavior. There was no school counselor available. She asked Sue if she would talk with him as a counselor. Sue stated her concerns, but Ann insisted that she could not afford the money or time off from her job to drive 1 ½ hours one-way for counseling every week. Further, her car was quite old and unreliable and she was not able to afford to have it well-maintained.

Discuss the following questions and then prepare and justify a group position on this issue.

1. What would you do if you were Sue? Why?
2. What are the possible alternative courses of action?
3. Is there a “right” or “wrong” decision? What are they? Why?
4. Does it make any difference that: Sue practices in such a rural setting? Ann is not financially able to pay both the cost of counseling and the cost of traveling so far? What if Ann could have afforded to travel so far, but at that time severe winter weather was making travel very treacherous?
5. What if Sue agreed to see the son and later learns that the son is very distressed about the way Ann is treating him since the divorce? How should she handle it given she has assured him that confidentiality will be maintained?
6. What should Sue do if she agrees to see the son and then later realizes that her counseling relationship is severely affecting her friendship with Ann, while at the same time the son seems to be improving? What if Ann has become very distressed about the quality of their friendship as well and claims that Sue must be siding with her son - believing lies that her son must tell about her?
7. What are Sue’s responsibilities to all parties involved: Ann, the son, the school, the community, and the profession?
8. After responding to all of these questions, what is your final decision about this case? What ethical principles (autonomy, justice, non-maleficence, beneficence, fidelity) apply to your final decision in this case?

9. If you agree that counseling the son was ethical in this case, what safeguards would you make sure were in place to avoid such issues as presented in #5 and #6?

10. In general, do counselors in isolated settings face other unique types of ethical problems that urban counselors do not? What are they? What safeguards should be in place?

**Large Group Discussion**

Small groups were asked to reconvene into a large group to share group positions and individual perspectives. Further questions were posed to the students regarding the impact of their personal and professional values on their decisions and how the ethical issue of confidentiality impacted their decision.

Other questions posed included; How would your decision impact the views of the other members of the community and does this impact your decision? Does a counselor have a right to refuse to counsel anyone? If so, when is this justified, particularly in this type of case? What ethical principle was the most important consideration? What if Ann’s son was suicidal—would that make any difference to those of you who felt that Sue should not counsel Ann’s son? If this were a medical issue or emergency, would the same ethical considerations in making a decision of whether or not a doctor should treat a close friend’s son or daughter be different than that of a counselor? Why or why not?

**Journal Assignment**

Students were asked to further reflect on the issues discussed regarding this case and dual relationships in general.

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**WEEK ELEVEN November 5**

**Lecture Topics**
Dual Relationships (Sexual)
FERPA
Confidentiality Related to Substance Abuse Services
Emergence and Temporary Commitment Orders

**Methodologies**
Lecture
Large Group Discussion
Journaling

**Description of Lecture and Discussion**

Dual relationships were further explored. Students had many follow-up questions and personal experiences to share and discuss. The language pertaining to sexual dual relationships in the ACA code of ethics was compared to Virginia’s standards of practice.
The professor presented dual relationship case that had presented when he served on the ethics committee. The question as to what a counselor should do in the event that he or she has knowledge of another counselor involved in a sexual dual relationship was explored. Students shared personal views and concerns.

Specific issues related to FERPA and school records were discussed. The description and implications of the federal regulation, 42 CFR related to confidentiality of persons receiving substance abuse services, to FERPA, schools, and agencies that provide substance abuse services were examined.

Emergency and temporary custody orders were defined and compared.

**Journal Assignment**

Students were given the following case discussion questions related to sexual dual relationships and were asked to share their thoughts and concerns about these issues.

**SEXUAL DUAL RELATIONSHIPS**

**DISCUSSION QUESTIONS**

Issue for Discussion: In Virginia, the professional standards state that counselors should never engage in sexual relationships with former clients. The ACA ethical codes states that sexual relationships with clients are only permitted two years after termination with the client.

1. Which ethical ruling most closely represents your opinion? Why?
2. Do you think that the standards should apply to all counselors and situations— including the following: Why or Why not?
   a. a career counselor and former clients
   b. a school counselor and a parent of a child client who had been seen for counseling in school
   c. a college campus counselor and a former college student who had been a former client when attending the college, but who graduated at least two years ago
   d. a former client who then becomes a counselor
   e. a counselor/career counselor who had seen a client for just one session

3. Is there any period of time or number of sessions that you believe would be justified as exceptions to this ruling? What? Why?
4. Would it be fair for the standards to apply to a counselor who decides to longer practice counseling, dates and/or marries a former client, and then one year later decides to resume practice? What if more than one year had passed since terminating practice?
5. Which ethical codes and/or principles (autonomy, justice, non-maleficence, beneficence, fidelity) most apply in these types of cases? How do they apply?
6. Do you think that this standard impinges on a counselor’s and client’s freedom to choose those whom they wish to date and/or marry?

WEEK TWELVE  November 12

Lecture Topics
Discipline and The Hearing Process
Ethical Issues on Criminality and the Law

Methodologies
Lecture
Large Group Discussion
Small Group Casework Studies
Journaling

Description of Lecture and Discussion
Due process procedures and consequences regarding violations of the ethical codes and standards of practice were reviewed. A description of the hearing committee and process for investigating complaints was presented in detail. Potential consequences for violations were presented. Several case examples were provided.

A follow-up to the issue of confidentiality and the law was briefly discussed and was culminated by a small group casework study.

Small Group Casework Study
Students formed small groups to discuss the following case study regarding criminality and the law. The only instructions given were to formulate and justify a group position as to whether or not the counselor should break the confidentiality of the client. Instructors rotated to each group to provide challenge and support.

CONFIDENTIALITY AND THE LAW
CASE STUDY

Confidentiality and the Law

Case Study: You work in a very small town and have friendships and social relationships with a number of the merchants and professionals. A client whom you have been seeing tells you that he/she has committed a crime. The crime involved stealing valuable items from several of the local stores. At the local Rotary meeting to which you belong, many of the members who are also store owners and managers have been discussing these incidents. You are aware of the distress they are feeling surrounding this issue. In fact, the owner of one of the stores is a very good friend of yours. At this time, the client does not have any intention of taking responsibility for these crimes, but seeks your help for he/she is extremely panicked about this situation and is becoming extremely depressed. This is particularly troublesome, for the client has always been held in high esteem in the
community. The client has stated that he/she has seriously considered suicide should the community become aware of who committed these crimes.

1. What do you consider the most ethical course of action in this case? Why?

2. Do you think that there is an absolute "right" or "wrong" course of action? If so, what and why?

3. Does it make any difference that that the counselor is a fellow Rotarian and friend to many of these store owners? Why or Why not? What are the counselor's responsibilities to all parties involved and to the community/society?

4. What ethical codes and/or principles (autonomy, beneficience, non-maleficience, justice, fidelity) apply?

5. Should the severity and/or victim surrounding the crime be determining factors in these types of cases? For example, what if the client told you that he/she had killed another adult? a child? a former colleague? Or told you where the murdered child's body was buried? Or was an escapee from prison for murder charges?

6. In considering an ethical course of action to issues in #5, what are the counselor's responsibilities to all parties involved and to society?

7. Can you ever be sure that your decision is the correct decision? Why or Why not?

Large Group Discussion
Small groups reconvened into the large group to process their small group discussions and share perspectives and group positions. Questions 3, 4, and 5 were asked of the group. Other questions asked included: For those of you who felt that the counselor should maintain confidentiality, would your decision change should the client continue to steal and violate the rights of others? At what point, would you ever feel justified in breaking confidentiality? How would you react to community members, should they become aware that you did not report your information to the police? Would this affect your stance on the issue? Why or why not? What if you realized that the client had stolen from you or one of your family members who had since grown extremely frightened about a reoccurrence?

After discussion of the questions, the legal implications of a counselor being an "accessory to a crime" and an "accessory after the fact" were presented and discussed in relation to this case.

Journal Assignment
Students were asked to further explore and reflect on this case and related issues.
**WEEK THIRTEEN**  
November 19

**Lecture Topics**
- History of Virginia Licensure
- History and Description of NBCC and Its Functions
- Ethical Issues Related to Counseling on the Internet

**Guest Lecturers:**
- Tom Clausson, Executive Director, NBCC
- Fred Adair, Counselor Educator, Family Therapist

**Methodologies**
- Lecture
- Large Group Discussion
- Journaling

**Description of Lecture and Discussion**
Fred Adair presented a history of the development of licensure in Virginia. Mr. Clausson described the history and functions of the NBCC and discussed the potential changes to licensure in relation to CACREP accredited programs.

Mr. Clausson reviewed the ethical issues related to counseling on the internet and discussed NBCC’s position and proposed ethical safeguards and guidelines on this issue. Students shared their views and concerns.

**Journal Assignment**
Students were asked to reflect on their experiences throughout the semester: how the class has impacted them, any on-going unresolved issues or concerns, the most significant experiences, etc.

*November 26*  
Thanksgiving Break - No Class

**WEEK FOURTEEN**  
December 3

**Lecture Topics**
- Private Practice and Managed Care
- Post-Assessments Administered

**Guest Lecturer:** Draa Thompson, Private Licensed Professional Counselor, Supervisor

**Methodologies**
- Lecture
- Large Group Discussion
Description of Lecture and Methodologies
Mr. Thompson presented ethical and practical issues related to private practice and managed care.

WEEK FIFTEEN  December 19
Final Exam
References


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VITA

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