A SURVEY OF SCHOOL-BASED FAMILY COUNSELORS’
ETHICAL DECISION MAKING

A Dissertation

Submitted to the
Faculty of the University of Sarasota
in partial fulfillment of
the requirements for the degree of
Doctor of Education

by

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University of Sarasota
Sarasota, Florida
October 2000

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This survey examined school-based family counselors’ ethical decision making. Thirty-four family counselors employed in a Florida school district were surveyed using a four-part questionnaire. In the first part of the questionnaire, counselors selected their preferred resolutions to seven ethical dilemmas and indicated their main reason for each decision. In addition, counselors rated the confidence they had regarding their decision making. In the second part, counselors rated the dilemmas regarding the seriousness and frequency of encountering the problem. The third part gathered demographic information regarding counselors’ age, gender, and years of experience. The fourth part requested information on the sources and value of family counselors’ ethics training. This study examined if family counselors’ ethical decision making was influenced by (a) gender, (b) years of experience as a family counselor, (c) number of hours spent in ethics training, (d) confidence in decision making, (e) rating of severity of the problem, and (f) frequency
of encountering similar ethical issues. Although counselors were more alike than
different, research findings indicated a general lack of consistency among preferred
resolutions, as well as reasons for decisions when confronted with the ethical dilemmas.
Chi square analyses revealed a significant difference between counselors’ preferred
resolutions and the number of hours spent in ethics training on one dilemma. Pearson
product-moment correlations indicated a low to moderate positive correlation between
counselors’ confidence in decision making and rating of severity of the problem on one
dilemma. Additionally, a low to moderate positive correlation was found between
counselors’ rating of severity of the problem and frequency of encountering similar
problems on one dilemma.
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CHAPTER ONE: THE PROBLEM

Introduction

Studies investigating counseling ethical issues have increased in recent years. However, “Researchers have tended to focus on the ability of practitioners to identify ethical dilemmas ... or the extent of agreement among respondents to particular choices already made” (Chevalier & Lyon, 1993, p.327). Fausold-Mowers (1998) reported that there is little literature on actual school-based family counseling programs. According to Fausold-Mowers (1998), “The literature that does exist on school-based family counseling programs does not place an emphasis on an evaluation component; such a component could further enhance growth of these types of programs” (p.33).

Problem Background

School-Based Family Counseling

According to Fausold-Mowers (1998), traditionally, school counseling has centered on individual and group work with students as opposed to a family counseling approach. However, some school systems have begun to realize the importance of the family in contributing to both student behavioral problems and positive change in student academic performance and behavior. “The existing literature supports the notion of not only a family counseling approach to school-related issues, but the use of school mental health professionals in providing family counseling services” (Fausold-Mowers, 1998, p.7). “It is slowly beginning to be realized that family counseling is an effective mode of change and can be initiated as part of a child’s school program” (Fausold-Mowers, 1998,
A common goal of school-based family counseling is to join the two systems of home and school in dealing with student problems. Green and Fine (1988) reported that the basic goal of school-based family therapy “is to help the child with school-based problems. Unlike other therapies, this focuses on reducing the dysfunctional aspects of the family” (p.21). The school-based family counselor tries to assist the student with school related problems by helping the family to define boundaries and rules that sustain the system. Kral (1992) noted the advantages of utilizing school-based family counseling in helping schools to view the symptoms of a student’s problems as resulting from systemic interactions rather than resulting from within the student.

**Ethical Reasoning Development**

Traditionally, few formal ethics courses have been required in counselor preparation programs. Wilson and Ranft (1993) reported that, “training programs in the areas of counseling and mental health are beginning to require the teaching of ethics to their students” (pp.445, 446). However, “although the call for formal ethics training has grown louder, differing opinions exist as to how such training should be implemented” (Wilson & Ranft, 1993, p.447).

**Ethics training by osmosis.** Handelsman (1986) reported that, “a majority of the programs with no formal ethics courses felt that ethics can best be taught in the context of supervision” (p.371). Handelsman referred to this as ethics training by osmosis. “Ethics training by osmosis refers to the practice of allowing ethics to be taught in the context of supervision, in which a sensitivity to issues will seep through during discussions of cases” (Handelsman, 1986, p.371). This has resulted in a deficiency of explicit graduate
teaching in counseling ethics. Handelsman called this "a dangerous practice" (p.371) and argued that "ethical reasoning as a skill ... can be taught and studied" (p.372).

**Philosophical ethical system.** According to Van Hoose and Kottler (1985), "since the core of a therapist's system of what is right and wrong, good and bad, effective and ineffective, appropriate and inappropriate is based on a philosophical ethical system, this value system must be developed to optimal levels" (p.40). Counselors customarily have obtained knowledge of ethics through experience, examining codes of ethics, reading counseling journals, and attending workshops. Chevalier and Lyon (1993) reported that, "the vast majority of information on ethics was reportedly gleaned from discussions with colleagues, occasional presentations in graduate classes, and independent reading of the ethics literature" (p.329).

**Professional Standards Regarding Ethics**

Wilson and Ranft (1993) reported that, "The importance of ethics in the professional practice of counseling and psychology is informally recognized by members of the profession and formally recognized by the professional codes of ethics" (p.445). According to Herlihy and Remley (1995), the National Vocational Guidance Association (NVGA) was founded in 1913 and existed for more than 45 years without a formal code of ethics. The NVGA was one of the chronicled forerunners to the present day American Counseling Association (ACA). "In 1953, Donald Super, then president of the newly formed American Personnel and Guidance Association (APGA), charged the association to develop a code of ethics. The first code of ethics for APGA was adopted in 1961" (Herlihy & Remley, 1995, p.130). In 1974, the code was revised with subsequent revisions having "occurred every 7 years: in 1981, and in 1988 as the Ethical Standards
of the American Association for Counseling and Development” (Herlihy & Remley, 1995, p.130). In April 1995, the ACA, formerly the American Association for Counseling and Development (AACD), adopted the ACA Code of Ethics and Standards of Practice. Herlihy and Remley (1995) wrote that, “Codes of ethics are living documents that change over time, and revisions will be needed as our knowledge base grows and as our consensus emerges around controversial ethical issues” (p.133).

Family Counseling and Ethics Documents

The ACA currently acknowledges the specialization of marriage and family counseling through a division known as The International Association of Marriage and Family Counselors (IAMFC). The IAMFC became a division of the AACD (now ACA) in 1990 and is currently the largest division (Smith, Carlson, Stevens-Smith, & Dennison, 1995). The IAMFC “grew from 143 members after its initial call in 1986 to over 7,200 members as of June 1993, and over 8,000 current members. The IAMFC was recognized nationally as the fastest growing association in the behavioral sciences” (Smith et al., 1995, p.155). The membership of the IAMFC is made up of “counselors, psychologists, psychiatrists, social workers, marriage and family therapists, and mental health counselors” (Smith et al., 1995, p.155).

Traditionally, the Code of Ethics and Standards of Practice of the ACA (APGA, AACD) has been general and has not addressed the particular interests of the different ACA divisions and counseling specialties. According to Smith et al. (1995), “a single code of ethics as the ACA code has not been sufficient to date” (p.156). Ethical standards developed by a counseling specialty, such as family counseling, can offer more detailed guidelines for its members than would be possible in a document designed for all
counselors (Herlihy & Remley, 1995, p.131). Therefore, different divisions of the ACA, such as the IAMFC, have adopted their own ethics codes.

The IAMFC adopted its own set of ethical standards in 1993, the Ethical Code for the International Association for Marriage and Family Counselors (Herlihy & Remley, 1995, p.131). According to Smith et al. (1995), “Because ethical guidelines for individual and group counseling may not directly apply to family counseling, the IAMFC adopted a set of ethical standards for marriage and family counseling/therapy” (p.156).

Statement of the Problem

Chevalier and Lyon (1993) observed that as a “profession continues to develop, the viability of the processes developed to maintain ethical conduct of practitioners clearly requires careful scrutiny” (p.328). However, empirical studies on the ethical decision making practices of school-based family counselors are lacking. Considering the recent adoption of the IAMFC’s ethical standards and the lack of information about the ethical and professional practices of school-based family counselors, a research study is needed regarding school-based family counselors and ethical decision making.

Literature Review

Literature was reviewed related to research studies of ethical issues in the field of counseling (Chevalier & Lyon, 1993; Coll, 1993; Davis & Mickelson, 1994; Gibson & Pope, 1993; Hass, Malouf, & Mayerson, 1986, 1988; Herlihy, Healy, Cook, & Hudson, 1987; Neukrug, Healy, & Herlihy, 1992; Schatzberg, 1998; Schwab & Neukrug, 1994; St. Germaine, 1997; Welfel, 1992). The majority of this research dealt with ethical problems encountered by psychologists, school psychologists, and professional counselors. Few research studies have investigated the consistency of ethical decision
making among professional counselors (Gibson & Pope, 1993; Davis & Mickelson, 1994). Two studies were located that investigated psychologists preferred resolutions to ethical dilemmas. (Haas, Malouf, & Mayerson, 1986, 1988). Two studies of ethical decision making among school psychologists have been conducted (Chevalier & Lyon, 1993; Schatzberg, 1998). These investigations, however, did not evaluate ethical decision making among school-based family counselors. Currently, no studies have been located regarding school-based family counselors and ethical decision making.

Purpose of the Study

The purpose of the study is to investigate ethical decision making among school-based family counselors. The research will investigate the counselors’ preferred resolutions to a series of seven ethical dilemmas, as well as their main reasons for making their decisions. Also, the research will investigate if family counselors’ ethical decision making is influenced by (a) gender, (b) years of experience as a family counselor, (c) number of hours spent in ethics training, (d) confidence in decision making, (e) rating of severity of the problem, and (f) frequency of encountering similar ethical issues.

Research Questions

1. Is there consistency among school-based family counselors’ preferred resolutions of ethical dilemmas, using a 75% agreement rate as the criterion for consistency?

2. Is there consistency among school-based family counselors’ reasons for preferred resolutions of ethical dilemmas, using a 75% agreement rate as the criterion for consistency?

3. Is there a statistically significant difference between school-based family counselors’ preferred resolutions and gender?
4. Is there a statistically significant difference between school-based family counselors’ preferred resolutions and years of experience as a family counselor?

5. Is there a statistically significant difference between school-based family counselors’ preferred resolutions and number of hours spent in ethics training?

6. Is there a statistically significant relationship between school-based family counselors’ confidence in decision making, rating of severity of the problem, and frequency of encountering similar ethical issues?

Limitations

Initial limitations of this study are the population size and the limited geographic range of the subjects. The population size is small and the research will address only the ethical decision making of school-based family counselors in one school district in the state of Florida. There is no assurance that the population is representative of school-based family counselors in other school districts. Therefore, the results may not be generalizable to other school-based family counseling populations. According to Ravid (1994), “Researchers have to exercise great caution in determining the population to which they can generalize results from a convenience sample” (p.27). Another limitation is that the researcher assumes the participants will give accurate and unbiased information. An additional limitation is that “it is possible that some respondents could not relate to the problems presented, thereby lowering their relevancy or saliency” (Chevalier & Lyon, 1993, p.336).

Definitions

*Code of Ethics:* developed by professional organizations to “provide a position on standards of practice to aid each member of a profession in deciding what he should
do when conflicts arise” (Van Hoose & Kottler, 1985, p.3).

*Consistency:* “using a 75% agreement rate as a criterion for consistency” (Chevalier & Lyon, 1993, p.330).

*Dilemma:* “can be defined as a situation in which a counselor experiences conflict in deciding on an appropriate decision” (Davis & Mickelson, 1994, p.6).

*Ethical Standards:* “reflect … concerns and define basic principles that ‘ought’ to guide the professional activity of the therapist” (Van Hoose & Kottler, 1985, p.3).

*Ethics:* “is generally defined as a philosophical discipline concerned with human conduct and moral decision making” (Van Hoose & Kottler, 1985, p.3).

*School-Based Family Counselor:* “a family counselor who is part of the school program and is intimately knowledgeable of the school system. A family counselor in this capacity would often include a school psychologist, social worker, or school counselor” (Fausold-Mowers, 1998, p.23).

**Importance of the Study**

Literature reviewed for this study supports research on ethical decision making among school-based family counselors. Much of the future success of school-based family counseling programs lies in the counselors’ accountability for the decisions they make (Fausold-Mowers, 1998). The counselors’ responses to the research questions will provide information that will enhance the counseling program. The information will help in assessing the counselors’ need for continuing education related to ethics. Additionally, the research results will aid the counselors in dealing with future ethical dilemmas. A final goal of the study is to generate information that will be useful for programs and counselors working with comparable populations.
CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction

This chapter reviews the literature related to ethical issues in the field of counseling. First, surveys of ethical decision making among psychologists, professional counselors, and school psychologists are discussed. Second, ethical decision making models are presented. Third, research literature on ethical issues for school-based family counselors is reviewed.

Surveys Relevant to Ethical Decision Making

National Survey of Psychologists

Haas, Malouf, and Mayerson (1986) conducted a national survey of psychologists' ethical decision making. The sample consisted of experienced practicing psychologists from diversified settings and backgrounds. The researchers gathered data regarding “demographic and background factors such as age, number of years in practice, and theoretical orientation” (p.317). In the second section of the survey, the psychologists indicated their sources of ethics training, such as graduate coursework, discussions with colleagues, internship supervision, and so forth. The respondents also rated the value of their ethics training as well as the number of hours involved in the different categories of training (p.317). In the third section, the respondents selected their preferred response to ten specific ethical dilemmas as vignettes. Haas et al. (1986) reported that, “the vignettes were chosen to represent five general categories that are considered to encompass the broad range of professional dilemmas: confidentially problems, issues of informed consent, loyalty conflicts,
exploitation, and whistle-blowing” (p.317). The respondents also indicated their most
important reason for selecting the response. In the fourth section, the psychologists rated the
frequency of encountering the dilemmas in clinical practice. Additionally, the respondents
rated the seriousness of each ethical issue presented. Two hundred and ninety-four, a 59%
response rate, of the questionnaires were completed and used for data analysis.

Findings. The survey results suggested that the degree of agreement on the proper
response to the ten ethical dilemmas varied greatly. Haas et al. (1986) defined high
agreement as 75% concordance and reported results that suggested high agreement on only
3 of the 10 ethical dilemmas. The psychologists agreed (93%) that it would not be proper to
trade therapeutic services for professional services provided by the client. The psychologists
also agreed (79%) that it would not be proper to refer a client to a therapist whose ability
they did not respect, even when told to do so by their clinical director. Additionally, the
therapists agreed (87%) regarding their duty to warn in a case where the client disclosed that
he is planning to kill his girlfriend.

The ethical dilemma with the least agreement addressed a therapist who publicly
endorsed a local health spa. Forty-two percent of the psychologists indicated that they would
report the incident to their psychological association, 33% indicated that they would do
nothing, and 25% reported that they would personally call the psychologist to express their
professional concern. Other dilemmas with low agreement involved a therapist providing
therapy when lacking specialty training, and a client diagnosis that might be harmful
regarding the client obtaining insurance.

The psychologists reported that the issues of advertising and media appearances
were the least frequently encountered in their practice. The respondents indicated that
confidentiality or privileged communication issues were the most frequently encountered and also were occasionally a concern.

Regarding the therapists' acknowledged sources and value of their ethics training, the respondents reported that discussions with colleagues were their main sources of ethics information. On a 5-point scale of 1 (not at all useful) to 5 (extremely useful), collegial discussions rated 4.4. Independent reading was indicated as the second main source of ethics information with a mean rating of 4.0. (p.317) Respondents reported high ratings for the value of their ethical training regarding graduate coursework, internship supervision, independent reading, collegial discussions, and continuing education. Referring to the overall results of the survey, Haas et al. (1986) concluded that, "The implication of these results for professional ethics education is that such efforts must focus on teaching psychologists more effectively which are the right behaviors to choose in a variety of professional decision-making situations" (p.321).

Survey of Counselor Licensing Boards

Herlihy, Healy, Cook, and Hudson (1987) conducted a survey of the ten state licensing boards with professional counselor licensure laws as of 1984. The purpose of the survey was to gather data regarding (a) the number of licensed counselors, (b) the nature, extent, and dispositions of ethical violations, (c) the applicants' performance on ethics licensure examinations, and (d) licensure board concern "regarding the ethics preparation and ethical practices of licensees" (p.70). Survey returns were received from all of the ten states with licensure laws. However, responses were processed from only seven states, as licensure laws in three of the states were too new to allow for the gathering and reporting of
meaningful data. The seven reporting states used in the data analysis were Alabama, Arkansas, Florida, Idaho, North Carolina, Texas, and Virginia.

Findings. The survey results indicated that by mid-1986 there were more than 12,000 licensed professional counselors in the seven reporting states with licensure laws. The states received a total of 191 ethical complaints. Of the 191 complaints received, 122 had been investigated and two-thirds of the investigated complaints were dismissed. Thirty-three percent, 41, of the investigated complaints resulted in the board taking some type of disciplinary action (p.75). The number of ethical complaints received varied from 0 in the state of North Carolina to 77 in the state of Florida.

Herlihy et al. (1987) indicated that, “The most commonly reported types of claims were those that involved practicing without a license or inaccurate representation of title or credentials (37 claims), and those that involved practicing beyond professional competence or scope of license (15 claims)” (p.74). The second most commonly reported violation involved sexual relationships with clients (18 claims). The researchers reported that some types of ethical violations did not receive any citations, for example, “no complaints were received for failure to exercise the duty to warn and protect” (p.75). However, it was pointed out that the absence of certain types of violations does not mean that violations of this type did not occur.

Regarding the applicants’ performance on the ethics section of the licensure examinations the researchers reported that the test scores were about the same as the scores for the other parts of the examination. Finally, the licensing board representatives expressed a relatively high degree of concern regarding the ethics preparation and ethical practices of the licensed counselors. Herlihy et al. (1987) concluded, “that counselors need to be aware
of the importance of being licensed, of representing their credentials accurately, of practicing only in those areas for which they have been properly trained, and of avoiding even the suggestion of sexual improprieties” (p.75).

**National Survey of Psychologists**

Utilizing the data from their 1986 national survey, Haas, Malouf, and Mayerson (1988) investigated the relationship between psychologists' ethical choices and their reasons for making their choices when confronted with a series of ethical dilemmas. The participants indicated the reason for their choice “as primarily resulting from (a) upholding the law, (b) upholding the code of ethics, (c) protecting society’s interests, (d) protecting clients’ rights, (e) upholding personal standards, or (f) safeguarding the therapeutic process” (p.328). In an attempt to determine the personal and situational aspects of making ethical decisions, Haas et al. examined the relationship between decisions and characteristics such as gender, ethics training, years of experience, setting of clinical activity, and theoretical orientation. Finally, they investigated for patterns regarding choices and reasons related to education and training in ethics. Two hundred and ninety-four, a 59% response rate, of the questionnaires were completed and used for data analysis.

**Findings.** Researchers reported that in five of the ten vignettes the psychologists indicated a significant association between ethical choices and reasons. They noted, “A Chi-square analysis of the distribution of reasons across choices revealed that for 5 of the 10 vignettes (Vignettes 2, 3, 5, 8, and 10), there was a significant association between response choice and reason for that choice” (p.37). Regarding years of experience, in three of the vignettes the psychologists indicated a statistically significant relationship between the chosen alternatives and work experience. The survey findings concerning the relationship
between the sex of the respondent and the alternative chosen indicated a small difference on two of the ten vignettes. Thus, it was concluded that males and females were more alike than different regarding ethical choices and reasons. The authors reported little difference regarding the responses and amount of ethics training. Therefore, it was concluded that the number of hours of ethics training was not related to the subjects' responses. The psychologists indicated a significant relationship between theoretical orientation and subject response on only one vignette. The researchers reported that they found no relationship between the setting of the respondents’ clinical activity and their preferred alternative.

Haas et al. (1988) concluded that their “study also indicates that professional psychologists in many ways are more alike than different; that is, despite variation in sex, years of experience, theoretical orientation, and clinical setting, there was substantial agreement about choices and reasons among our subjects” (p.39). Additionally, they wrote about the possible “existence of a ‘general professional ethic’ among psychologists” (p.40). Finally, they indicated that additional study is needed, “In particular, it would be useful to know how ethics education and training affect moral reasoning processes” (p.41).

Survey of Counselor Licensing Boards

Neukrug, Healy, and Herlihy (1992) conducted a survey of the 34 state licensing boards with professional counselor licensure laws as of 1991. The survey was an updated study of the 1987 research conducted by Herlihy et al. and contained nine common ethical complaints. The purpose of the survey was to gather data regarding the number of licensed counselors, the nature, frequency of occurrence, and dispositions of ethical violations, and the extent of licensure board concern regarding ethical and professional practices of licensed counselors. Survey returns were received from 32 states. However, results were processed
from only 22 states. Some of the states indicated that the board had not been in existence long enough to provide meaningful data.

**Findings.** The results of the survey indicated that by mid-1991 there were more than 72,400 licensed, registered, or certified professional counselors in the 22 reporting states with licensure laws. For the 22 states reporting information, 1,143 ethical complaints were received and 900 were tracked. The number of complaints varied from 0 in Michigan and Vermont to 341 in Texas. Neukrug et al. (1992) reported that, “Of the tracked complaints, the two types listed most frequently were practicing without a license or other inaccurate representation of qualifications (27%) and having a sexual relationship with a client (20%)” (p.133). These findings are similar to the results reported by Herlihy et al. (1987). The third most frequently noted ethical complaint was inappropriate fee assessment (12%). Of all of the complaints received, the researchers indicated, “that over 749 (66%) of all complaints received were deemed not serious enough or appropriate for formal investigation” (p.134). Of the 1,143 complaints received, 394 were formally investigated. Disciplinary action resulting in suspension or revocation of license was taken against 134 counselors (34%), while 104 counselors (26%) had complaints dismissed after a formal investigation.

Finally, the licensing boards seemed to be very concerned regarding the ethical practices of licensed counselors. The degree of concern was measured by a Likert-type scale from 1 (not concerned) to 10 (very concerned). The boards reported a mean score of 8.1 on the 10-point scale. Neukrug et al. (1992) suggested that information regarding ethical complaints against licensed professional counselors be used as a topic of focus in workshops, training seminars, and counselor education programs.
National Survey of Internship Directors

Welfel (1992) conducted a national survey of internship directors' views of their psychology interns' ethical capabilities. The internship directors scored their interns’ readiness in ethics based on a 5-point Likert-type scale using a 21-item survey questionnaire. The questionnaire gathered information regarding the training supervisor’s experience and background, the internship site, and information on the training of the psychology interns. Finally, an open-ended question allowed the directors to offer their recommendations regarding ethics training for graduate programs. One hundred and one of the questionnaires, a response rate of 55%, were returned and used for data analysis.

Findings. The survey results suggested that the directors regarded the psychology interns' professional ethics training as being satisfactory. The mean score reported for each dimension was between satisfactory and good. Regarding competency, the training supervisors rated highest the interns’ ability in dealing with issues of confidentiality, followed by ethical issues involved in testing, and by ethics of research. The supervisors rated lowest the interns’ dealing with ethical issues involving HIV-positive clients, counseling with homosexuals, involuntary commitment, and issues involving fee setting. The supervisors’ indicated a moderately high approval rating regarding their satisfaction with the interns’ ethics training. The mean score regarding satisfaction was 3.66 on a five-point scale. The directors disclosed few incidents of interns involved in unethical practice and a majority (63%) reported noticeable improvement in their interns’ ethical capability.

The directors’ most frequent recommendation for training in ethics was for graduate programs to place more emphasis on clinical application using the Ethical Principles of
Psychologists by the American Psychological Association. Other recommendations were for more attention to dual-relationship issues and for more attention to cultural diversity issues.

**Graduate Students’ Ethical Learning**

Coll (1993) investigated ethical attitude changes in student counselors related to specific topics in a counseling ethics course. The purpose of the research was to investigate the student’s ethical learning process. The investigator measured specific ethical attitude changes related to cultural prejudices and biases, sexual attraction to clients, and counselor impairment (p.166). The participants were all full-time graduate students in a counselor training program. The students completed a 25-item inventory related to the topics investigated in the study. The inventory “was administered to all participants before the start of the 2-credit hour Counseling Ethics course and again at the end of the course” (p.167). The students were asked to indicate a response to each item using a 5-point Likert-type scale from 1 (*I strongly disagree*) to 5 (*I strongly agree*). Thirty-three of the questionnaires were completed and used for data analysis.

**Findings.** Coll (1993) reported that a pre-post comparison (t-test analysis) revealed that, “The results of this investigation indicated that positive ethical attitude changes occurred during a counseling ethics course in specific areas related to self-awareness, dual relationships, impairment, and multiculturalism” (pp.169,170). The investigator concluded that a graduate course in counseling ethics might help to facilitate ethical attitudinal changes. A recommendation was made for a replicated study utilizing a control group, a larger sample size, and a stronger design.
National Survey of School Psychologists

Chevalier and Lyon (1993) conducted a national survey of the way in which school psychologists make ethical decisions. The purpose of the research was to investigate school psychologists' favored resolutions to a series of seven ethical dilemmas as vignettes as well as their reasons for making their decisions. In the second part of the survey, the school psychologists rated the vignettes, using a 5-point Likert scale, expressing their view of the seriousness of the problem and how frequently they had encountered similar problems. The respondents were also asked to select a confidence rating regarding the decisions they made. The third section of the questionnaire gathered demographic information regarding the psychologists' age, sex, and years of professional experience. Information was also obtained concerning the quantity, quality, sources, and value of their ethics training. Seventy-six of the questionnaires, a response rate of 31%, were used for data analysis.

Findings. The reported survey results indicated a lack of agreement regarding the appropriate response to take when confronted with the seven ethical dilemmas. Chevalier and Lyon (1993) used a 75% concordance as the criterion for high agreement or what they called consistency. They reported consistency for only one of the seven problematic vignettes. The consistency of agreement was attained on a vignette dealing with disclosure of spousal abuse information from the mother of an elementary school girl. The school psychologists achieved a 75% agreement rate regarding the need to "make a specific referral to the mother, and follow up to ensure action is taken" (p.330).

Two other vignettes elicited a majority response regarding the preferred course of action, although neither reached the defined criterion for consistency. The second highest reported level of agreement on a vignette "involved a colleague with a potentially biased
perspective on divorce leading a divorce group for adolescents” (p.332). On this vignette the school psychologists achieved a 67.1% agreement rate to “privately discuss your concerns with your fellow psychologist” (p.330). The third highest reported level of agreement on a vignette was 56.6%. This dilemma involved a parent’s request for information revealed by a minor child in a confidential counseling environment. A majority of the respondents chose not to disclose the information, but would encourage the parent to talk with the child.

The survey results regarding the reasons for selecting a response indicated that there was considerable variability. This variability was noted both within and across the various vignettes. The psychologists’ most frequently reported reason for selecting a course of action was to protect the client’s rights, with the average being 41.5%. In fact, protecting the client’s rights was the most frequently reported reason for decisions in all of the vignettes except one.

The second most frequently reported reason regarding a selected course of action was upholding personal standards, with the average being 27.3%. Upholding the code of ethics was the third most frequently cited reason, with the average being 22.0%. The least frequently chosen reasons for adopting a course of action were protecting society’s interests, with the average being 8.0% and upholding legal standards, with the average being 9.4%.

Pearson product-moment correlations were derived regarding the levels of confidence, frequency, and seriousness of the vignettes. Most of the obtained correlations were not reported as being significant. A mild negative correlation ($r = -.36; p < .01$) was reported regarding subjects’ confidence and the perceived degree of seriousness of the problem. This was reported to suggest that as the acknowledged degree of seriousness increased, the less confident the school psychologists’ felt regarding their response.
However, Chevalier and Lyon (1993) reported that the psychologists “felt confident in the decisions they made for each situation” (p.334). The perceived level of seriousness of the vignettes was seen as moderate to very serious. The school psychologists’ ratings of the vignettes indicated an infrequency of encountering similar problems in their practices.

Regarding the school psychologists’ ethical training, almost two-thirds (64.5%) reported receiving fewer than 20 graduate hours of ethics training. The majority of the school psychologists in the study indicated that ethics information was acquired from collegial interactions, infrequent graduate class presentations, and independent reviews of ethics literature. Few of the psychologists reported having had a graduate course devoted exclusively to ethics in their program of study. Chevalier and Lyon (1993) stated, “The majority of respondents in this study reported that such training was either not provided, or inconsistently provided, in their respective training programs” (p.335). They concluded that, “graduate training programs need to incorporate ethics training into their curriculum in a more systematic fashion” (p.335).

**National Survey of Certified Counselors**

Gibson and Pope (1993) gathered data from a national sample of counselors certified by the National Board for Certified Counselors (NBCC). The counselors scored 88 counseling behaviors as either ethical or unethical. The respondents also indicated the degree of confidence they had regarding their decisions. Additionally, the counselors indicated the usefulness of 16 potential ethics resources such as the American Counseling Association Ethical Standards, state licensing boards, colleagues, graduate counseling programs, work experience, licensing laws, court decisions, and so forth. Finally, the respondents were asked to supply demographic data such as sex, age, degree, discipline,
work setting, and information related to their graduate training in ethics. Five hundred and seventy-nine of the questionnaires, a response rate of 59%, were completed and used for data analysis.

Findings. The results of the survey indicated that the counselors worked in a variety of counseling environments. Regarding graduate ethics training, 27% of the participants reported that they had received no instruction. However, 68% of the respondents indicated that ethics training had been integrated into other graduate course work. Less than one-third (29%) of the counselors reported to have completed an ethics course.

The survey results showed agreement of at least 90% on only 32 of the 88 behaviors. These behaviors included issues such as sexual misconduct, the breaking of client confidentiality, and informed consent. At least 90% of the counselors determined 21 of the behaviors to be unethical. Nearly one-fourth (24%) of the 21 behaviors were sexual in nature. At least 90% of the counselors judged 11 of the behaviors to be ethical. Over one-fourth (27%) of the 11 behaviors involved the breaching of confidentiality regarding a situation of potential or actual harm to a third party or to the client. Approximately one-fifth (19%) of the behaviors regarded as unethical involved issues of informed consent.

Gibson and Pope (1993) reported notable differences in rating questionnaire items as ethical or unethical between individuals regarding age, sex, primary work environment, and advanced degree. They reported that the older respondents were more likely to regard dual relationships and utilizing involuntary hospitalization as being
ethical. The younger respondents were more likely to consider informality in a counseling relationship as ethical.

Male participants were more likely to consider it ethical to give a client a gift worth at least fifty dollars. Additionally, the male respondents were more likely to consider issues of sexual activity related to the client relationship as being ethical. These issues involved matters such as becoming involved sexually with a former client, permitting a client to disrobe, and being sexually attracted to or fantasizing about a client. Counselors who worked in a private setting were more likely to consider as ethical those issues related to the financial structure of maintaining a business, such as billing for missed appointments. Counselors employed in a public setting were more likely to regard dual relationships as ethical.

The counselors indicated their degree of confidence in their response by selecting a number on a Likert-type scale from 0 (no confidence) to 10 (highest confidence). Respondents reported difficult judgments or being unconfident in making judgments on seven of the behaviors. The average confidence rating across the seven items ranged from 6.3 to 6.9. Most of the seven items involved the collection or payment of a fee. Regarding confident judgements, Gibson and Pope (1993) reported the mean confidence rating to be at least 9.9 on 21 of the items. Over one-fourth (29%) involved issues of confidentiality and under one-fourth (24%) dealt with sexual issues.

Gibson and Pope (1993) defined controversial behaviors as those behaviors in which 40% or more of the respondents determined the behavior to be ethical and 40% or more of the respondents determined the behavior to be unethical. Twelve behaviors were reported to meet the definition of controversial behaviors, with 42% involving the
payment or collection of a fee and another 42% involving some form of a dual relationship, such as counseling a friend.

The researchers reported that the counselors' most valued resource for ethics information was the American Association for Counseling and Development (AACD; now the American Counseling Association [ACA]) Ethical Standards. The counselors also expressed confidence in the AACD ethics committee, counseling colleagues, and in the various state licensing boards.

**Survey of Wisconsin School Counselors**

Davis and Mickelson (1994) conducted a survey of certified, practicing, school counselors in the state of Wisconsin. The researchers investigated the correctness of the counselors' ethical and legal decision making. The survey instrument consisted of 35 items, 16 of which were ethical dilemmas and 15 of which were legal dilemmas. The remaining four items on the questionnaire asked the counselors to assess their knowledge of Wisconsin state statutes, ethical codes, and personal efforts to stay current regarding legal and ethical developments. "For each of the 31 dilemmas, the investigators identified the preferred ethical or the correct legal response based on AACD Ethical standards (1988) and appropriate state and federal statutes" (p.8). A total of one hundred and sixty-five school counselors, a response rate of 55%, completed usable questionnaires.

**Findings.** Davis and Mickelson (1994) reported high agreement, 65% or higher, for 24 of the 31 ethical and legal dilemmas. Therefore, researchers concluded, "This high percentage of agreement was determined by the investigators to mean that the participants were knowledgeable and informed regarding many of the ethical and legal issues" (p.8). High percentage of agreement (65% or higher) was attained on dilemmas
dealing with mandatory reporting of physical or sexual abuse, consultation, test score usage, and circumstances suggesting imminent danger to someone.

Five dilemmas dealing with legal issues and two dilemmas dealing with ethical issues were determined to be difficult for the counselors, as they reported less than 50% agreement. The difficult dilemmas dealt with matters regarding testing, parental rights, privacy, and confidentiality.

Approximately 63% of the school counselors indicated that they were familiar with the American Association for Counseling and Development code of ethics. Approximately 69% reported that they were familiar with the American School Counselor Association code of ethics. Approximately 80% of the counselors reported to be quite familiar with state and federal laws related to counseling issues such as privacy, confidentiality, and records. Davis and Mickelson (1994) revealed that 84% of the counselors reported personal efforts to stay knowledgeable regarding legal and ethical developments. However, the researchers pointed out that this suggested that 16% do not make an effort to stay current in the field. Additionally, the researchers concluded that counselors’ responses indicated more knowledge of codes of ethics as opposed to familiarity with state and federal laws.

Survey of Counselor Educators’ Ethical Concerns

Schwab and Neukrug (1994) conducted a survey of counselor educators’ ethical concerns. The sample consisted of 366 full-time counselor educators from the southern region as named in the Counselor Preparation Directory. In the first part of the questionnaire, participants provided demographic data regarding (a) age, (b) sex, (c) affiliations, (d) counselor education experience, and (e) program size and accreditation. The second section of the questionnaire required counselor educators to respond to ten
vignettes. Nine of the vignettes asked participants if they had experienced a similar situation and to indicate how they had reacted. Additionally, participants rated described behaviors as ethical or unethical. The remaining vignette asked the educators to respond to whether or not a student with a serious mental health problem should be accepted into a counselor education program. Finally, the counselor educators indicated their perceived value of the current American Counseling Association Ethical Standards. One hundred and twenty-eight, a response rate of 35%, of the questionnaires were completed and returned. Eighty percent of the respondents were members of the American Counseling Association.

Findings. The results of the survey indicated that 60% of the counselor educators had experienced similar situations to those presented in the vignettes. The participants considered those situations involving self-serving behavior as generally being unethical. Vignettes involving this type of behavior included dating a student and failing to fulfill work responsibilities. Ninety (73%) of the educators indicated that dating a student was unethical. Eighty-eight (75%) of the respondents considered a counselor educator’s being too involved in outside work to be unethical. Additionally, eighty-eight (75%) of the participants regarded as unethical “recommending oneself as a counselor to a friend of a student” (p.50). A majority (64%) of the educators considered as ethical “requiring students to participate in skills exercises in which they talk about their own concerns” (p.49). Regarding the response taken when encountering a similar unethical situation, 37% to 47% indicated in each vignette that they had talked with the individual or the individual’s supervisor. The educators were in favor of permitting students with serious mental health concerns to be accepted into a counselor education program as long as the symptoms were under control. Approximately 85% of the educators were in agreement regarding this vignette.
Concerning their perceived value of the ethical standards of the American Counseling Association, most of the educators (65%) regarded them as satisfactory. However, Schwab and Neukrug (1994) concluded that it would be worthwhile to consider relevant language changes in the American Counseling Association ethical standards. They suggested that, "it may be preferable to offer judiciously worded guidelines that allow for varying responses to complex situations rather than to issue a statement of prohibition" (p.53). Finally, the researchers concluded that, "counselor educators who responded to the questionnaire are generally very aware of, and concerned with, ethical issues involved in their professional work" (p.52).

Survey of Addiction Counselor Certification Boards

St. Germaine (1997) surveyed addiction counselor certification boards "to determine the frequency and categories of ethical complaints filed against certified addiction counselors and the board actions taken during the years 1991 and 1992" (p.63). The certification boards also responded "to questions about their policies and procedures relating to ethical complaints and training requirements" (p.63). The researcher reported that little is known about the kinds of ethical complaints and the frequency of complaints against certified addiction counselors. She indicated that, "The lack of information about ethical and professional practices was the primary motivation to undertake this survey for ascertaining the ethical violations of certified addiction counselors reported to certification boards, and the dispositions of those claims" (p.64). A second purpose of the study was to determine the boards' mandatory requirements regarding ethical training for counselors. The third purpose of the study was to find out if the boards used a uniform code of ethics and if policies and procedures existed for the handling of ethical complaints filed against addiction counselors.
St. Germaine (1997) reported that:

The sample consisted of 55 addiction counselor certification boards, representing each of the 50 states (Arizona has two certification boards and both were included), and the United States Air Force, the United States Navy, Washington, D.C., and the Northwest Indian Certification Board. (p.64)

The survey consisted of three sets of questions. The first set of questions focused on the ethical complaints received during the years 1991 and 1992. The second set of questions examined the frequency of the boards’ disciplinary actions. The last set of questions gathered “information about the number of certified addiction counselors, status of training requirements, and formal set of policies that guide the boards to implement and monitor ethical practices of counselors” (p.65). Forty survey questionnaires were completed and used for data analysis.

Findings. The results of the survey indicated that “all certification boards had a set of ethical standards for certified addiction counselors and a set of policies and procedures for filing an ethical complaint. The vast majority of boards, 82.5%, required ethics training in order to be certified” (p.68). Thirty-three of the forty certification boards required mandatory ethics training in order to be certified. However, the author pointed out that the training requirements for certification varied from board to board. The number of ethics complaints received was 372 and the range per board was from 0 to 40.

St. Germaine (1997) indicated that:

The three most common ethical complaints were for having a sexual relationship with a current client (61 complaints, 16.40%), unable to effectively perform duties due to alcohol, drugs or other conditions (46 complaints, 12.37%), and practicing without a certificate (37 complaints, 9.95%). (p.66)

The researcher concluded that the ethical training requirements of most boards surveyed is minimal. She suggested that, “More required hours of formal ethical training
appears to be indicated" (p.70). Her suggestions included “role-playing, case studies, and ethical dilemmas for participants to practice decision making skills” (p.71). Finally, it was recommended that consideration be given to drafting a “uniform code of ethics which encompasses the ethical concerns of all of the boards” (p.71).

Survey of Florida School Psychologists

Schatzberg (1998) conducted a survey of ethical decision making among school psychologists practicing in the state of Florida. In the first part of the questionnaire, the participants selected a solution to each of a series of seven ethical dilemmas and indicated their primary reason for each decision. Additionally, the psychologists rated the confidence they had regarding their decision making. In part two of the survey, the respondents rated the dilemmas, using a 5-point Likert scale, regarding their perceived seriousness of the problem and also their frequency of experiencing the dilemma. The third section of the survey gathered information regarding the psychologists’ age, sex, years of experience, and ethics training. Fifty-three of the questionnaires were completed and used for data analysis.

Findings. The reported survey results indicated a lack of consistency regarding the psychologists’ responses when confronted with the ethical dilemmas. The researcher also reported that there was no consistency among the respondents’ reasons for selecting a response. A 75% concordance was used as the criterion for consistency or high agreement. The reason most often selected by the respondents for making a decision was to protect the rights of the client. This reason was rated the highest on all seven of the vignettes, with the average being 52.8%. The least reported reason was to protect society’s interests, with the average being 2.4%.
The reported differences between respondents regarding sex, years of professional experience, and number of hours of ethics training was determined to be significant on three of the seven vignettes. It was concluded that there is a significant difference between the school psychologists' decision making regarding gender. Additionally, it was concluded that there is a significant difference between the school psychologists' ethical decision making and the number of years of professional experience. Finally, it was concluded that there is a significant difference between the school psychologists' decision making and the number of hours of ethics training.

While placing a high value on their ethics training, the majority (71.1%) of the respondents reported to have received fewer than 20 hours of graduate ethics training. Unfortunately, less than one third (28.3%) of the psychologists reported more than 20 hours of ethics training in their graduate program. The majority (75.5%) of the respondents reported that they received ethics training through inservice and almost three-fourths (71.7%) of the participants indicated that they had obtained ethics information by way of collegial interaction. Regarding the school psychologists' confidence in their ethical decision making, the majority of the respondents reported a moderate level of confidence in the decisions they made.

Models Relevant To Ethical Decision Making

Four-Stage Timeline

DePauw in Huey and Remley (1988) presented "a timeline perspective that helps counselors avoid ethical violations and organize the ethical mandates that contribute to effective practice" (p.40). The author offered a four-stage timeline consisting of (a) initiation phase issues, (b) ongoing counseling issues, (c) dangerous and crisis concerns, and (d)
termination phase considerations. (p.41). She indicated that school counselors need to be attentive to their ethical responsibilities through all four stages of the counseling relationship. The author’s timeline was intended to aid counselors in identifying ethical considerations and in avoiding ethical violations.

The initiation phase issues involve pre-counseling considerations such as advertising and financial matters. Also to be considered during the initiation phase are service provision issues involving counselor training, experience, and skills. The third area of consideration during the initiation phase deals with the issues involved in informed consent such as counseling goals, techniques, and limitations. (p.41)

Stage two, ongoing counseling issues, deals with matters of confidentiality, consultation, and record keeping. The third stage, dangerous and crisis concerns, considers issues of threats to self, threats to others, and matters of abuse. The fourth stage, termination phase considerations, involves the matter of referral if unable to provide assistance to the client and also professional evaluation through client feedback. (p.41). The author concluded that the timeline could be used as a basic ethics guideline by all concerned counseling professionals as well as a structure for teaching counseling ethics.

Models of Moral and Ethical Development

Welfel and Kitchener (1992) examined the writings of two psychologists, Rest (1983) and Kitchener (1984), regarding models of moral and ethical development. The model presented by Rest consists of four components, designed to understand the psychological processes involved in the production of ethical behavior.

Rest's four components. The first component in Rest’s model is “interpreting the situation as a moral one” (p.179). Sometimes referred to as moral sensitivity, this involves
the ability to recognize the ethical aspects of a situation along with other possible aspects such as clinical or pragmatic ones. The second component is called moral reasoning and “involves deciding which course of action is just, right, or fair” (p.179). It is concerned with the capacity to determine between ethical and unethical choices. This capacity is made up of the individual’s knowledge of ethical principles, literature, code of ethics, and by a personal level of moral reasoning.

“Deciding what one intends to do is the third component of Rest’s model, and it involves choosing whether or not to carry out the ethical action in the face of competing values” (p.179). After having recognized the existence of a moral issue and having determined a moral course of action, the individual must then decide whether to follow through with the ethical response. The fourth component of Rest’s model is “the implementation of the moral action, or the ability to execute the ethical action despite the costs to self or external pressures to act differently” (p.180). This occurs when the individual performs the ethically correct action, no matter what the outcome to oneself or how exhausting it might be. Rest’s theory has provided a model for the ethics training of new professionals and has also provided a setting for the organization of ethics training literature.

**Kitchener’s evaluation model.** According to Welfel and Kitchener (1992), a model of fundamental ethical principles built on the work of Beauchamp and Childress (1983, 1989), was presented by Kitchener in 1984. This evaluation model demonstrated the role of virtues in making ethical decisions. It was designed to allow psychologists to analyze ethical responsibilities when ethics codes fail to address an issue or fail to provide sufficient advice.
The ethical principles which provide the foundation for Kitchener’s model are “benefit others, do no harm, respect others’ autonomy, be just or fair, and be faithful” (p.180). The principle of benefiting others is a foundational principle in the counseling profession. Welfel and Kitchener declared that, “Psychologists are dedicated to promoting the welfare of others, whether in research, teaching, or practice” (p.180).

Kitchener’s second fundamental component is the “principle of doing no harm, also called nonmaleficence, includes not perpetrating physical or psychological harm on another or engaging in activities that have a high risk of harming others” (p.180). The third principle of respecting an individual’s autonomy “encompasses the concept of freedom of thought and freedom of action” (p.180). The fourth principle of being just or fair refers to treating all individuals fairly or justly. The fifth principle of “being faithful to commitments” involves “promise keeping, trustworthiness, and loyalty” (p.180).

Ethical Decision Making Steps

Corey, Corey, and Callanan (1993) discussed seven steps in the ethical decision making process. The steps, suggested by the designers of different models, were presented as being useful in helping counselors work through ethical dilemmas.

The first step is to identify the problem or the ethical dilemma. The counselor is advised to “clarify whether the conflict is ethical, legal, or moral or a combination of any or all of these” (p.11). The authors suggested gathering as much information as possible and to avoid seeking simplistic solutions as ethical dilemmas do not have right or wrong answers.

Identifying the potential issues involved regarding the problem is the second step. This step requires the counselor to identify competing moral principles. Corey et al.
(1993) recommended that the counselor “consider the basic moral principles of autonomy, beneficence, nonmaleficence, and justice and apply them to a particular situation. It may help to prioritize these principles and think through ways in which they can support a resolution to the dilemma” (p.11).

The third step requires the counselor to conduct a review of relevant ethical guidelines. The authors suggested that consideration be given to organizational ethical guidelines, standards, principles, and personal ethics and values. Step four recommended that the counselor consult with a colleague. Consultation can offer a different perspective or way of looking at the problem.

The fifth step in the decision making process is “consider possible and probable courses of action” (p.11). At this phase of ethical decision making the authors recommended that the counselor brainstorm and make a list of many different possible courses of action. Once again, consultation can be a helpful part of the process.

Step six required that the counselor “enumerate the consequences of various decisions” (p.12). It was recommended that the four fundamental moral principles, listed in step two, be used as a framework for evaluating the consequences of the various possible decisions.

The last step called for the counselor to “decide on what appears to be the best course of action” (p.12). The counselor should make what is considered to be the best decision based on a careful consideration of the information gathered from the various sources. Corey et al. (1993) pointed out that, “the more obvious the dilemma, the clearer is the course of action; the more subtle the dilemma, the more difficult the decision will be” (p.12).
Utilizing Ethical Decision Making Models

Neukrug, Lovell, and Parker (1996) reported that guidelines, as found in ethical codes, are often not adequate in assisting a counselor confronted with a difficult ethical dilemma. They reported that an ethical decision making model should be utilized to direct counselors in their solution of difficult ethical dilemmas. Neukrug et al. offered a review of some of the limitations of ethical codes such as: “many issues cannot be handled in the context of a code”; “there are some difficulties with enforcing the code”, and the reality that “there are possible conflicts associated with codes: between two codes, between the practitioner’s values and code requirements” (p.100).

The authors also reviewed the ethical decision making models of Kitchener and Rest and concluded that:

Given such critiques, perhaps ethical decision making is a much more complex process than one might think, for the way a counselor selects and employs code, model, or both surely must be infected by all of the intra-psychic and environmental processes that are characteristic of a counselor’s world. (p.102)

Levels of ethical and moral development. Neukrug et al. (1996) examined how the level of a counselor’s moral development influences ethical decision making. They indicated that the way counselors make ethical decisions is associated with their level of ethical and moral development (p.103). They suggested that counselors having a lower level of moral development are more likely to view ethical codes as a singular authority. Where as, counselors having a higher level of moral development would probably be more likely to utilize a code of ethics as a tool in a “reflective decision-making process” (p.103).
The authors emphasized that it is important to provide students and seasoned counselors with experiences and activities "that attempt to stimulate cognitive development in the moral domain" (p.104).

Neukrug et al. (1996) suggested that:

Activities might include the use of values clarification exercises, cross-cultural sensitivity training, peer discussion, analysis of case studies, group problem solving, self-assessment of student's cognitive levels, the presentation of ethical dilemmas, and exposure to others who reason at higher cognitive levels. (p.104)

*A Practitioner's Guide to Ethical Decision Making*

Forester-Miller and Davis (1996) and the American Counseling Association (ACA) Ethics Committee developed and published *A Practitioner's Guide to Ethical Decision Making*. The purpose of the publication was to offer a model and framework that professional counselors can use in their work to make sound decisions when confronted with ethical dilemmas. The five moral principles identified by Kitchener (1984) served as the foundation for *A Practitioner's Guide to Ethical Decision Making*. The five ethical principles are autonomy, nonmaleficence, beneficence, justice, and fidelity. Forester-Miller and Davis recommended that, "When exploring an ethical dilemma, you need to examine the situation and see how each of the above principles may relate to that particular case" (p.2). The authors presented a seven-step ethical decision making model to assist counselors in working through the more difficult dilemmas. The sequential steps of the model are:

1. Identify the problem. 2. Apply the ACA Code of Ethics. 3. Determine the nature and dimensions of the dilemma. 4. Generate potential courses of action. 5. Consider the potential consequences of all options, choose a course of action. 6. Evaluate the selected course of action. 7. Implement the course of action. (p.5)
Forester-Miller and Davis (1996) reasoned that different counseling professionals might have different right answers to the same complicated ethical dilemma. However, they concluded that, “if you follow a systematic model, you can be assured that you will be able to give a professional explanation for the course of action you chose” (p.5).

Ethical Issues For School-Based Family Counselors

**Ethical and Legal Concerns**

Bersoff (1975) discussed five areas of ethical and legal concern for counselors and other school personnel. The first area of concern dealt with the rights of parents to access educational records and included a brief review of the Buckley Amendment which is “designed to protect the privacy of parents and students” (p.365).

Bersoff (1975) then discussed the issue of informed consent and privacy rights regarding research and assessment. The third area of ethical concern dealt with the issue of confidentiality related to client communication. The discussion focused on the issues resulting from the Tarasoff v. Regents of University of California (1974). Bersoff concluded that the court decision revealed that there are specific limits to confidentiality of client communication.

The fourth area discussed involved parental refusal of suggested educational services. The author offered a short review of some of the court cases related to this matter. Bersoff (1975) indicated that overall, the courts have given parents more protection than schools in decisions related to this area of concern.

The last area of ethical and legal concern focused on the issues involved in the counseling of minors without parental consent. Bersoff (1975) indicated that the right of children to acquire help by giving informed consent “is presently confined to certain modes
of intervention by certain classes of practitioners” (p.371). The author reasoned that school systems and school counselors may be vulnerable to lawsuits in matters of treating minors without parental consent until the courts give minors the right to seek help without securing parental permission.

Additionally, Bersoff (1975) offered some remedial recommendations to empower therapists to become less susceptible to lawsuits. He suggested that it might be beneficial to collect and publish ethics cases heard by the various ethics boards.

Ethical Responsibilities

Hughes (1986) wrote about the school “consultant’s ethical responsibilities to consultees, pupils, parents, and the employer-school” (p.489). It was stressed that the consultant has responsibilities regarding the well being of all of the parties involved in school consultation. However, Hughes indicated that the student is the “primary client” of the school consultant. (p.490)

The Principles for Professional Ethics of the National Association of School Psychologists as well as the Ethical Principles of Psychologists of the American Psychological Association were employed in considering the consultant’s responsibilities to the various stakeholders. Also discussed were the ethical responsibilities of the school consultant regarding the civil and legal rights of the vested parties in school consultation. The primary focus was the utilization of ethical codes to school consultation practice.

In the first part of the article, Hughes (1986) presented general ethical issues that are applicable to the different consultation models. Consideration was given to internal and external consultants and the difference between the two positions was explored. Hughes suggested that consultation is most likely to be provided by internal school psychologists
employed by the educational system. (p.490) Attention was given to various ethical issues as they apply to the rights of students, parents, consultees, and schools. The author pointed out that an ethical dilemma can be encountered by the consultant when the student is viewed as the primary client, yet the primary responsibility is to the school administrator.

The issue of parental consent regarding teacher-based consultation was explored and recommendations were offered. Hughes (1986) suggested that:

When a child is singled out for special treatment in a manner that permits classmates to perceive the child as different in a negative way, parental consent is necessary for the treatment. Procedures that are customary in the particular classroom and that are generally accepted educational practices do not require parental consent. (p.492)

Hughes (1986) presented four issues dealing with consultee rights and successful school consultation. One issue dealt with the setting of professional goals and the importance for all parties in the consultation process to focus on the same goals. A second consultation issue involved the matter of privacy. Hughes stated that, "the consultant must respect the consultee’s right to privacy and avoid asking questions that unnecessarily invade the consultee’s personal life" (p.493). The third important issue was the matter of confidentiality. Hughes described confidentiality as a primary obligation of the consultant. The author stressed that it should be discussed at the beginning of the consultation relationship in addition to any possible exceptions. Informed consent, which is the fourth issue, obligates the consultant to inform the consultee regarding the goals of the consultation process, the voluntary nature of the relationship, and about any other significant aspects of the professional relationship.

In the second part of the article, Hughes (1986) discussed ethical concerns that are applicable to specific models of consultation. The translation of ethical theory to ethical practice was provided for through the description of ethical dilemmas encountered by school
consultants. Hughes emphasized that, “practicing within one’s area of competence is a primary ethical responsibility” (p.497). The author concluded that since the ethical principles do not stipulate the graduate training or supervised experience in consultation required in order to practice school consultation, it is the responsibility of the consultant to “evaluate his or her training and experiences as they relate to consultation” (p.497). Finally, it was suggested that specific coursework in consultation techniques and supervised experience in consultation are essential in order to competently practice consultation.

**Ethical Dilemmas and School Counseling**

Huey in Huey and Remley (1988) discussed ethical dilemmas in school counseling resulting from conflicting responsibilities. The author presented a dilemma of a pregnant student considering an abortion and reviewed “the school counselor’s responsibilities to pupils, parents, and school” (p.60).

Huey (1988) reported that:

The single characteristic that best distinguishes school counselors from other mental health professionals is a direct result of their work setting. School counselors work with minors and thus have certain legal and ethical responsibilities to parents as well as to clients. A potential conflict between allegiances to clients and parents is further compounded by ethical-legal responsibilities to the employing institution. (p.60)

Regarding responsibilities to pupils, Huey (1988) reported that the counselor’s role is to help the students to make their own decisions. Concerning responsibilities to parents, the author pointed out that the counselor’s legal responsibility is generally to the parents and that the counselor’s ethical responsibility is more to the student. Finally, regarding counselor responsibilities to the school, he wrote, “the counselor should always attempt to find a resolution that protects the rights of the client; the ethical responsibility is to the client first and the school second” (pp.62,63). Huey concluded that school counselors must learn to
deal with the ambiguities in ethical dilemmas and that they should utilize available resources such as professional affiliations and consultation.

**Ethical Dilemmas and School-Based Family Counseling**

Hansen, Green, and Kutner (1989) conducted an investigation into potential ethical dilemmas related to family counseling by school psychologists. The dilemmas were examined with reference to the Ethical Principles of Psychologists of the American Psychological Association.

Hansen et al. (1989) presented a review of research and literature that has raised ethical concerns related to school consultation. The reported areas of concern dealt with ethical principles of responsibility and welfare regarding the consumer, therapist competence, issues of confidentiality, and research with human subjects.

The area of research with families explored issues such as informed consent and the right of family members to refuse to participate. Hansen et al. (1989) reported on the potential for a value conflict related to the family system as the client versus the school system as the employer. They concluded by offering several recommendations for therapists working within family systems in a school system. The researchers recommended that school psychologists providing family counseling services have specific graduate training in family systems therapy. They also recommended that school administrators establish a policy with respect to school psychologists delivering services within a family system.

**Survey of School-Based Family Counseling Effectiveness**

Fausold-Mowers (1998) conducted a survey to investigate families’ views of the effectiveness of a school-based family counseling program. “The population surveyed were families who had participated in the Monroe BOCES I Family Life Education and
Counseling Service (FLECS) program. This is a school-based family counseling program which utilizes school mental health professionals” (p.5). The thirty-four families that participated in the research were asked to respond to survey items indicating their view of the effectiveness of the FLECS program. The researcher defined effectiveness “as what aspects of a school family counseling program were viewed as helpful or not helpful by the families who have used the program” (p.5).

Regarding ethnic background, 88% of the participants identified themselves as Caucasian; while 12% did not respond to the survey item. “Sixty-two percent of the families stated that they came to FLECS as a couple, the other thirty-two percent identified coming as a single parent” (p.52). The reported median income level for all of the families was around thirty thousand dollars.

Findings. The survey results indicated that the parents generally reported a family counseling approach to be effective in assisting with school related issues. Fausold-Mowers (1998) reported that, “Parents who responded to the FLECS Parent Survey generally found the program and its specific aspects of school family counseling to be helpful” (p.6). Thirty (88%) of the families reported a general satisfaction with the FLECS program. “All of the developed composite measures had a satisfaction rate of 85% or greater” (p.63).

A relationship was reported between a counselor’s experience and background in education and the families’ reported satisfaction with the program. One hundred percent of the parents indicated that it was helpful to have a school family counselor with knowledge of the educational field. Twenty-nine (85%) of the families reported to prefer working with a family counselor in a school environment as opposed to a community setting. Thirty-three
(97%) of the families reported that they preferred "taking a family counseling approach instead of pursuing individual counseling for school-family issues" (p.63).

Fausold-Mowers (1998) indicated that it is rather unique to have school-based mental health professionals, such as school counselors, school social workers, or both, working with children and families utilizing family counseling regarding school related concerns. It was also pointed out that there are very few school-based family counseling programs identified in the literature. The researcher concluded that the survey results are helpful for schools currently providing family counseling services or for school systems considering developing a school-based family counseling program.
CHAPTER THREE: METHODOLOGY

Research Design

A logical source for obtaining ethical decision making information is a survey instrument designed for that purpose. Therefore, a survey design was used for this inquiry. This design had the advantage of providing the respondents with the opportunity to participate in the research, yet also allowed them to maintain their anonymity.

Selection of Subjects

The possible number of subjects who qualified for participation in this research included sixty-five family counselors employed in a school district in Florida. The counselors were selected because they were employed in the Family Counseling Program of a southern school district. The survey data from all of the counselors who returned the Ethics Questionnaire (see Appendix A) were used, therefore this was a convenience sample rather than a random sample. According to Ravid (1994), “A fair number of research studies in education and psychology are done using an available, convenience sample” (p.23). Permission to conduct the research was obtained from the school district’s Research and Evaluation Department (see Appendix B). Also, human subjects approval was obtained from the Human Subjects Review Committee for the University of Sarasota (see Appendix C).

Instrumentation

Data for the research were collected using a modified survey instrument designed and used by Nancy E. Chevalier and Mark A. Lyon in their 1993 study, *A Survey of Ethical Decision Making Among Practicing School Psychologists*. Additionally, the
instrument was used in a study of school psychologists conducted by Schatzberg in 1998. Permission was obtained from Mark A. Lyon to use the instrument in this study (M. A. Lyon, personal communication, November 10, 1999) (see Appendix D). The instrument was a four-part questionnaire and included response choices for each item. It was projected to take approximately fifteen to twenty minutes to read the survey items and select responses. All measures had adequate internal reliability as demonstrated by a coefficient alpha of .67 or greater.

In the first part of the questionnaire, the participants were asked to select a resolution to each of a series of seven ethical dilemmas and indicate their primary reason for each decision. Additionally, the counselors were asked to rate the confidence they had regarding their decision making. In part two of the survey, the participants rated the dilemmas, regarding their perceived seriousness of the problem and also their frequency of experiencing the dilemma. The third section of the survey gathered demographic information regarding the counselors’ age, gender, and years of experience. Finally, information was gathered on the sources and value of the counselors’ ethics training.

Assumptions

Assumptions of the survey were threefold. First, the researcher assumed that all of the school-based family counselors would be available and willing to participate in the research project. Second, the researcher assumed that the subjects would be able to relate to the ethical problems presented in the survey and that their relevancy or importance would not be lowered (Chevalier & Lyon, 1993). Third, the researcher assumed that the respondents would accurately report unbiased data.
Procedures

The criterion for participation in this study was employment as a family counselor in the Family Counseling Program. An introductory letter (see Appendix E) and a copy of the Ethics Questionnaire was mailed to each family counselor. The questionnaire was included with the initial introductory letter to give counselors the opportunity to make an informed choice regarding participation in the research study. A follow-up letter (see Appendix F) and an additional copy of the questionnaire was mailed to each counselor after a two-week period to provide one more opportunity to participate in the study. The introductory letter and questionnaire, as well as the follow-up materials, was mailed to each counselor employed in the Family Counseling Program. The counselors were instructed not to place their name on the questionnaire or on the pre-paid return envelope.

Data Processing and Analysis

Research Questions

RQ1: Is there consistency among school-based family counselors’ preferred resolutions of ethical dilemmas, using a 75% agreement rate as the criterion for consistency?

RQ2: Is there consistency among school-based family counselors’ reasons for preferred resolutions of ethical dilemmas, using a 75% agreement rate as the criterion for consistency?

RQ3: Is there a statistically significant difference between school-based family counselors’ preferred resolutions and gender?

RQ4: Is there a statistically significant difference between school-based family counselors’ preferred resolutions and years of experience as a family counselor?
RQ5: Is there a statistically significant difference between school-based family counselors’ preferred resolutions and number of hours spent in ethics training?

RQ6: Is there a statistically significant relationship between school-based family counselors’ confidence in decision making, rating of severity of the problem, and frequency of encountering similar ethical issues?

Data Analysis

Descriptive statistics were used as a means for making comparisons within various items and each variable was looked at separately for the sake of clarification. According to Ravid (1994), “Descriptive statistics classify, organize, and summarize numerical data about a particular group of observations” (p.18). The counselors’ preferred resolutions, regarding research question one, and reasons for resolutions, regarding research question two, were reported as percentages “using a 75% agreement rate as a criterion for consistency” (Chevalier & Lyon, 1993, p.330).

For research questions three, four, and five, the chi square test of significance was used to determine if a statistically significant difference existed. According to Ravid (1994), “The chi square is used extensively in analyzing questionnaire data” (p.221). Chi square will indicate only whether the “variables are related to, or are independent of, each other” (Ravid, 1994, p.229). Chi square will not tell the extent to which the variables are related across the problem.

Regarding research question number six, mean ratings of confidence in decision making, rating of the severity of the problem, and frequency of encountering similar ethical issues were reported for each dilemma. Pearson product-moment correlation was used to test research question six to determine if statistically significant relationships
existed between confidence, severity, and frequency across the seven dilemmas. "The most commonly used correlation procedure is the Pearson product moment" (Ravid, 1994, p.150). According to Ary, Jacobs, and Razavieh (1985), "Correlational studies are concerned with determining the extent of relationship existing between variables. They enable one to measure the extent to which variations in one variable are associated with variations in another" (p.327). The main purpose of the correlational design is to measure strength and direction. The correlational design will not establish causation, as there might be other variables that need to be considered.
CHAPTER FOUR: FINDINGS

Restatement of the Purpose

The purpose of this study was to investigate ethical decision making among school-based family counselors employed in a school district in Florida. The research investigated the counselors’ preferred resolutions to a series of seven ethical dilemmas, as well as their main reasons for making their decisions. Additionally, the research examined if the family counselors’ ethical decision making was influenced by (a) gender, (b) years of experience as a family counselor, (c) number of hours spent in ethics training, (d) confidence in decision making, (e) rating of severity of the problem, and (f) frequency of encountering similar ethical issues. Thirty-six surveys were returned, for a response rate of 56%. Thirty-four surveys (53%) were sufficiently completed and used for data analysis. The following findings are based on the responses from all thirty-four of these school-based family counselors.

Demographic Characteristics

The family counselors worked in various educational environments consisting of elementary, middle, and high schools. Twenty-four counselors (70.6%) were female and ten (29.4%) were male. The counselors were dissimilar regarding age, with the majority of respondents (67.6%) between the ages of thirty-six and fifty-five. Nineteen of the counselors (55.8%) reported to be forty-six years of age or older. None of the counselors (0.0%) reported to be under age twenty-six. Regarding years of family counseling experience, ten counselors (29.4%) reported three years or less. However, eight
counselors (23.5%) reported twenty or more years of family counseling experience.

Demographic characteristics on participating counselors’ age, gender, and years of family counseling experience are presented in summary form (see Table 1).

Regarding ethics training, twenty-two family counselors (64.7%) reported receiving less than twenty hours of training. However, twelve counselors (35.3%) reported receiving more than twenty hours of ethics training. Ten counselors (29.4%) reported receiving sixteen to twenty hours of training. Surprisingly, four counselors (11.8%) reported receiving no training in ethics. The most frequently reported source of ethics training was discussions with other professionals (91.2%) (see Table 2).

Research Question One

RQ1: Is there consistency among school-based family counselors’ preferred resolutions of ethical dilemmas, using a 75% agreement rate as the criterion for consistency?

Consistency was not found for counselors’ preferred resolutions for any of the seven ethical dilemmas. However, the first dilemma (divorce group), the third dilemma (foreign family), and the seventh dilemma (mother’s questioning) each yielded an agreement rate of 70.6% regarding the counselors’ preferred resolution. The next highest agreement rate, 64.7%, occurred on the second dilemma (abused mother). The fifth dilemma (school board) had the third highest rate of 47.1% (see Table 3).
Table 1
Demographic Characteristics of Family Counselors

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<tr>
<td>61 - 65</td>
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<tr>
<td>65 +</td>
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Gender
- Female: 24
- Male: 10

Years of Experience
- 0 - 3: 10
- 4 - 7: 3
- 8 - 11: 7
- 12 - 15: 3
- 16 - 19: 3
- 20+: 8
Table 2  
Sources and Hours of Family Counselors’ Ethics Training

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Hours

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Table 3
Percentages of Counselors' Preferred Resolutions for Ethical Dilemmas

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<td>Dilemma 3 (Foreign family)</td>
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<tr>
<td>Dilemma 4 (Religious Intervention)</td>
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<td>17.6</td>
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<tr>
<td>Dilemma 5 (School Board)</td>
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<td>-</td>
<td>-</td>
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<td>23.5</td>
<td>38.2</td>
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<td>Dilemma 7 (Mother’s questioning)</td>
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<td>70.6</td>
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<td>23.5</td>
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Note. See explanations of ethical dilemmas in Appendix A.
Research Question Two

RQ₂: Is there consistency among school-based family counselors’ reasons for preferred resolutions of ethical dilemmas, using a 75% agreement rate as the criterion for consistency?

Consistency was not found for counselors’ reasons for preferred resolutions for any of the ethical dilemmas. Protecting client’s rights was the most frequently chosen reason for a preferred resolution (mean % = 50.4). The least chosen reason was protecting society’s interests (mean % = 1.7) (see Table 4).

Research Question Three

RQ₃: Is there a statistically significant difference between school-based family counselors’ preferred resolutions and gender?

No statistically significant differences between counselors’ preferred resolutions and gender were found on the seven ethical dilemmas (see Table 5).

Research Question Four

RQ₄: Is there a statistically significant difference between school-based family counselors’ preferred resolutions and years of experience as a family counselor?

The analyses of counselors’ preferred resolutions and the relationship to years of work experience revealed no statistically significant differences on any of the seven ethical dilemmas (see Table 6).
Table 4

Percentages of Counselors’ Reasons for Preferred Resolutions

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Table 4 (continued)

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Table 4 (continued)

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<tr>
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<td>14.7</td>
<td>5.9</td>
<td>8.8</td>
<td>11.8</td>
<td>8.8</td>
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<tr>
<td>Second Reason</td>
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<td>20.6</td>
<td>23.5</td>
<td>11.8</td>
<td>23.5</td>
<td>5.9</td>
<td>14.7</td>
<td>17.6</td>
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<td>11.8</td>
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<td>8.8</td>
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<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Fifth Reason</td>
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<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
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Table 5

Chi Square Analyses of Counselors’ Resolutions and Gender

<table>
<thead>
<tr>
<th>Dilemma</th>
<th>Chi-Square (df, N)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$X^2(3, N = 34)$ = 2.531</td>
<td>$p &gt; .05$</td>
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<tr>
<td>2</td>
<td>$X^2(3, N = 34)$ = 1.582</td>
<td>$p &gt; .05$</td>
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<td>3</td>
<td>$X^2(2, N = 34)$ = 4.699</td>
<td>$p &gt; .05$</td>
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<tr>
<td>4</td>
<td>$X^2(4, N = 34)$ = 8.922</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>5</td>
<td>$X^2(2, N = 34)$ = 2.622</td>
<td>$p &gt; .05$</td>
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<tr>
<td>6</td>
<td>$X^2(3, N = 34)$ = 5.298</td>
<td>$p &gt; .05$</td>
</tr>
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<td>7</td>
<td>$X^2(2, N = 34)$ = 0.885</td>
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Table 6

Chi Square Analyses of Counselors’ Resolutions and Years of Experience

<table>
<thead>
<tr>
<th>Dilemma</th>
<th>Chi-Square (df, N)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$X^2(15, N = 34)$ = 14.772</td>
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<tr>
<td>2</td>
<td>$X^2(15, N = 34)$ = 8.955</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>3</td>
<td>$X^2(10, N = 34)$ = 10.635</td>
<td>$p &gt; .05$</td>
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<td>4</td>
<td>$X^2(20, N = 34)$ = 10.807</td>
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<td>5</td>
<td>$X^2(10, N = 34)$ = 8.678</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>6</td>
<td>$X^2(15, N = 34)$ = 9.385</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>7</td>
<td>$X^2(10, N = 34)$ = 6.417</td>
<td>$p &gt; .05$</td>
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</table>
Research Question Five

RQ$_5$: Is there a statistically significant difference between school-based family counselors' preferred resolutions and number of hours spent in ethics training?

The analyses of counselors' preferred resolutions and the relationship to hours of ethics training yielded a statistically significant difference between counselors' preferred resolutions on the fifth dilemma (school board). No statistically significant differences were found between the number of hours spent in ethics training and the other six dilemmas (see Table 7).

Research Question Six

RQ$_6$: Is there a statistically significant relationship between school-based family counselors' confidence in decision making, rating of severity of the problem, and frequency of encountering similar ethical issues?

Mean ratings of family counselors' confidence in decision making, rating of severity of the problem, and frequency of encountering similar problems were calculated for the seven ethical dilemmas (see Table 8). Additionally, Pearson product-moment correlations were calculated among confidence, severity, and frequency of the dilemmas. Although most of the obtained correlations were not significant, a low to moderate positive correlation was found between counselors' confidence in decision making and rating of severity of the problem on the first dilemma. This correlation had a value of .36, and a probability of less than .05 ($r = .36; p < .05$). In addition, a low to moderate positive correlation was found between rating of severity of the problem and frequency of encountering similar ethical issues on dilemma three. This correlation had a value of .38,
Table 7

Chi Square Analyses of Counselors’ Resolutions and Hours of Ethics Training

<table>
<thead>
<tr>
<th>Dilemma</th>
<th>( X^2 ) Value</th>
<th>( N )</th>
<th>( p )</th>
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<td>1</td>
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<tr>
<td>2</td>
<td>8.291</td>
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<td>3</td>
<td>9.350</td>
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<td>4</td>
<td>16.196</td>
<td>34</td>
<td>&gt; .05</td>
</tr>
<tr>
<td>5</td>
<td>15.662</td>
<td>34</td>
<td>&lt; .05</td>
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<tr>
<td>6</td>
<td>6.910</td>
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<tr>
<td>7</td>
<td>6.564</td>
<td>34</td>
<td>&gt; .05</td>
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Table 8

Mean Ratings of Confidence, Severity, and Frequency

<table>
<thead>
<tr>
<th>Dilemma</th>
<th>Confidence</th>
<th>Severity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
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<td>4.4</td>
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</tr>
<tr>
<td>Dilemma 2</td>
<td>4.5</td>
<td>3.8</td>
<td>2.7</td>
</tr>
<tr>
<td>Dilemma 3</td>
<td>4.3</td>
<td>3.1</td>
<td>2.4</td>
</tr>
<tr>
<td>Dilemma 4</td>
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<td>Dilemma 5</td>
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<td>Dilemma 6</td>
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</tr>
<tr>
<td>Dilemma 7</td>
<td>4.4</td>
<td>2.9</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Note. Confidence scale ranges from 1 (not at all confident) to 5 (very confident). Severity scale ranges from 1 (not severe) to 5 (very severe). Frequency scale ranges from 1 (very infrequent) to 5 (very frequent).
and a probability of less than .05 ($r = .38; p < .05$). No statistically significant relationships were found for the other six dilemmas (see Table 9).

**Summary**

Data analysis indicated a general lack of consistency among school-based family counselors’ preferred resolutions for the ethical dilemmas on the questionnaire. The highest rate of agreement (70.6%) was observed on the first dilemma (divorce group), the third dilemma (foreign family), and the seventh dilemma (mother’s questioning). While this rate did not reach the established consistency criterion, it did reveal that a majority of counselors agreed on a course of action for these three dilemmas. Additionally, there was a general lack of consistency among counselors’ reasons for decisions when confronted with the dilemmas. Chi square analyses revealed a significant difference between counselors’ preferred resolutions and the number of hours spent in ethics training on one dilemma (school board). Pearson product-moment correlations indicated a low to moderate positive correlation between counselors’ confidence in decision making and rating of severity of the problem on one dilemma (divorce group). Finally, a low to moderate positive correlation was found between counselors’ rating of severity of the problem and frequency of encountering similar problems on one dilemma (foreign family).
Table 9
Pearson Product-Moment Correlations Between Confidence, Severity, and Frequency

<table>
<thead>
<tr>
<th></th>
<th>Confidence</th>
<th>Severity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dilemma 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidence</td>
<td>--</td>
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</tr>
<tr>
<td>Severity</td>
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<td>-.07</td>
</tr>
<tr>
<td>Frequency</td>
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<td>--</td>
<td>--</td>
</tr>
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<td>-.14</td>
</tr>
<tr>
<td>Severity</td>
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<td>--</td>
<td>-.03</td>
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<tr>
<td>Frequency</td>
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<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Dilemma 3</strong></td>
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<td>Confidence</td>
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<td>-.16</td>
<td>-.08</td>
</tr>
<tr>
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<td>--</td>
<td>.38</td>
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<tr>
<td>Frequency</td>
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<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Dilemma 4</strong></td>
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<td></td>
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<tr>
<td>Confidence</td>
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<td>-.24</td>
<td>-.12</td>
</tr>
<tr>
<td>Severity</td>
<td>--</td>
<td>--</td>
<td>.10</td>
</tr>
<tr>
<td>Frequency</td>
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Table 9 (continued)

Dilemma 5

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<th>Confidence</th>
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<tbody>
<tr>
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<td>--</td>
<td></td>
<td>.33</td>
</tr>
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<td>Frequency</td>
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Dilemma 6

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<td>Severity</td>
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<td></td>
<td>.11</td>
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<td>Frequency</td>
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Dilemma 7

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<td>- .03</td>
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<tr>
<td>Frequency</td>
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CHAPTER FIVE: SUMMARY, CONCLUSIONS, & RECOMMENDATIONS

Summary

Literature was reviewed related to research studies of ethical issues in the field of counseling. The literature review identified very few school-based family counseling programs. Research studies investigating school-based family counselors and ethical decision making have not been pursued in the literature. Therefore, the review of the literature supported a study of ethical decision making among school-based family counselors. This research endeavored to contribute to knowledge on how school-based family counselors access and respond to ethical dilemmas. This investigation of ethical decision making among school-based family counselors considered six research questions.

An Ethics Questionnaire (see Appendix A) was mailed to sixty-five school-based family counselors employed in a school district in Florida. The questionnaire was a four-part survey instrument and included response choices for each item. In the first part of the questionnaire, the respondents selected a resolution to each of a series of seven ethical dilemmas and indicated the primary reason for each decision. Additionally, the counselors rated the confidence they had regarding their decision making. In part two of the survey, the counselors rated the dilemmas, regarding the seriousness of the problem and also their frequency of encountering the dilemma. The third section gathered demographic data regarding the counselors’ age, gender, and years of experience. Finally, information was gathered on the sources and value of family counselors’ ethics training.
Thirty-four family counselors (53.0%) sufficiently completed and returned useable questionnaires. The responses from all thirty-four counselors were used for data analysis. The majority of the counselors (70.6%) were female. Nineteen counselors (55.8%) reported to be forty-six years of age or older. Ten counselors (29.4%) reported three years or less of family counseling experience. However, eight counselors (23.5%) reported twenty or more years of experience. Twenty-two counselors (64.7%) reported receiving less than twenty hours of ethics training. The most frequently reported source of ethics training was discussions with other professionals (91.2%).

A lack of consistency was found for family counselors' preferred resolutions and reasons for resolutions when confronted with the problematic situations on the ethics questionnaire. There was variability among counselors' resolutions and reasons, both within and across the dilemmas. A significant difference was found between counselors' preferred resolutions and the number of hours of ethics training on the fifth dilemma. A mild positive correlation was found between counselors' confidence in decision making and rating of severity of the problem on the first dilemma. In addition, a mild positive correlation was found between counselors' rating of severity of the problem and frequency of encountering similar problems on the third dilemma. The research findings are similar to the results reported by Chevalier and Lyon (1993) in a survey of school psychologists, Haas et al. (1986, 1988) in a survey of clinical and counseling psychologists, and Schatzberg (1998) in a survey of school psychologists. Results relevant to the six research questions were presented throughout the findings chapter and are elaborated on in the conclusions section.

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Conclusions

Research Question One

The first research question examined consistency among school-based family counselors preferred resolutions of ethical dilemmas. A 75% agreement rate was established as the criterion for consistency. Data analysis of the family counselors’ responses indicated that the 75% agreement rate was not reached on any of the ethical dilemmas. Based on the obtained results, it was concluded that there is no consistency among school-based family counselors’ preferred resolutions when confronted with ethical dilemmas.

The highest agreement rate (70.6%) was observed on the first dilemma (divorce group), the third dilemma (foreign family), and the seventh dilemma (mother’s questioning). Each of these dilemmas recorded the highest rate of agreement regarding the counselors’ preferred resolution. Although this rate did not reach the established criterion for consistency, it did indicate a substantial rate of agreement among the counselors for these three dilemmas. These results suggest that in some problematic situations a majority of family counselors agree on a preferred course of action.

The highest rate of agreement (70.6%) for the first dilemma (divorce group) was reported on the personal option designation. The majority of counselors (96.0%) selecting the personal option reported that they would share their concern with the fellow counselor. The decision alternative with the lowest agreement rate (5.9%) indicated that the family counselor would discuss their concern with the school administration.

Data analysis of counselors’ responses to the second ethical dilemma (abused mother) indicated the highest agreement rate (64.7%) for the alternative to refer the
mother to an outside agency. While this rate of agreement did not meet the established
criterion for consistency, it is regarded as being a moderate to substantial rate. The
alternative with the least amount of agreement was the option that the counselor would
report the abuse to a local women's shelter. None of the family counselors (0.0%)
recorded this as a viable alternative.

Counselors' preferred resolutions to the third dilemma (foreign family) indicated
a substantial rate of agreement (70.6%) for the personal option. Sixteen of the counselors
(64%) selecting the personal option reported that they would utilize the services of a
bilingual interpreter. None of the counselors (0.0%) reported that they would have the
child attend the special class, unofficially during recess and other free periods. However,
six counselors (17.6%) indicated they would begin legal action to have the child placed.

The fourth dilemma (religious intervention) revealed the greatest variability
among counselors' responses. All of the decision alternatives received an agreement rate
of 11.8% or higher. The majority of the counselors (38.2%) reported they would begin
behavior management techniques in the classroom to attempt to stop the disruptive
behavior. The alternative with the least amount of agreement (11.8%) involved the
counselor making an alternative education referral. Surprisingly, five of the counselors
(14.7%) indicated that they would respect the parents' decision and do nothing.

The fifth dilemma (school board) recorded the most agreement (47.1%) on the
personal option. Seven counselors (44.0%) selecting the personal option indicated they
would share the information with the principal after a parent conference. A small
percentage (14.7%) of counselors reported that they would provide the principal with the
test results. Thirteen counselors (38.2%) would tell the principal that it would be a breach of confidentiality to reveal the test results and deny his access to them.

Counselors’ responses to the sixth ethical dilemma (school suicides) indicated that the personal option recorded the highest rate of agreement (38.2%). The thirteen counselors selecting the personal option indicated that they would pursue some combination of the other three options. Ten counselors (29.4%) reported they would begin counseling the child. Eight counselors (23.5%) would talk to the parents about taking the child to another community where services may be available. The lowest rate of agreement (8.8%) was recorded for the option to refer the child to the local community mental health center despite its heavy load.

Analysis of responses to the seventh dilemma (mother’s questioning) revealed that twenty-four counselors (70.6%) would say nothing about sexual activity, but would encourage the mother to talk to her daughter. Eight counselors (23.5%) reported a personal option, with most of these (75%) involving a mother and daughter session to discuss sexual matters. Only two counselors (5.9%) would tell the mother about her daughter’s possible sexual activity. None of the counselors (0.0%) selected the option to decline to answer the mother’s questions.

Research Question Two

The second research question examined consistency among school-based family counselors’ reasons for preferred resolutions of ethical dilemmas. A 75% agreement rate was established as the criterion for consistency. Analysis of counselors’ responses revealed that the 75% agreement rate was not reached on any of the ethical dilemmas. Based on the obtained results, it was concluded that there is no consistency among
school-based family counselors’ reasons for preferred resolutions when confronted with ethical dilemmas.

Protecting client’s rights was the most frequently selected primary reason for choosing a preferred resolution (mean % = 50.4). Additionally, protecting client’s rights was selected as the primary reason for adopting a course of action for all of the dilemmas. The next most frequently cited primary reason was upholding the code of ethics (mean % = 18.1). Also, upholding the code of ethics was the most frequently picked secondary reason (mean % = 32.8). The next most frequently chosen primary reason was upholding legal standards (mean % = 12.6). The least frequently cited reasons were upholding personal standards (mean % = 10.9), and protecting society’s interests (mean % = 1.7).

These results seem to indicate that when confronted with ethical dilemmas, many school-based family counselors utilize principles drawn from professional and personal ethics as opposed to upholding legal standards or protecting societal interests.

Research Question Three

The third research question examined the difference between school-based family counselors’ preferred resolutions and gender. Thirty-four family counselors (53%) sufficiently completed and returned questionnaires used for data analysis. Twenty-four counselors (70.6%) were female and ten (29.4%) were male. Chi-square analyses of counselors’ preferred resolutions and gender yielded no statistically significant differences on any of the seven ethical dilemmas. This suggests that counselors’ preferred resolutions were relatively unaffected by gender and that males and females tend to be very similar in how they respond to ethical dilemmas. Based on the obtained results, it
was concluded that there is no statistically significant difference between school-based family counselors’ preferred resolutions and gender.

Research Question Four

The fourth research question examined the difference between school-based family counselors’ preferred resolutions and years of experience as a family counselor. Regarding years of experience, ten counselors (29.4%) reported from zero to three years. Eight counselors (23.5%) indicated twenty or more years of experience, and seven counselors (20.6%) reported eight to eleven years. Chi-square analyses of counselors’ preferred resolutions and years of experience yielded no statistically significant differences on any of the seven dilemmas. This suggests that counselors’ preferred resolutions were relatively unaffected by years of experience as a family counselor. Based on the obtained results, it was concluded that there is no statistically significant difference between school-based family counselors’ preferred resolutions and years of experience as a family counselor.

Research Question Five

The fifth research question examined the difference between school-based family counselors’ preferred resolutions and number of hours spent in ethics training. Twenty-two counselors (64.7%) reported receiving less than twenty hours of training in ethics. However, twelve counselors (35.3%) reported receiving more than twenty hours of training. Chi-square analyses of counselors’ preferred resolutions and the number of hours spent in ethics training revealed a statistically significant difference at the .05 level between counselors’ responses on the fifth dilemma (school board).
Thirteen counselors (38.2%) reported that they would deny the principal’s request for test results. Eight counselors (80.0%) in the fourth category (16-20 hours) and three counselors (25.0%) in the fifth category (more than 20 hours) selected this option. However, none of the counselors in the second category (6-10 hours) or third category (11-15 hours) chose to deny the principal’s request.

Five counselors (14.7%) indicated that they would give the principal the test results. Two counselors (33.3%) in the first category (0-5 hours), one counselor (33.3%) in the second category (6-10 hours), and two counselors (16.6%) in the fifth category selected this option. However, none of the counselors in the third category (11-15 hours) or fourth category (16-20 hours) would fulfill the principal’s request.

These results suggest that family counselors’ preferred resolutions were affected by the number of hours spent in ethics training. Based on the obtained results, it was concluded that there is a statistically significant difference between school-based family counselors’ preferred resolutions and the number of hours spent in ethics training. No statistically significant differences were found between the number of hours spent in ethics training on the other dilemmas.

Research Question Six

The sixth research question examined the relationship between school-based family counselors’ confidence in decision making, rating of severity of the problem, and frequency of encountering similar ethical issues. The family counselors indicated that they felt confident in the decisions they made for each dilemma (mean = 4.3). Mean ratings of confidence among the dilemmas ranged from 3.9 to 4.5. The counselors reported the greatest confidence in decision making on the second dilemma (abused
mother) (mean = 4.5). The least confidence in counselors' decision making was recorded on the fourth dilemma (religious intervention) (mean = 3.9).

The counselors rated the dilemmas as moderately severe to severe (mean = 3.2). Mean ratings of severity among the dilemmas ranged from 2.6 to 4.6. The sixth dilemma (school suicides) was rated as being the most severe (mean = 4.6), followed by the second dilemma (abused mother) (mean = 3.8). The fifth dilemma (school board) was rated as being the least severe (mean = 2.6), followed by the first dilemma (divorce group) (mean = 2.7).

The family counselors reported that in general they had encountered similar ethical issues in their work somewhat infrequently (mean = 2.2). Mean ratings of frequency among the dilemmas ranged from 1.4 to 3.0. The seventh dilemma (mother's questioning) was the ethical issue reportedly encountered the most (mean = 3.0). The fifth dilemma (school board) was reportedly encountered the least (mean = 1.4).

Pearson product-moment correlations were calculated among confidence, severity, and frequency of the dilemmas. A low to moderate positive correlation ($r = .36; p < .05$) was found between counselors' confidence in decision making and rating of severity of the problem on the first dilemma (divorce group). This finding suggests that the more severe the dilemma, the more confidence the counselors had in making an ethical decision. Additionally, a low to moderate positive correlation ($r = .38; p < .05$) was found between rating of severity of the problem and frequency of encountering similar ethical issues on the third dilemma (foreign family). This statistical finding suggests that, to some degree, the more that the family counselors encountered a dilemma the higher the rating of severity.
Based on the obtained results, it was concluded that there is a statistically significant relationship between school-based family counselors' confidence in decision making and rating of severity of the problem. Additionally, it was concluded that there is a statistically significant relationship between school-based family counselors' rating of severity of the problem and frequency of encountering similar ethical issues.

Implications for Practice

Primary research findings were a lack of consistency among school-based family counselors' preferred resolutions and reasons for preferred resolutions when confronted with the ethical dilemmas presented on the questionnaire. There was considerable variability among counselors' responses, both within and across the dilemmas. These results suggest that school-based family counselors respond to ethical dilemmas in different ways. The results may also suggest that many school-based family counselors are uncertain regarding a clear course of action when confronted with an ethical dilemma. However, caution should be exercised in concluding that these research results demonstrate what school-based family counselors would actually do when challenged with an ethical dilemma.

An implication of this research is that certain areas of family counselors' ethical decision making deserve additional consideration. These areas include competency, confidentiality, and colleagues' behavior. The counselors rated the sixth dilemma (school suicides) and the second dilemma (abused mother) as being the most severe. In both of these serious situations, counselors lacked consistency regarding preferred resolutions. Dilemma two revealed that three counselors (8.8%) would begin seeing the abused mother in a counseling role, as opposed to making a referral to an outside agency. Five
counselors (14.7%) would suggest that the mother seek outside assistance, but would take no further action, such as a follow up. Responses to the sixth dilemma indicated that ten counselors (29.4%) would begin counseling the child regarding a potential suicide, as opposed to making a referral to an outside agency. Considering the seriousness of these potentially life-threatening situations, it could be argued that a referral to an outside agency for primary services would be in the client’s best interest.

The issue of a counselor’s unethical behavior was the focus of three dilemmas. The first dilemma (divorce group) dealt with a colleague’s possible bias when conducting a counseling group for adolescents. Five counselors (14.7%) reported they would say nothing, but would allow the fellow counselor to conduct the group and thus possibly engage in unethical behavior. The fifth dilemma (school board) involved a principal asking a family counselor for confidential test results that would be used inappropriately. Five counselors (14.7%) revealed they would provide the requested test results despite knowing the principal’s improper intentions. The seventh dilemma (mother’s questioning) involved a parent’s request for information revealed in a confidential counseling session. Two counselors (5.9%) would break confidentiality and answer the mother’s questions about her daughter’s possible sexual activity. School-based family counselors often experience difficulty in applying the ethical standard of confidentiality because most of their clients are under the age of 18. According to Davis and Mickelson (1994), “Parents’ right to know can often conflict with a fundamental tenet of counseling: the opportunity of clients to have a confidential relationship” (p.5). Although a majority of counselors agreed on a proper course of action regarding these dilemmas, the overall results suggest that some counselors would fail to act in an appropriate manner in some instances involving colleagues’ behavior and
issues of confidentiality. This is a matter of concern as these types of behavior would be in direct contradiction to ethical and/or legal guidelines in some situations.

Once again, the research findings suggest that school-based family counselors respond to ethical dilemmas in different ways. This inconsistency regarding appropriate action could result from counselors' deficiency in ethics training. The implication of these findings for training in ethics is that efforts should center on teaching counselors more effectively which behaviors to choose in different problematic situations.

Implications for Research

Research into the types of ethical dilemmas encountered by school-based family counselors is needed. Research findings would help to identify those dilemmas that are especially difficult for counselors. The research results might help counselors to become more proficient in applying ethical codes and statutes to the dilemmas encountered. Additionally, the research findings would help counselor educators to identify the concerns of practicing school-based family counselors. Counseling programs would be able to address these concerns in counselor training. Finally, the research results would be helpful for counseling supervisors regarding the preparation of in-service training for school-based family counselors.

Recommendations

School-based family counselors' responses regarding training in ethics revealed that 64.7% received less than twenty hours of training. Additionally, four counselors (11.8%) received no training in ethics. However, a majority of counselors reported all of the sources of ethics training to be of moderate to significant value. Based on the
information obtained in the survey and the research encompassing the survey the following recommendations are offered.

Family counselors' training in ethics should begin with an ethics course being offered in all family counselor graduate training programs. Training should be offered as classroom instruction and should take place before internship. According to Coll (1993), "Counseling ethics courses can provide opportunities for content related discussion not often found in other counselor training curricula. There is evidence that these courses are important to the counseling profession and can bring about significant attitudinal changes in students" (p.165). In addition, family counselors' internship or field placement should include clinical supervision hours specifically set aside to discuss ethical problematic situations.

The school-based family counselors' need for training in ethics is ongoing as ethical codes and state statutes change over time. The research revealed that the majority of family counselors reported collegial discussions as a valued source of ethics information. Accordingly, it is recommended that the opportunity for discussion of ethics among school-based family counselors be encouraged by the school district. Continual training in ethics should be an integral part of school-based family counselors' district sponsored clinical supervision. Additionally, it is recommended that opportunities for training in ethics be made available through school district in-service training. In-service training in ethics should focus on the family counselors' ability to identify, assess, and respond properly to ethical dilemmas. Counselors' in-service training should confront problematic situations involving counselor competence, issues of confidentiality, and colleagues' behavior, as well as dilemmas likely to be encountered in an educational
environment. Coll (1993) reported that, "content for the ethics training of counselors that has been deemed important in the literature but often neglected, includes ethical implications related to self-awareness, dual relationships, impairment, and multiculturalism" (p.165).

School-based family counselors make important decisions each day that impact students and families. In order for counselors to provide quality services, knowledge and understanding of ethical codes and state statues is required. Additionally, counselors need to develop decision making skills using ethical and legal principles in responding to ethical dilemmas. Hopefully, with improved and continual training in ethics the rate of consistency among school-based family counselors' preferred resolutions and reasons for preferred resolutions when confronted with ethical dilemmas will increase.
References


APPENDIX A

Ethics Questionnaire
Ethics Questionnaire

1. Please indicate which of the options is most important for each of the ethical dilemmas presented. Then indicate your primary reason(s) for making that choice.

1. A fellow family counselor has come to you throughout the school year to discuss his extremely bitter divorce proceedings. While he rarely discusses his situation with other staff members he has been quite open with you about his negative feelings regarding marriage and women in general. Later in the year he informs you that he will be conducting a counseling group for adolescents experiencing divorce in their families. The group has been approved by the school administrators who see him as an excellent resource having just experienced a divorce himself. (Choose only one).

   ___ 1. Go to the school administration and discuss your concern that the family counselor may not be an effective divorce group facilitator.
   ___ 2. Say nothing and hope that the family counselor’s training in group counseling will overshadow his personal experience.
   ___ 3. Suggest that you co-facilitate the group in hopes that you can monitor the progress of the group.
   ___ 4. Personal Option

   How confident do you feel with the decision you made for this dilemma? (Place an X on the appropriate line).

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<tr>
<th></th>
<th>not at all confident</th>
<th>not very confident</th>
<th>somewhat confident</th>
<th>moderately confident</th>
<th>very confident</th>
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Rank order your reasons for making this decision with 1 being most important. (Rank only those that apply)

   ___ 1. Upholding legal standards
   ___ 2. Upholding the code of ethics
   ___ 3. Protecting society’s interests
   ___ 4. Protecting client’s rights
   ___ 5. Upholding personal standards
   ___ 6. Other

2. You have been working closely with the mother of an elementary school girl who has been exhibiting serious disruptive behavior in the classroom. You have established a good working relationship with the mother over the years and at a meeting set up to discuss the child’s progress, the mother confides in you that her husband has been physically abusing her. (The child has not been the target of the abuse). The mother reports that she has told no one else and that she could not confide in anyone else. (Choose only one).

   ___ 1. Begin seeing the mother in a counseling role until you can convince her to seek help.
   ___ 2. Suggest that the mother seek outside assistance but take no further action.
   ___ 3. Report the abuse to a local women’s shelter.
   ___ 4. Make a specific referral to the mother with an outside agency and then follow up on it.
   ___ 5. Personal Option
How confident do you feel with the decision you made for this dilemma? (Place an X on the appropriate line).

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<th>not at all confident</th>
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Rank order your reasons for making this decision with 1 being most important. (Rank only those that apply)

1. Upholding legal standards
2. Upholding the code of ethics
3. Protecting society’s interests
4. Protecting client’s rights
5. Upholding personal standards
6. Other

3. A family new to the United States has recently moved into your district. After a short time it becomes clear that their first grade son is having serious difficulty in school. A referral is made and the parents agree to an assessment. As a result of the assessment it becomes clear that the boy qualifies for special services in several areas. At the meeting called to discuss the results it becomes apparent that despite the family’s reasonable understanding of English they may not understand the implications of the decision to be made. Even after several meetings the parents deny placement and insist that their son remain in the regular classroom where he is falling further and further behind. (Choose only one)

1. Begin legal action to have the child placed.
2. Continue placement in the regular education classroom.
3. Have the child attend the special class, unofficially during recess and other free periods.
4. Personal Option

How confident do you feel with the decision you made for this dilemma? (Place an X on the appropriate line).

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Rank order your reasons for making this decision with 1 being most important. (Rank only those that apply)

1. Upholding legal standards
2. Upholding the code of ethics
3. Protecting society’s interests
4. Protecting client’s rights
5. Upholding personal standards
6. Other

4. A referral has been made to you for an adolescent boy who has been acting out in school. It is suspected that he has stolen money from his teacher and has set fires in the school bathroom, although neither can be proved. In order to better understand the boy you make a home visit and find a chaotic environment in which the father is gone most of the time and the mother is unable to control her five children. When you meet with the parents to discuss the problem they seem genuinely interested and listen attentively to your advise to seek outside intervention. Several months later the boy is still exhibiting difficulty, so you call the family once again. The mother explains to you that they have sought outside intervention through prayer and that this is the way in which such matters are handled in their household. She also states that the boy may not become involved with the family counselor. (Choose only one)
1. Respect the parents’ decision and do nothing.
2. Increase your observation of the boy so that any infraction that might lead to legal action can be noted.
3. Begin behavior management techniques in the classroom to attempt to stop the disruptive behavior.
4. Make an alternative education referral yourself.
5. Personal Option ________________

How confident do you feel with the decision you made for this dilemma? (Place an X on the appropriate line).

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Rank order your reasons for making this decision with 1 being most important. (Rank only those that apply)

1. Upholding legal standards
2. Upholding the code of ethics
3. Protecting society’s interests
4. Protecting client’s rights
5. Upholding personal standards
6. Other ________________

5. The principal at your school comes to you requesting the results of an assessment of a particularly difficult school board member’s child who has been referred for possible gifted programming. You realize that the principal intends to approach the school board with a request for additional funding for special education programming (including gifted programming), and that this school board member has consistently denied such requests. The principal feels that if the child is placed, the school board member will be more likely to approve funds. While the child is performing in the well above average range in some areas, her overall scores do not indicate a clear need for gifted programming. You are concerned that the results will be reported to the parent before you have met with her to explain and interpret them. (Choose only one)

1. Tell the principal that it would be a breach of confidentiality to reveal the test results and deny his access to them.
2. Give him the results and decide that the extra funding will be helpful to many.
3. Personal Option ________________

How confident do you feel with the decision you made for this dilemma? (Place an X on the appropriate line).

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Rank order your reasons for making this decision with 1 being most important. (Rank only those that apply)

1. Upholding legal standards
2. Upholding the code of ethics
3. Protecting society's interests
4. Protecting client's rights
5. Upholding personal standards
6. Other

6. There have been three childhood suicides in your school within the past four months. You know that the only local resource available to deal with these problems is now unable to manage the volume of referrals. A child you have been seeing has begun to neglect her personal hygiene and has spoken of giving away her personal possessions. (Choose only one)

1. Refer the child to the local Community Mental Health Center despite its heavy load.
2. Begin counseling the child yourself.
3. Talk to the parents about taking the child to another community where services may be available.
4. Personal Option

How confident do you feel with the decision you made for this dilemma? (Place an X on the appropriate line).

| not at all confident | not very confident | somewhat confident | moderately confident | very confident |

Rank order your reasons for making this decision with 1 being most important. (Rank only those that apply)

1. Upholding legal standards
2. Upholding the code of ethics
3. Protecting society's interests
4. Protecting client's rights
5. Upholding personal standards
6. Other

7. A thirteen-year-old girl confides in you that she is considering having sex with her fourteen-year-old boyfriend. A few days later the girl's mother calls you to ask if there is anything she should know about her daughter's adjustment and her recent mood swings. (Choose only one)

1. Tell the mother about her daughter's possible sexual activity.
2. Say nothing about sexual activity but encourage the mother to talk to her daughter.
3. Decline to answer the mother's questions.
4. Personal Option

How confident do you feel with the decision you made for this dilemma? (Place an X on the appropriate line).

| not at all confident | not very confident | somewhat confident | moderately confident | very confident |
Rank order your reasons for making this decision with 1 being most important. (Rank only those that apply)

1. Upholding legal standards
2. Upholding the code of ethics
3. Protecting society's interests
4. Protecting client's rights
5. Upholding personal standards
6. Other

II. Problem Severity

1. Please indicate the severity of the problems presented in each of the dilemmas. (Place an X on the appropriate line)

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<th>Dilemma 1 (Divorce Group)</th>
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<th>Dilemma 6 (School Suicides)</th>
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2. Please rate the frequency with which you have encountered similar ethical issues in practice over the last year. (Place an X on the appropriate line)

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<th>Dilemma 1 (Divorce Group)</th>
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<th>Dilemma 2 (Abused Mother)</th>
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Dilemma 3  
(Foreign Family)
| very infrequent | mildly infrequent | moderately frequent | frequently | very frequent |

Dilemma 4  
(Religious Intervention)
| very infrequent | mildly infrequent | moderately frequent | frequently | very frequent |

Dilemma 5  
(School Board)
| very infrequent | mildly infrequent | moderately frequent | frequently | very frequent |

Dilemma 6  
(School Suicides)
| very infrequent | mildly infrequent | moderately frequent | frequently | very frequent |

Dilemma 7  
(Mother’s Questioning)
| very infrequent | mildly infrequent | moderately frequent | frequently | very frequent |

III. Demographic Information

1. Age
   - 20-25
   - 26-30
   - 31-35
   - 36-40
   - 41-45
   - 46-50
   - 51-55
   - 56-60
   - 61-65
   - Over 65

2. Gender
   - Female
   - Male

3. Years of experience as a practicing family counselor
   - 0-3
   - 4-7
   - 8-11
   - 12-15
   - 16-19
   - 20 or more

IV. Source of Ethics Training - please check each of the areas from which you have received training.

   - Ethics class(es)
   - Presentation/lecturer in a class
   - Discussions with other professionals
   - Reading
   - Other
   - Indicate here if you have received no training in ethics
Hours spent in ethics training - please indicate the total number of hours you have spent in the various areas of ethics training.

___ 0-5
___ 6-10
___ 11-15
___ 16-20
___ More than 20

Value of ethics training - please indicate the value of any of the ethics training experiences you may have had.

Classes:
___ Significant Value
___ Moderate Value
___ Little Value

Discussion with other professionals:
___ Significant Value
___ Moderate Value
___ Little Value

Reading:
___ Significant Value
___ Moderate Value
___ Little Value

Other: ____________________________
___ Significant Value
___ Moderate Value
___ Little Value
APPENDIX B

School District Approval Letter
APPENDIX C

Human Subjects Approval Form
APPENDIX D

Personal Communication
APPENDIX E

Introductory Letter
Dear Family Counselor:

I am in the process of completing my doctoral dissertation. The purpose of my dissertation is to conduct a survey of ethical decision making among school-based family counselors. The results of this study will contribute to research in family counseling, and may be beneficial to the Family Counseling Program.

If you participate in this research you will be asked to complete an Ethics Questionnaire describing seven ethical problematic vignettes and possible decision alternatives. You will be asked to select a decision alternative, as well as a primary reason for your decision. Also, you will be asked to rate your confidence in your decision making, the severity of the dilemma, and the frequency of encountering similar dilemmas. Additionally, demographic data will be requested. The survey should take approximately fifteen to twenty minutes to complete. Please do not put your name on the survey or on the pre-paid return envelope provided for you.

Your participation in this research is strictly voluntary. You may refuse to participate without fear of penalty or negative consequences of any kind. The information/data you provide for this study will be treated confidentially, and all raw data will be kept in a secured file by the researcher. Results of the research will be reported as aggregate summary data only, and no individually identifiable information will be presented.

You also have the right to review the results of the research if you wish to do so. A copy of the results may be obtained by enclosing a request with your survey in the return envelope.

I would appreciate your participation in this study. I would like to thank you in advance for completing the survey and returning it to me.

If you have any questions about the survey, please contact me at (954) 782-9975.

Sincerely,

Richard T. Henderson
Family Counselor, Coconut Creek Zone
APPENDIX F

Follow-up Letter
Dear Family Counselor:

Enclosed is another copy of the Ethics Questionnaire, which is part of a doctoral research study I am conducting. If you have not had an opportunity to complete the survey and would be willing to help with this project, it would be greatly appreciated. The survey should take approximately fifteen to twenty minutes to complete. Please do not put your name on the survey or on the pre-paid return envelope provided for you.

For those of you who have already returned the survey, thank you! Participation is optional, but your responses will be very helpful in the growth of school-based family counseling programs.

Thank you for your help with this effort to serve families through the Family Counseling Program. Your time and opinions are greatly appreciated.

If you have any questions about the survey, please contact me at (954) 782-9975.

Sincerely,

Richard T. Henderson
Family Counselor, Coconut Creek Zone