EFFECTS OF THE PROBLEM-SOLVING APPROACH IN ETHICS TEACHING

by

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Abstract

While the teaching of ethics as part of professional training for counsellors has become more widespread in recent years, a review of the literature showed that there is much inconsistency across programs in whether and how ethics are taught. Course impact studies, position papers, new curricula, and surveys of student and practicing psychologists have added to the knowledge base. However, no previous work has identified and investigated the content and process of any method of teaching ethics in terms of impact on ethical decision making.

The purpose of the present study was to evaluate the effects of the "Problem Solving" in ethics teaching on the quality of ethical decision making. Fifty-nine undergraduate counselling, social work or child care students at the University of Victoria volunteered for the study and were randomly assigned to one of three experimental conditions: (a) treatment group, in which subjects received a three-hour ethical decision making workshop via the "Problem Solving" approach and then were tested with a written exercise; (b) informed-control group, in which subjects completed the written exercise with the aid of brief written instructions and the handouts from the treatment group's workshop; and

(c) uninformed-control group, in which subjects completed the written exercise unaided by handouts.

In the written exercise, subjects responded to an ethical case vignette which called for a decision and a rationale leading up to the decision. Two trained, independent raters scored the quality of each subject's ethical decision making process with the Tymchuk Rating Scale. Mean scores for all subjects were analyzed using a one-way analysis of variance and t-tests. The treatment group scored significantly higher than either control group on quality of decision making, while no significant differences were found between control groups on this variable. The data suggest that the "Problem Solving" approach in teaching ethics is an effective method of fostering quality ethical decision making, and that the workshop format is an effective way of imparting the information on this approach.

Limitations of the study were discussed and suggestions for future research were offered.

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Contents

LIST OF TABLES

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CHAPTER I

Introduction

The need for sound ethical decision making in the field of counselling has never been greater. Increased numbers of practitioners in the helping professions have been accompanied by increased client advocacy and concern for client rights. While the majority of helping professionals may continue to act ethically, many do not In recent years, the American Psychological Association's Ethics committee (1988) has been faced with a 56% increase in complaints brought against members for alleged ethical misconduct.

In the public interest and perhaps also in the interests of self-preservation, professional organizations in the counselling field have developed ethical codes or guidelines for their members. While these guidelines may be helpful, in many instances they simply cannot cover all the issues facing the professional during practice, and are at times ambiguous, inconsistent and inadequate in application.

These concerns have given rise to a growing interest in and acceptance of ethics as an important component of training for counsellors and psychologists (Eberlein, 1987), although it seems the teaching of ethics has not received as high a profile as the teaching of other aspects of counselling. The inclusion of ethics in counsellor education is meant to enable counsellors to

deal effectively with the complex issues they encounter in practice. Ethics must be taught in such a way that counsellors learn a systematic approach to thinking about ideal standards for human conduct and their application to decisions involving moral considerations (Losito, 1980).

The terms "ethics" and "ethical decision" need to be defined as used in this study. The term "ethics" refers to principles of right behaviour, especially as agreed upon by professional organizations with regard to members of those organizations (Keith-Spiegel & Koocher, 1985). The term "ethical decision" refers to a decision which is a) justifiable in light of the ethical principles of one's profession (e.g., Canadian Guidance and Counselling Association, 1981), b) a reasoned outcome of a consideration of those principles together with prevailing legal and moral standards in society, and c) a decision which could be recommendable to other professionals in similar circumstances (Haas & Malouf, 1989).

The question of whether ethics can best be taught formally or by "osmosis" (in the context of another course, or during practicum supervision) has been debated (Handelsman, 1986), but at this point the answer is not yet definitive. In their discussion of problems with theorizing on decision making in groups,

Johnson and Johnson (1987) pointed out that the long-term effects of decisions cannot be fully measured, and decision makers will not necessarily be at all times completely informed, infinitely sensitive, and always rational. The authors (1987) suggested that one way to alleviate such problems would be to study the process of decision making rather than the quality of outcome, and to specify procedures that encourage a systematic and rational approach to decision making.

Several questions are raised by the foregoing discussion

1. What is the current nature and extent of ethics education for counsellors and psychologists?
2. How do practitioners make ethical decisions when faced with a dilemma?
3. How might ethics education be improved, and how might this be demonstrated?

The next chapter is devoted to a discussion of relevant research pertaining to these questions.

CHAPTER II

Review of the Literature

This chapter reviews theoretical and empirical information pertaining to ethics education, ethical decision making and to the relationship between them. The literature review presented below is divided into four sections. The first section outlines surveys of the extent of ethics education at the graduate level and beyond. The second section examines surveys which have assessed aspects of ethical decision making among mental health professionals. The third section examines studies on the impact of formal instruction on ethical decision making. The last section reviews models of how ethics and moral reasoning can or have been taught.

Ethics Education Surveys

Tymchuk et al. (1979) surveyed chairpersons of 98 APA-approved clinical psychology graduate programs to determine attitudes towards the feasibility and necessity of ethics education, and whether and how students were being trained to recognize and face ethical issues. Of the 55 programs finally included in the survey, 37 (67%) reported offering formal courses in ethics, and sixteen programs (29%) reported including ethics on an informal basis. These findings contrasted with a survey conducted 22 years earlier (DePalma & Drake, 1956), in which only 12 of 125 American

psychology graduate schools surveyed offered formal courses in ethics.

In the Tymchuk et al. (1979) survey, both formal and informal treatments of ethics included discussion on official ethical guidelines. Formal courses met an average of two hours weekly for one school term, and included discussion of ethical standards. The following topics, in descending order of frequency, were also covered in most courses: research standards, confidentiality, right to treatment, fees, legal issues, ethical case vignettes, human rights, ethics philosophy, controversial therapies, ethics in other disciplines, and personal values.

The informal formats included discussion of ethics in various courses or during supervised clinical training. It was concluded that informal and optional treatments of ethics were insufficient for the learning and application of ethical standards and that, in light of this, most of the programs in the survey were not meeting official APA criteria for accreditation (Tymchuk et al., 1979).

Although the Tymchuk et al. (1979) survey results showed a growing consensus among clinical educators on the need for ethics to be taught, there was less consensus on how this should be done. Some of the educators surveyed advocated the incorporation of ethics

into other courses or as part of clinical supervision, while others in the survey reported lack of staffing or insufficient faculty interest to teach ethics.

A modification of the Tymchuk et al. (1979) questionnaire was used by Newmark and Hutchins (1981) in a survey of American clinical psychology programs at the internship level Out of 185 programs, only 49 (26%) offered formal, systematic, comprehensive and required courses in ethics. The remainder (74%) offered limited exposure to ethics on an informal basis, usually in the context of supervision. Aside from reporting that formal courses usually involved seminar-workshop formats, the authors did not elaborate on content or process except to mention that only two programs included a final examination as part of the evaluation of training effectiveness. Once again the conclusion drawn was that most psychologist training programs are not heeding sufficiently their mandate for instruction in professional ethics.

Canadian graduate schools offering masters and doctoral degrees in psychology were surveyed by Pettifor and Pitcher (1982). Among the topics covered were the format, extent and content of ethics education, if any, and views on the need for such education. Of the 27 schools responding to the survey, 15 (55%) reported offering formal courses in ethics, while eight (29%)

reported offering ethics informally, such as in clinical supervision. Formal courses generally were one semester in length, with weekly meetings of two or three hours. Content involved lecture and discussion on topics such as research, professional standards, therapist competency and client confidentiality Few programs reported dealing with moral values and ethical decision making in the absence of guidelines (Pettifor and Pitcher, 1982, p. 238). Just as in the Tymchuk et al. (1979) survey, reported attitudes towards ethics education showed little consensus on whether and how ethics should be taught.

Summary: In the surveys discussed above, it is demonstrated that ethics education of some kind at the graduate and postgraduate level has become more widespread over the past three decades. The surveys reveal problems such as lack of interest or consensus on whether and how to teach ethics. This situation has made it difficult to assume that all students obtain sufficient knowledge and practice in ethical decision making to prepare them for the dilemmas they will encounter in practice This issue is examined in the next section.

Ethical Decision Making Surveys

Shertzer and Morris (1972) surveyed practicing counsellors from the American Personnel and Guidance

Association. The authors' purpose was to determine whether the respondents could select ethically appropriate responses over ethically inappropriate responses to a series of ethical situations (operationally defined as ethical discrimination ability), and whether selected demographic variables were related to respondents' ethical discrimination ability. A limitation of the survey lay in the psychometric weaknesses of the test instrument. This may in part have accounted for the finding that previous ethics education (one of the demographic variables) was negatively related to ethical discrimination scores among the masters-level counsellors surveyed. And since there was also no information concerning the exact nature of previous ethics education received by respondents, it was difficult to draw conclusions from the results obtained.

Other recent surveys in the literature have attended to the extent to which practitioners make ethical decisions in similar ways. In a survey by Tymchuk et al. (1982), a two-part questionnaire containing 13 demographic inquiries and 12 ethical case vignettes keyed to APA ethical standards was developed and mailed to a large sample of APA clinical psychologists. Respondents were asked to agree or disagree with the decision given in each vignette, and to choose from a

list their criteria for what they had considered relevant in assessing the appropriateness of the decision Respondents were also permitted to offer other criteria if desired.

Despite the limitations imposed by the low response rate (23%), the findings of the Tymchuk et al. (1982) survey were noteworthy. There was strong consensus (almost unanimous agreement or disagreement, and similar criteria selected) between respondents for cases involving confidentiality, sexual exploitation and standards for growth groups, while there was weak consensus for cases involving research, test interpretation and fee structures. These differences were explained as being due to facilitation of decision making on those issues which were timely, current, in the spotlight of professional attention, and which were subject to legal or ethical standards (Tymchuk et al., 1982, p. 419). For the questions dealing with previous education in ethics, most respondents reported having received informal exposure only. While 99% of the respondents reported being familiar with official ethical guidelines, most of them believed that they needed to be more well-informed about ethical issues and ways of dealing with them. The authors (Tymchuk et al., (1982) concluded that what was needed in ethics education were decision making models that went beyond

rules for "right" and "wrong" behaviour; rather, a comprehensive range of ethical considerations needed to be incorporated into the teaching of ethics. This coincided with an earlier recommendation by Losito (1980) that "the systematic study of making adequate moral decisions should be an integral part of...professional education" (p. 43).

In an almost identical follow-up to the Tymchuk et al. (1982) survey, Tymchuk (1985b) found an even greater lack of consensus on ethical and policy issues among APA student members than he had found previously among APA professionals, as well as even less familiarity with the criteria upon which to base ethical decisions. The author repeated his call from his previous survey for research on how to most effectively prepare psychologists for ethical decision making.

Haas, Malouf and Mayerson (1985, 1986) surveyed members of the Psychotherapy division of the APA. On the questionnaire used in this study, respondents were asked to consider a series of ethical vignettes, and to endorse one of at least two potentially workable responses offered with each vignette. They were also asked to consider a list of possible reasons for the choices offered, and to give their reasons for each choice they endorsed. Each case vignette therefore presented an ethical dilemma, since more than one

possible response and rationale was feasible in each case.

Just as in the Tymchuk et al. (1982) survey, all the responses and criteria chosen by the respondents to the Haas et al (1985, 1986) survey were compared for degree of consensus, and the highest consensus was obtained for responses to high profile topics such as conflict of interest, danger to a third party, competence and confidentiality. The lowest consensus was obtained for responses to lower profile topics such as public statements and advertising.

In a further examination of the same data from this survey, Haas, Malouf and Mayerson (1988) focused on the relationship between the choices made by the respondents for each questionnaire vignette, and the reasons for those choices. Despite differences in sex, years of counselling experience, theoretical orientation, and work milieu, there were few significant differences among respondents for choices and reasons. On the variable of previous ethics education, no significant relationship was found between hours of formal ethics education and response choices or reasons, in any vignette. But the authors pointed out that formal ethics education had not been the predominant type of exposure to ethics among the respondents. They added that since it was possible that subjects chose ethical dilemmas

that are not responsive to ethics education, it was appropriate that extent of formal ethics education did not affect choices among the responses (Haas et al., 1988, p. 41).

The last survey to be considered was conducted by Pope, Tabachnick and Keith-Spiegel (1987, 1988) with 456 psychologists in the APA. The questionnaire presented 83 ethically ambiguous behaviours. Respondents were asked to what extent they engaged in the behaviours and whether or not they considered the behaviours to be ethical or to reflect good or bad practice. In addition, the questionnaire sought opinions regarding relative effectiveness of various resources in guiding and promoting ethical practice. For the psychologists surveyed, results suggested that members' behaviour was generally in harmony with their ethical beliefs, that consultation was the primary resource (ahead of ethical codes and internship training) guiding ethical practice, and that personal standards for good practice among members were stricter than members' personal standards for ethical behaviour. These findings, though presented with caution due to the small sample size in the study, raise important questions. First, why have ethical codes and ethics education taken a back seat to colleague consultation in promoting ethical practices? Second, why is poor practice apparently easier to

identify than unethical behaviour, and how are the two to be distinguished?

Summary: In light of the general state of ethics education, the wide variability in counsellor consensus on ethical issues found in field surveys (Haas et al., 1985, 1986, 1988; Shertzer & Morris, 1972; Tymchuk et al., 1982) is not surprising. Consensus on how to respond to ethical vignettes varied across studies (all other demographic variables being equal) as a function of whether the ethical issues encountered were of a high- or low-profile nature. Even counsellors who agreed on how to respond still varied widely on their reasons for choosing their responses (Haas et al., 1988). These data, as well as the suggestive results of the Pope et al (1987, 1988) survey, are less than reassuring for those seeking psychological services. It appears that the unsystematic nature of much of ethics education is matched only by the unsystematic ethical decision making processes used by practitioners. The research that has been undertaken on the impact of formal ethics education, however, is an attempt to deal with these problems. This work will be considered next.

Impact of Formal Ethics Education

There have been four studies in the literature which have attempted to assess the effects of a formal learning experience with an ethics component (Baldick,

1980, Granum & Erickson, 1976; Morrison & Teta, 1979; Paradise, 1976). It is noteworthy that no new studies examining the impact of ethics instruction have been reported since that of Baldick (1980)

Utilizing a posttest-only, control group design, Paradise (1976) found that master's level counselling students who had participated in small group discussion of general moral dilemmas (experimental condition) scored higher on a test instrument measuring ethical judgement than other counselling students who did not receive the exposure (control condition). The results supported the hypothesis that ethical judgement could be influenced by academic training. The test instrument, the Ethical Judgement Scale (Van Hoose & Goldman, 1971), has since been the focus of some debate over validity and reliability (Doromal, 1987; Post, 1989; Welfel & Lipsitz, 1984). However, the Paradise study was a significant contribution to the literature since it was the first to examine counsellor performance on an ethics-related task based on previous exposure to ethics-related discussion.

Granum and Erickson (1976) presented master's and doctoral level counselling students with a self-paced, seven-hour, independent learning module on confidentiality. A paper-and-pencil test containing 36 case vignettes measured students' retention of

confidential information presented in each vignette. Pre- and posttest change scores on the test showed that, compared with a no-treatment control group, subjects studying alone or in pairs became significantly less willing to compromise confidential information. This study contributed to the literature by showing that ethical decision making can be affected by pertinent instruction.

Morrison and Teta (1979) studied graduate students in nursing, education and social service work who were enrolled in a course in humanistic psychology. A significant component of the course was discussion of ethical conflicts in the clinical field. One of the self-report instruments used in the study was a questionnaire which presented 20 items describing situations which would cause clinicians to experience some ethical conflict, which would be indicated somewhere on a seven-point scale. Pre-test, posttest and three-month follow-up scores on this instrument showed a significant increase in ethical conflict scores among students. Students had therefore become more aware of ethical issues during the course, and were more sensitive to situations which would present an ethical dilemma.

A survey by Baldick (1980) focused directly on the efficacy of previous formal education in ethics.

Clinical psychology interns were sent the Ethical Discrimination Inventory (EDI), an instrument consisting of 12 hypothetical clinical situations containing a variety of hidden ethical issues. Respondents were asked to determine and list, in a two- to five-word phrase, as many ethical issues present in the situations as possible. After returned questionnaires were scored, results showed that subjects who had either received a formal ethics course during their training or at least five hours of ethics discussion (details of which were not provided) were able to discriminate ethical issues better on the EDI and thus scored significantly higher than subjects who had received less or no ethics instruction during training. Exposure to ethics at the graduate level apparently resulted in greater ability to discriminate ethical problems in given situations.

A limitation of the Baldick study was that there was no way to determine the nature of previous ethics instruction and, therefore, useful information which could have shed light on the results was unavailable. For example, even those intern psychologists with previous ethics coursework were able to produce on paper only 50% of the relevant ethical issues embedded in the hypothetical situations (Baldick, 1980). It would not have been possible to establish a relationship, if any, between this result and the nature of previous

coursework

Summary: The literature on the impact of formal ethics instruction is small, with various methods and subject samples among the few studies that have been undertaken (Baldick, 1980; Granum and Erickson, 1976; Morrison and Teta, 1979; Paradise, 1976). These studies showed weaknesses including lack of standardized measurement and failure to clarify the nature of ethics instruction in the independent variable. To some extent, these weaknesses made interpretation and generalization of results problematic. However, each of these studies contributed to the literature by at least attempting to account for differences in counsellor performance on ethical and moral tasks based on extent of prior academic or non-academic exposure to philosophical material. Some evidence for the efficacy of formal ethics education has indeed been demonstrated, however qualified.

In taking into account the above studies together with their strengths and limitations, any attempt to assess the impact of formal ethics education will require a model for the teaching of ethics in counsellor education, and one which must include clarification of content and process when put into practice. Several teaching models do occur in the literature, and will now be presented.

Models for teaching moral reasoning and ethics

Despite the growing consensus among researchers that theory-based moral reasoning, ethical decision making models, and values should be the foundation of ethics education for helping professionals (Eberlein, 1987), the gap between theory and practice has been bridged very slowly, as evidenced in the surveys in ethics education discussed earlier (DePalma & Drake, 1956; Newmark & Hutchins, 1981; Pettifor & Pitcher, 1982; Tymchuk et al., 1979). These surveys revealed how the informal teaching of ethics (in the context of another course or during clinical supervision) has persisted in many quarters at the graduate level of counsellor training. Handelsman (1986) has voiced serious doubts about such ethics education by "osmosis", and cautions that "the ability to generalize from one situation to others may not be adequately developed if a general conceptualization of ethical issues is not taught" (p. 371).

There have been, however, efforts to formalize the teaching of ethics. One example was a ten-week graduate seminar designed and taught by Abeles (1980). Students were presented with ethical dilemmas and selected readings. During class discussions the students were challenged on their values and beliefs in the process of dealing with the dilemmas. Lack of formal evaluation was

a drawback of this course, but there was at least some movement beyond sole reliance on ethical codes as course content.

An unusual approach was introduced by McMinn (1988), who designed a generic case-study simulation program for use with computers. When integrated into McMinn's ethics course, this tool provided students with the opportunity to select from dichotomous responses in each of two case studies, to be presented with results based on their choices, and to repeat the process through a series of text screens toward one of 16 possible case outcomes per case study. After each decision was made, the program requested the reason for the decision. Student responses were accessed afterwards for analysis in class. Following the case outcome, the program evaluated the student's decisions based on ethical guidelines which were written into the software. This software was used as a springboard for discussion on moral issues and ethical decision making (McMinn, 1988). This unusual contribution to ethics education has so far not been evaluated elsewhere in the literature.

A course designed by McGovern (1988) provided a semester-long examination of numerous issues such as moral behaviour, competence, professional relationships, critical thinking, case studies and values. All topics are structured around APA ethical principles (APA,

1981). The process of the course moved from early attention to information and content toward analysis and philosophical understanding in order to foster increasing complexity in student thinking.

A strength of this course lay in its use of evaluation. Students were subject to pre- and post-course testing and self-evaluation. They were given three essay examinations during the course, and produced five position papers on case studies for critique by instructor and peers Finally, they provided post-course evaluation of the instructor. A weakness of the course lay in the failure to provide an ethical decision making tool with which to assist students who, by the final exam, were struggling to reconcile conflicts between their own values, ethical guidelines and societal norms (McGovern, 1988).

Kitchener's (1986) proposed curriculum for ethics education is based on the following four goals: a) sensitizing students to ethical issues in the profession; b) improving ethical reasoning; c) developing moral responsibility and the ego strength to act ethically; and d) teaching tolerance of ambiguity in ethical decision making. Suggestions for achieving these goals in ethics courses include the following: a) reading and discussion of ethical codes and case vignettes; b) self-generation of ethical cases from

experience; c) study of Kitchener's (1984) model for levels of ethical decision making and ways it can be applied in specific cases; d) generating and justifying ethical decisions about specific cases; e) role playing; and f) utilizing professional resource people in seminars Although Kitchener's model is theory-based and shows much attention to content and process, no suggestions for evaluation are included.

Eberlein (1987) has incorporated the new Canadian Psychological Association ethical code (CPA, 1986) into the ethics component of the regular graduate clinical and counselling course at the University of Alberta, Canada. The ethics component relies heavily on an ethical decision making model (see Appendix E) which has been embedded in CPA code. Course content and process include the following: a) written statements outlining students' policies with clients on the issues of confidentiality, competence and informed consent; b) preparation and discussion of case dilemmas with use of the CPA code and its ethical decision making model; and c) a final exam which tests knowledge of the code and its ethical decision making model. The exam is graded on "the appropriateness of a student's choice of ethical principles and [italics added] on the quality and completeness of the rationale for the decision chosen" (Eberlein, 1987, p. 357). Throughout the course,

"critical-evaluative" moral reasoning (Kitchener, 1984) is fostered (Eberlein, 1988a). This course, with its combining of an ethical code and a decision making model, was the only one of its kind to be reported in the literature

Another feature of Eberlein's (1987) examination of the current nature of ethics education was noteworthy. Eberlein distinguished between two approaches which seemed to describe most teaching models: the "Correct Answer" approach and the "Problem Solving" approach (1987) The former was characterized by reliance on codified ethical principles and guidelines as providing solutions to ethical problems. The latter also used ethical principles but added consideration of personal values, consultation, the weighing of alternatives and the use of decision making models in the search for solutions to ethical problems.

Examples of a "Correct Answer" approach included many of the training programs surveyed by Tymchuk et al. (1979) and Pettifor and Pitcher (1982), and McMinn's (1988) ethics case-study simulation software. Examples of a "Problem Solving" approach included, to a modest degree, the learning module presented by Granum and Erikson (1976) and the course presented by Abeles (1980). McGovern's (1988) course was close to the spirit of this approach The Kitchener (1987) curriculum and

the Eberlein (1987, 1988a) course component were the most direct examples

Fine and Ulrich (1988) reported a fifteen-week formal course in ethics which integrated the perspectives of psychology and philosophy. The course was offered in small-group format to graduate clinical psychology students, and was team taught by two instructors with academic and professional backgrounds in philosophy, counselling and clinical psychology. Based on the ideas of Kitchener (1984), Eberlein (1987), Keith-Spiegel and Koocher (1985), and others, the course included didactic instruction, case presentations, discussion and student presentation of cases. Course evaluation included a mid-term exam, a written case presentation to the class by each student, and a thorough written case analysis from each student's own clinical experience. A three-month follow-up was conducted with former students who were working in clinical settings. Returned questionnaires showed that students still perceived the course as having had a strong impact on them. The authors recommended clinical supervision in practicum settings as a future part of an ethics course, as well as more attention to process in ethical decision making.

Summary: The courses and curricula presented in this section showed that the formalization of ethics

education has increased in recent years. They showed that the underlying rationale for content and process of ethics instruction has been considered, articulated and incorporated into classroom instruction. There has also been progress made in the area of formal evaluation, in keeping with the assumption that ethics is an academic subject requiring normal evaluation procedures like other subjects.

CHAPTER III

Rationale for the Study

Review of the literature has shown that, while the work on theoretical and practical aspects of ethical decision making and on teaching models in ethics gained momentum in recent years, there remained unanswered questions regarding how these areas could be integrated. There existed a need for more clarification of the content and process of ethics education, which so far had been described only in reports and position papers. Research in this area had previously attended more to length of time spent by subjects in prior ethics education than to details regarding the exact nature of such education.

Before the present study was undertaken, no research on the effects of fully clarified ethics education had yet appeared in the literature. As well, there was a need for specificity in the outlining of whatever model for teaching ethics was to be used in research. So far, however, research on the effectiveness of any such model had not yet proceeded beyond endorsements.

The purpose of the present study was to assess the effects of one model, the "Problem Solving" approach to the teaching of ethics (Eberlein, 1987), on ethical decision making The study was conducted with a modified posttest-only control-group design. Three groups of

subjects were used The treatment group received a three-hour ethical decision making workshop and a posttest which included written instructions. Two different no-treatment control groups were used, in the following manner: an information-only control group was given the posttest and written instructions; a no-information control group was given the posttest without written instructions The rationale for structuring the control groups in this way arose out of the need to separate the effects of information only (the "Problem Solving" model and ethical codes) from the method by which it was taught. Specifically, subjects in the informed control group were given their written information so as to determine whether or not the ability to make quality ethical decisions based on information only was already in their behavioural repertoire. This provided a strong test of the treatment effect. Failure to take this step would have made it difficult to make fair conclusions regarding the effects of the model being taught.

Research Question

"How is the quality of ethical decision making affected by the "Problem Solving" approach to the teaching of ethics?"

Research Hypotheses

Two research hypotheses were investigated:

1. The treatment group will have better quality decision making than will either of the control groups.
2. There will be no significant difference in quality of decision making between the control groups.

Alpha for the study was set at $p = .05$.

CHAPTER IV

Method

Subjects

The subjects were fifty-nine students enrolled in Social Work 350, Social Work 200A, Child & Youth Care 200A, Education-D 316, and Education-D 417, which are undergraduate courses in counselling, social work and/or child and youth care at the University of Victoria. Fifty-four of the subjects were female. Ages across subjects ranged from 19 to 45 years, with a mean of 28.7 years. None of the subjects had received previous formal exposure to ethics and none of the subjects were professional practitioners in social work, child and youth care, or counselling.

Teaching methodology

Since ethical decision making was regarded as a skill which could be taught as part of counsellor education, the rationale for the teaching methodology used in this study was based on surveys of the research literature for training in microcounselling skills (Baker & Daniels, 1989; Ivey & Authier, 1978). The surveys found evidence that microcounselling programs which included basic components such as supervision, modeling, verbal and/or written instruction, practice and feedback were effective in teaching complex behaviours, and that information-only teaching methods were effective in

teaching comparatively simple behaviours. These surveys provided a reasonable framework for ways in which the problem solving approach in ethical decision making could be presented and evaluated in an experimental design.

Measurement

Recent work by Tymchuk, Ouslander, Rahbar and Fitten (1988b) and Ouslander, Tymchuk, and Rahbar (1989) has seen the development of an ordinal four-point rating scale for decision making abilities. The Tymchuk Rating Scale (TRS) is presented in Appendix H. Tymchuk et al. (1988b) and Ouslander et al. (1989) reported an interrater reliability of .85 for the TRS. No further data on reliability or validity for the TRS were reported. However, the criteria used in the scale were derived in part from previous research involving the training of the mentally handicapped to make decisions (Tymchuk, 1985a; Tymchuk et al., 1988a) and from work on ethical decision making models by Tymchuk (1981; 1982; 1986). Since the criteria in the TRS directly reflect Tymchuk's ethical decision making models, it is reasonable to suggest that the scale has acceptable face and construct validity as well content validity for the present study (Cates, 1985).

Procedure

Subject recruitment was accomplished through

prearranged, in-class verbal presentations by the researcher Recruitment packages, including a Project Information Sheet, a Consent Form and a Participant Form, were distributed to all students in each class.

The Project Information Sheet was a written summary of the researcher's verbal remarks. The Consent Form, which required a signature, summarized the voluntary nature of participation in the study. The Participant form provided space in which the participant could indicate dates of his or her non-availability for participation, as well as demographic information which included age, sex, telephone numbers, previous counselling experience and previous academic or supervisory instruction in ethics. It was explained that students currently receiving or having had previous instruction in ethics were not to be included in the study, in order to partially control for individual differences in knowledge and experience.

All recruitment packages, including signed consent and demographic forms, were returned to the researcher after students were given time to consider the material. The complete recruitment package is presented in Appendix A.

In recognition of the fact that sampling was not completely random because of the specialized subject pool, the following steps were taken after a subject

list was compiled. All potential subjects were randomly assigned by coin toss to the treatment group or to one of the control groups. Each subject was contacted and offered their assigned place in the form of a location, date, and time for their ethical decision making workshop. Although some subjects had indicated on their Participant Forms that they would be unavailable on some dates, all subjects were eventually assigned to a group in such as way at to maintain an equal balance of child and youth care, social work and counselling students for each of the three groups, so that no students from any one subject area would predominate.

Treatment Group. This group was given a three-hour workshop entitled "Ethical Decision Making" The size of the group (n = 24) made the services of an assistant to the researcher advisable. A doctoral student in the Faculty of Education attended in that capacity. The researcher adopted the "Problem Solving" approach of instruction (Eberlein, 1987, 1988a). Subjects were each presented with Sections "A" and "B" of the CGCA (1981) code of ethics, as well as a copy of the CPA (1986) ethical decision making model. This model was chosen because it includes a short-term and long-term risk/benefit analysis and, unlike other models (Keith-Spiegel & Koocher, 1985; Tymchuk, 1986), adds a last step in which the decision maker assumes responsibility

for consequences of the decision (see Appendix E), which is deemed as valuable for professionals. Group and individual work included discussion of case vignettes, including practice using the steps of the CPA (1986) ethical decision making model.

In small groups, subjects were invited to share examples of ethical dilemmas from their own experience, and to discuss ways in which the CPA ethical decision making model and codes such as that of the CGCA may be used to deal with such situations. For example, if subjects identified situations where action would conflict with CGCA code provisions, or for which the CGCA code does not contain provisions, the instructor and assistant highlighted the CPA ethical decision making model as a problem solving tool for dealing with those situations.

The last task of the workshop was a written exercise containing a case vignette (see Appendix F) A complete description of the content of this workshop is presented in Appendix G.

Informed-Control Group. This group (n = 17) met a week after the treatment group, in the same classroom at the university. They began by completing the written exercise. Along with the written exercise, each subject in this group received a copy of sections "A" and "B" of the CGCA (1981) code of ethics, a copy of the CPA (1986)

ethical decision making model and the following brief written instructions:

> A resourceful way of dealing with ethical dilemmas involves the integration of one's ethical code into the broader framework of an existing decision making model. The Canadian Psychological Association ethical decision making model (1986) and a portion of the Canadian Guidance and Counselling Association ethical code (1981) is provided here. Study this material, then use it to assist you in organizing your thoughts while you work on the case vignette.

After the written exercise was completed by each subject, the group received an ethical decision making workshop identical in all other respects to that received by the treatment group. No researcher's assistant was used for this workshop.

Uninformed-Control Group. This group (n = 18) met on the same day as did the other control group, in the same classroom at the university. They began by completing the written exercise, after which they received an ethical decision making workshop identical in all other respects to that received by the other groups. No researcher's assistant was used for this workshop.

At the conclusion of the study, complete debriefing information was provided to those subjects who had added themselves to a mailing list for research results

Scoring procedure

The dependent variable in this study was the quality of the decision making process used in written answers

to the case vignette. This variable was operationally defined by scores on the TRS. The scores were awarded by two independent raters who had been trained in the use of the TRS. Rater training and scoring of the data proceeded in the following manner.

After the completed written exercises of all subjects had been collected, the case vignette written answers, or protocols, were coded for subject and group anonymity. Protocols for all subjects (N = 59) were then shuffled into a random order. After each rater had received didactic written instructions concerning the TRS and the protocols (see Appendix I), each rater then scored a small sample of the protocols. Agreement was defined as an identical score given by both raters. At the end of rater training, an interrater agreement (Pearson r) of .81 was obtained.

Next, each subject's protocol was scored by both raters. In this way each protocol received two raw scores on the TRS. A problem arose with some protocols in which a complete risk-benefit analysis was disqualified (one point awarded) when it was not followed by a decision. After consultation with the author of the scale (A.J. Tymchuk, personal communication, October 1989) it was decided to reinstate the affected protocols to their original scores, minus one point, and to reinterpret the one-point level of the

TRS. The raters were henceforth instructed to award one point on any protocol in which no effort at beginning the decision making process was attempted, and to subtract one point from full scores on protocols in which no final decision was mentioned At the end of the scoring of all protocols, and an interrater agreement (Pearson *r*) of .81 was again obtained.

Chapter V

Results

The two TRS scores for each subject's protocol were combined, and a mean score for each subject was calculated. Raw TRS scores for all subjects are presented in Appendix J. Mean TRS scores for all subjects are presented in Appendix K Means, variances and standard deviations of mean TRS scores for the three experimental conditions are presented in Table 1. A one-way ANOVA for intact data with unequal *n*'s was conducted on the mean TRS scores (see Table 2). An overall significant effect emerged: F (2, 56) = 5.52, p < .01. Since the 4:1 1 ratio between the variances across groups (see Table 1) suggested heterogeneity, Cochran's *C*-test for variance homogeneity (Cochran, 1941) was conducted. The obtained C value was 0.6819 with (3, 24) degrees of freedom. From the sampling distribution of C in Kirk (1968), the critical value of C at the .95 alpha level in this instance was $\pm$ 0.5466 Since the obtained C value exceeded the tabled value, the assumption of variance homogeneity was rejected.

Because significant variance heterogeneity was found, none of the post hoc procedures which assume equal variances were used to analyze the data in this study Howell (1985) has provided a conservative t test for comparing means which is appropriate for data with

unequal sample sizes and with a ratio of 4:1 or more between any two group variances Results of this t test on the data in this study (see Table 3) indicated significant differences between treatment and uninformed-control group means and between treatment and informed-control means. No significant difference was found between means of the control groups.

Table 1

Variability of subjects' mean scores on the TRS

Group	n	Mean	Variance	SD
Treatment	24	2.7292	.8038	.8966
Informed-controls	17	2 2353	.1911	.4372
Uninformed-controls	18	2 0833	.1837	.4287

Note. SD = standard deviation.

Table 2

Analysis of variance, subjects' mean scores on the TRS

Source	df	SS	MS	F
Between groups	2	4.86	2.43	5.52*
Within groups	56	24.67	.44	
Total	58	29.53		

* $p < .01$

Table 3

Post hoc t-test results

Comparisons	t-value	df	critical t-value
Tx -- U/C	3.09	17	± 2.11 (p = .05)
Tx -- I/C	2 33	16	± 2.12 (p = .05)
I/C -- U/C	1.04	16	± 2.12 (p = .05)

Note. Tx = Treatment group mean; U/C = Uninformed-control group mean; I/C = Informed-control group mean. Critical t values are from Table 5, Appendix D in Howell (1985)

Chapter VI

Discussion

The purpose of the present study was to evaluate the effects of the "Problem Solving" teaching approach (Eberlein, 1987) on ethical decision making. The results supported the first research hypothesis that subjects in the treatment group would show significantly better quality in their ethical decision making than subjects in both control groups. The results also supported the second research hypothesis that no significant differences would be found between both control groups in quality of decision making.

The use of two different types of control group in the study presented a vigorous test of the effects of the teaching model under investigation. When the brevity of the workshop used in the present study is considered, the strength of the observed treatment effect is notable. Moreover, the lack of effect in the Informed-control group suggests that significant quality in decision making could not be elicited by written instructions alone and that such a level of decision making was not already present in subjects' behavioural repertoire. Taken together, the results suggest that the "Problem Solving" approach in teaching ethics (Eberlein, 1987) is effective in fostering quality in ethical decision making, and that simply presenting

written instructions is not sufficient for eliciting quality decision making

Contribution to the literature

The major contribution of this study is that, for the first time, a specific model for teaching ethics was described, presented and evaluated in terms of its impact on the quality of ethical decision making.

The "Problem Solving" approach as used in this study, aside from its basis on the work of Eberlein (1987, 1988a, 1988b), also incorporated elements of other teaching models. The workshop goals were to sensitize people to ethical issues and to improve the quality of ethical decision making by using reading and discussion of ethical codes and case vignettes, self-generation of ethical dilemmas from experience, and generating and justifying ethical decisions about specific vignettes (Kitchener, 1986). Discussion of ethical dilemmas during the workshops often included an exploration of how values form the basis of codes and decision rationales (Abeles, 1980). The written exercise which all subjects completed also served to recognize the contribution made by many teaching models (Eberlein, 1987; Fine & Ulrich, 1988; Kitchener, 1986; McGovern, 1988) with regard to making student evaluation and accountability an integral part of ethics education.

Precisely because the present study was the first of

its kind in the literature, it is difficult to make direct comparisons with previous research. However, the study included some refinements and avoided some of the limitations of previous work.

One of the main refinements which the present study included over previous work (Baldick, 1980; Granum & Erickson, 1976; Morrison & Teta, 1979; Paradise, 1976) was a clear description of the content of the academic instruction used (see Appendix G).

Another refinement concerned the connection between subject matter and measurement. The group discussions in the Paradise (1976) study were on general moral issues, but his dependent measure attended to counselling issues. The present study improved on this by focusing directly on counselling issues both in the workshop and in the written exercise. Throughout, it was therefore possible for subjects to make more direct connections between their academic and personal experience.

Limitations of the study

Several limitations in the present study should be acknowledged.

First, because of the specialized nature of the sample used in this study (university students, and predominantly female), caution is needed when generalizing the findings to the population at large.

Second, the results of the study only described

immediate effects of the learning experience. Since no follow-up testing was included in the research design, long-term effects remain unknown.

Third, although the dependent measure, the TRS, was used with acceptable interrater reliability and could be argued to possess construct, face and content validity, further work is needed to establish concurrent and predictive validity (Cates, 1985) of the scale. In addition, the TRS was the only dependent measure used in the study. The identification and use of some other appropriate measure would have provided an additional safeguard against measurement error. At present, however, no other instrument is available.

Finally, it cannot be assumed that ethics education will be generalized to ethical behaviour in clinical practice (Bernard & Jara, 1986). Once the problem of how to teach effective ethical decision making is clarified, a continuing challenge is how to motivate counsellors to be consistent in translating their ethical decisions into ethical behaviour. Although the question remains an empirical one at this point, it seems reasonable to speculate that the systematic nature of the ethical decision making process used in this study might provide enough support and foster a sufficient level of accountability for ethical behaviour to follow.

Suggestions for counsellor education

Based on the literature review and on the results of the study, it is first of all recommended that the limitations of informal teaching of ethics be recognized, and that formal teaching of ethics be included in counsellor education programs. The results make it reasonable to suggest that counsellor trainees who do not receive formal exposure to ethics cannot be assumed to possess the same ethical decision making skills as would trainees who have gone through a formal ethics course in which such skills are taught. It seems also reasonable to suggest that formal courses in professional ethics be made a requirement rather than an option in graduate-level counsellor education programs, and that all such courses include the teaching of ethical decision making. The results of the study also justify the recommendation that counsellor educators consider using the "Problem Solving" teaching approach (Eberlein, 1987, 1988a, 1988b) to ethical decision making.

The workshop teaching components used in the present study (supervision, modeling, verbal and written instructions, practice, discussion and feedback) are recommended for inclusion in formal courses in professional ethics. Other components which due to time constraints could not be used in the study but which are also recommended include role playing, term papers and

written examinations Clinical supervision in practicum settings is often the only exposure to ethics obtained by many counsellors (Tymchuk et al., 1979, 1985b). Practicum supervision can more effectively be utilized by embedding it within a formal ethics course (Fine & Ulrich, 1988). By learning, discussing and practicing the "Problem Solving" approach to ethical decision making, students can be more adequately prepared for the dilemmas they will face in practicum settings and beyond

Finally, follow-up surveys on students might provide useful information regarding the lasting impact of formal ethics courses (Fine & Ulrich, 1988) and would also provide useful feedback to counsellor educators.

Suggestions for further research

It is recommended that a replication of the present study be undertaken in order to determine if the results are in fact replicable.

The duration of the teaching period might be used as a variable in future research. It would be interesting to differentially compare the effects of a three-hour workshop with a full-day workshop or with a formal course in ethics

Researchers who replicate this study may also wish to include follow-up testing to assess more long-term effects of the learning experience In so doing, they

may even wish to compare the effects of a completely different teaching model in ethics, such as the "Correct Answer" approach (Eberlein, 1987).

Future researchers should supplement the TRS with some other dependent measure which could be useful in broadening the context in which TRS scores would be interpreted, in estimating the concurrent validity of the TRS, and in providing an independent source of data with which to compare the research hypotheses. The researcher has such a measure in the planning stages.

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Appendix A

Project Information Sheet

Ethical Decision Making Workshop

I am interested in studying how to teach people to make decisions when faced with ethical dilemmas. To study this topic I am conducting a project to examine a method of teaching ethical decision making for use in graduate-level counsellor training programs in Canada. I am seeking people who would be interested in participating in a three-hour Saturday workshop at which these skills will be taught There will be a workshop on _____, with repeat workshops on _____ and _____, 1989. Participants would only attend one workshop.

If you would be interested in this training experience, please complete and hand in the attached Consent and Participant Forms. I will be contacting you within a few days to arrange with you the date of your workshop. On the day of your workshop you will also be asked to complete a brief written exercise. (Since group information--not individual information--is being studied, you would be completing the written exercise anonymously.)

For research purposes, it is important that participants not discuss their training experience or written exercise with others until after the project is completed. All information collected is confidential. Your participation in this project is completely voluntary, and you may choose to withdraw at any time.

Your participation or non-participation will have no effect on your grades. However, I hope that you will choose to participate as a way of increasing your own knowledge about how to deal with ethical situations that may come up in your professional life. After the project is completed, I would be pleased to provide you with a summary of the findings obtained, upon your request.

JOHN C. GAWTHROP
Researcher

Consent Form

Ethical Decision Making Workshop

Research Project

I, _____,

have read the attached Information Sheet and agree to participate in the project entitled "Ethical Decision Making". My participation will involve completing the Participant Form, attending a Saturday workshop on ethical decision making and completing anonymously a brief written exercise.

I understand that all information gathered will be confidential, and that after the project is completed I may have a summary of the findings upon request. I agree to refrain from discussing my training experience or written exercise with others until the conclusion of the project. I also understand that participation in the project is voluntary and that I may withdraw at any time if I change my mind.

Signed _____

Appendix B

Introductory handout for Treatment group

ETHICAL DECISION MAKING WORKSHOP

Materials

CGCA Guidelines for Ethical Behaviour
CPA ethical decision making model
Case vignette sheets
Workshop evaluation sheets
References and Suggested Reading list

9:00 Instructor introduction. Purpose and goals of workshop.

9:10 Codes of ethics: their nature and purpose: Ethical codes as tools of ethical decision making. Class time for individual review of CGCA guidelines is provided.

9:30 CPA ethical decision making model. Demonstration of the model with a sample case vignette.

9:45 Class is divided into small groups. Handout: Case vignette sheets. Each group will examine one vignette, and will use the CGCA guidelines and CPA model in dealing with the vignette.

10:15 Refreshment break.

10:30 Return to large group. Each small group will report the content of their vignette, the steps taken to reach an ethical decision therein, and the CGCA guidelines which were found to be applicable. Discussion of issues raised.

11:00 Small groups reassemble. Individuals may discuss their own examples of ethical dilemmas. CPA model and CGCA guidelines will be applied to dilemmas by small group.

11:30 Return to large group. Discussion of small group findings. Summary remarks.

12:00 Written Exercise; Handouts: Workshop evaluation sheets; References and Suggested Reading lists.

Appendix C

Introductory handout for Informed-controls

ETHICAL DECISION MAKING WORKSHOP

Materials
CGCA Guidelines for Ethical Behaviour
CPA ethical decision making model
Case vignette sheets
Workshop evaluation sheets
References and Suggested Reading list

1:30 Instructor introduction. Purpose and goals of workshop. Instructions for written exercise.

1:40 Written exercise.

2:20 Codes of ethics: their nature and purpose: Ethical codes as tools of ethical decision making. Class time for individual review of CGCA guidelines is provided.

2:30 CPA ethical decision making model. Handout: CPA ethical decision making model. Demonstration of the model with a sample case vignette.

2:45 Class is divided into small groups. Handout: Case Vignette Sheets. Each group will use one sheet, and will use the CGCA guidelines and CPA model in dealing with the vignette therein.

3:10 Refreshment break.

3:20 Return to large group. Each small group will report the content of their vignette, the steps taken to reach an ethical decision therein, and the CGCA guidelines which were found to be applicable. Discussion of issues raised.

3:45 Small groups reassemble. Individuals may discuss their own examples of ethical dilemmas. CPA model and CGCA guidelines will be applied to dilemmas by small group.

4:10 Return to large group. Discussion of small group findings Summary remarks Handouts: Workshop evaluation sheets; references and Suggested Reading lists.

Appendix D

Introductory handout for Uninformed-controls

ETHICAL DECISION MAKING WORKSHOP

Materials
CGCA Guidelines for Ethical Behaviour
CPA ethical decision making model
Case vignette sheets
Workshop evaluation sheets
References and Suggested Reading list

9:00 Instructor introduction. Purpose and goals of workshop. Instructions for written exercise.

9:10 Written exercise.

9:50 Codes of ethics: their nature and purpose: Ethical codes as tools of ethical decision making. Class time for individual review of CGCA guidelines is provided.

10:00 CPA ethical decision making model. Handout: CPA ethical decision making model. Demonstration of the model with a sample case vignette.

10:15 Class is divided into small groups. Handout: Case Vignette Sheets. Each group will use one sheet, and will use the CGCA guidelines and CPA model in dealing with the vignette therein.

10:40 Refreshment break.

10:55 Return to large group. Each small group will report the content of their vignette, the steps taken to reach an ethical decision therein, and the CGCA guidelines which were found to be applicable. Discussion of issues raised.

11:20 Small groups reassemble. Individuals may discuss their own examples of ethical dilemmas. CPA model and CGCA guidelines will be applied to dilemmas by small group.

11:45 Return to large group. Discussion of small group findings. Summary remarks Handouts: Workshop evaluation sheets; references and Suggested Reading lists.

Appendix E

Ethical Decision Making Model

1. Identification of ethically relevant issues and practices.

2. Development of alternative courses of action.

3. Analysis of likely short-term, ongoing, and long-term risks and benefits of each course of action on the individual(s)/group(s) involved or likely to be affected (e.g., client, client's family or employees, employing institution, society, self).

4. Choice of course of action after conscientious application of existing principles, values and standards.

5. Action, with a commitment to assume responsibility for the consequences of the action.

6. Evaluation of the course of action.

7. Assumption of responsibility for consequences of action, including correction of negative consequences if any, or re-engaging in decision-making process if ethical issue is not resolved.

Source:

Canadian Psychological Association, Committee on Ethics. (1986). Code of Ethics Highlights, 8(1), 6E-12E.

Appendix F

Written exercise

CASE VIGNETTE

Please take the role of a counsellor and imagine yourself being in the situation presented in the case vignette below We would like you to share with us what you think you would do, and to explain your decision as fully as you can. This is our way of learning what you thought about the situation and how you would make your decision if you were the counsellor.

> Theresa is a licensed counsellor working for a school district. She is expected to devote most of her time to dealing with children who are habitually disruptive in class. Although she knew her job description before she accepted the position, she now feels that her talents could be put to better use if she were allowed to do intensive counselling with families as units. Family resources in the community are scarce, and the families she deals with cannot afford private treatment. Although Theresa has the training to do the type of family counselling that she thinks is sorely needed, her school administrator makes it clear that any kind of therapy is outside the province of the school's responsibility. Theresa is told to confine herself to working with disruptive children, processing client forms and writing reports.

If you were in Theresa's position, what do you think you would do, and why? In your explanation, include whatever you thought was important to consider.

Appendix G

Ethical Decision Making Workshop: Content

Introduction: After housekeeping items (and written exercise, controls only) researcher introduced self, background, own interest in ethics. Introduction of workshop assistant, if applicable. Review of Workshop Schedule handout. The researcher introduced the following definitions

1. Ethics. Principles of right behaviour, especially as agreed upon by professional organizations with regard to members of those organizations.

2 Ethical Codes· The documented, formalized consensus of the ethical principles of professional organizations, as articulated and set down by governing bodies within those organizations.

The following was presented on a blackboard or overhead projector, and included researcher comments, examples, and responses to participant questions:

ETHICAL CODES

Most codes of ethics cover similar topics, which include.

1. Promoting welfare of the consumer
2. Maintaining competence
3. Protecting confidentiality
4. Acting responsibly
5. Avoiding exploitation
6. Upholding the integrity of the profession

Most codes are conservative by nature, developed to protect the profession from outside regulation.

3 CORNERSTONES OF ANY ETHICAL CODE

competence
confidentiality
informed consent

LIMITATIONS OF CODES

sometimes difficult to enforce
internal inconsistencies

Ethical dilemmas:

conflict with institutional policies
conflict with practitioner values
conflict with existing legislation
conflict with other codes
conflict with case circumstances
more general than we would like
reactive instead of preventative

CGCA Guidelines Review. Participants were given five minutes to review the two-page CGCA code.

CPA ethical decision making model. The researcher distributed the following handout, with source cited:

Ethical Decision Making Model

1. Identification of ethically relevant issues and practices.

2. Development of alternative courses of action.

3. Analysis of likely short-term, ongoing, and long-term risks and benefits of each course of action on the individual(s)/group(s) involved or likely to be affected (e g., client, client's family or employees, employing institution, society, self).

4. Choice of course of action after conscientious application of existing principles, values and standards.

5. Action, with a commitment to assume responsibility for the consequences of the action.

6 Evaluation of the course of action.

7. Assumption of responsibility for consequences of action, including correction of negative consequences if any, or re-engaging in decision-making process if ethical issue is not resolved.

The researcher introduced the CPA ethical decision

making model as being the first one of its kind to be included in an ethical code. In addition, this model was presented as being the first to include an accountability step (Step 7). Participants were given a few moments to study the model, after which the researcher demonstrated use of the model by presenting the following case vignette (Corey et al., 1988, p. 187):

> You're a student counsellor. For your practicum you're working with college students on campus. Your practicum group meets with a supervisor each week to discuss your cases. One day, while you are having lunch in the campus cafeteria with three other practicum students, they begin to discuss their cases in detail, even mentioning names of clients They joke about some of the clients they're seeing, while nearby are other students who may be able to overhear this conversation. What would you do in this situation?

The researcher led the participants through the steps of the CPA model. Pertinent CGCA guidelines were identified (guidelines A-3/A-4, A-8; A-9; B-2). Participants were then encouraged to brainstorm alternative actions, all of which were recorded on a blackboard. The researcher had participants weigh these alternatives in terms of their risks and benefits for the parties involved in the vignette. This also was recorded on the blackboard. The remaining steps were discussed verbally, with stress being put on the final step of the model. The following example is verbatim from the workshop:

"The last step means that, once you have acted, you do not then wash your hands of the matter and leave the consequences for someone else to deal with. You remain accountable, <u>within reason</u>, for the actions you have endorsed and/or taken."

The vignette was not "solved", in favour of pointing out how the CPA model was to be used

<u>Mnemonic aid</u>

The researcher presented a mnemonic aid to assist in retention of all seven steps of the CPA model. The themes of each step were identified on the blackboard as follows:

1. Ethical codes
2 Alternatives
3. Weighing
4 Choosing
5. Action
6. Evaluation
7. Responsibility

An acronym was assembled from the first letters of each step

E-A-W-C-A-E-R

The acronym was then given the following meanings:

Every **A**ction **W**ill **C**ause **A**n **E**qual **R**eaction

or

Each **A**pple **W**as **C**lean **A**fter **E**ach **R**ubbing

Participants were encouraged, if they wished to utilize this mnemonic aid, to either adopt one of these meanings or to assign their own to the acronym.

Small Group exercise Participants were then asked to divide into groups of five in order to consider case vignettes, and to use the CGCA code and CPA model to determine how to deal with the vignettes. Case vignette sheets were given to each group, with enough copies for each member to refer to. Based on five groups, the vignettes were

VIGNETTE #1

A counsellor, at a school staff meeting, requests that staff members co-operate with counsellors in maintaining confidentiality. She has previously discussed the need for such action with the guidance head who agreed that the need for such action existed. The guidance head, however, does not support the counsellor at the staff meeting for fear of alienating some staff members.

VIGNETTE #2

Many of the students on your counselling caseload at the high school have severe drug or family problems. With many of them, it was painstaking work getting this material out into the open, in individual sessions. Now your Principal has suggested that a teen group be set up

in the school after Christmas, on a one-month trial basis. Also he asked you to lead it. Many of the prospective group members he has in mind are some of the more troubled students already on your caseload. He wants an answer on his desk by Monday.

VIGNETTE #3

A student is being "picked on" by other students and consults his counsellor for assistance. She assures the student that she will help eliminate the problem although she does not indicate how she plans to do so. She sees the vice-principal, who calls the offending students to his office. Harassment increases off school grounds. The student does not return to the counsellor

VIGNETTE #4

You are an experienced counsellor in the corrections field, and are looking for work You are offered the following job, which carries a good salary and benefits:

" You will be working with adult inmates from a federal prison You will facilitate a self-help group inside prison, for the inmates. The group will deal with practical matters regarding addictions, life on parole, life skills, and personal concerns. You will also be a combination of counsellor and house supervisor at the half-way house to which many of the inmates from your group will be paroled. You will write daily and monthly reports about the parolees--reports that will be subject to the scrutiny of the National Parole Service. Parolees will be required to attend one-to-one counselling sessions with you as a condition of their parole."

VIGNETTE #5

Six months after you obtained a Ph.D. and entered private practice you conducted a weekend marathon therapy session which was attended by a Ms. Pinstripe, the president of a large business firm. She was so energized and enthusiastic about the personal insights she acquired in your group that she offered to hire you to conduct another marathon, this time for her executive staff, all of whom would be required to attend.

(The first two vignettes were taken from the CGCA Casebook (Kelly, 1988); the last two vignettes were compiled by the researcher.)

The researcher and the assistant (if included) divided

their time between the groups, providing focus, direction and clarification for the participants in order that the small groups remained on task.

- Refreshment Break -

Large Group Debriefing. After the participants reassembled as a large group, the researcher asked for a report on how each small group reached their decision with their vignette. The researcher included the following questions:

1. How did having access to both the CGCA code and the CPA model affect your decision making in this vignette?

2. Had the CPA model not been available to you, what would the experience have been like?

These questions reinforced the importance of the accountability dimension of ethical decision making, and placed ethical guidelines in perspective as being only one component in an ethical problem solving process.

Small Group Exercise. The researcher then asked the participants to reassemble in their small groups, and to do one of the following:

1. Discuss actual examples of ethical dilemmas which have been encountered personally.

2. Discuss hypothetical ethical dilemmas.

3. Discuss the case vignette previously used by the group.

As a precaution for participants who freely chose Option #1, the attention of the class was first drawn to CGCA Guidelines B-1, B-2, B-4, B-9 and B-10.

Participants were asked to include the CGCA guidelines and the CPA model in their discussion This time, the researcher and the assistant did not assist the small groups, in order that the discussions therein would remain private.

Large Group Debriefing. The researcher again asked for a report on what transpired in the small groups, without asking for details on the content of the dilemmas discussed. The researcher explored with people their

feelings about the exercise, and cited the utility of having both an ethical code and a decision making model in dealing with any real situations which had been discussed.

Summary Remarks. These remarks arose partly out of the content of the workshop up to this point, and partly out of the issues and learnings reported by the participants. The researcher reiterated the importance of accountability in ethical decision making, and reminded participants that the CPA model, as a generic tool, could be used to augment any ethical code. Participants were encouraged to use the CPA model "generically" in their chosen fields, no matter what ethical codes they adhered to.

(Written exercise, treatment group only)

Take-home Workshop evaluation sheets (to be filled out and returned to the researcher) were handed out as participants left, together with the following material which the researcher considered useful for follow-up study:

Workshop Resource References

Canadian Guidance and Counselling Association, Board of Directors. (1981). Guidelines for Ethical Behaviour Ottawa, Ontario: CGCA.

Kelly, M. (Ed.). (1988). An ethical standards casebook Canadian Guidance and Counselling Association. Scarborough, Ontario: Nelson Canada.

Suggested Reading

Keith-Spiegel, P., & Koocher, G. P. (1985). Ethics in Psychology: Professional standards and cases. New York: Random House

Rhodes, M. (1986). Ethical dilemmas in social work practice. Boston: Routledge & Kegan Paul.

Tennyson, W., & Strom, S. (1986). Beyond professional standards· developing responsibleness. Journal of Counseling and Development, 64(5), 298-302.

Appendix H

TYMCHUK RATING SCALE FOR DECISION MAKING

1 point: Not being able to make a decision or show a preference.

2 points Being able to express a preference or choice, but not one that would be based on a logical rationale or consideration of the outcomes of the decision.

3 points Being able to express a preference or choice that WOULD be based on a reasonable weighing of risks and benefits, but not all potential outcomes considered

4 points Being able to express a preference or choice that would be based on a reasonable weighing of risks and benefits and a consideration of all potential outcomes.

Appendix I

Instructions to raters

1. Subjects in this study completed a written exercise in which they responded to a case vignette. Please read the vignette and familiarize yourself with the Tymchuk rating scale.

2. You will be reading the written answers, or protocols, of all 59 subjects. Compare the decision making process in each protocol to the criteria on the Tymchuk scale. For each subject, award the criteria score which you think reflects the quality of the decision making process you have just read.

3. Award one point to protocols in which no beginning at the decision making process has been attempted. Award two, three or four points where justified by the scale. Deduct one point from these higher scores on any protocol in which no final decision was mentioned.

4 Each protocol has been assigned a code. Please record the score for each protocol beside the appropriate code on the rating sheet provided.

Appendix J

Subjects' raw scores on the TRS

Rater # 1			Rater # 2		
Tx	U/C	I/C	Tx	U/C	I/C
2	2	3	2	2	3
4	1	2	3	2	2
2	2	2	2	2	2
2	2	2	2	2	2
2	2	2	2	3	2
2	2	4	3	2	3
1	3	2	1	3	2
2	2	2	2	2	2
3	2	2	3	2	2
4	2	2	4	2	2
3	3	3	3	3	2
4	2	3	3	2	2
3	2	2	2	2	2
2	1	2	2	2	2
1	2	2	2	2	3
2	2	2	2	2	2
2	1	2	2	2	2
3	2		3	3	
3			3		
3			3		
4			4		
4			4		
4			4		
4			4		

Note. Tx = Treatment group; U/C = Uninformed-controls; I/C = Informed-controls.

Appendix K

Subjects' mean scores on the TRS

Subject#	Tx	U/C	I/C
1	2	2	3
2	3.5	1.5	2
3	2	2	2
4	2	2	2
5	2	2.5	2
6	2.5	2	3.5
7	1	3	2
8	2	2	2
9	3	2	2
10	4	2	2
11	3	3	2.5
12	3.5	2	2.5
13	2.5	2	2
14	2	1.5	2
15	1.5	2	2.5
16	2	2	2
17	2	1.5	2
18	3	2.5	
19	3		
20	3		
21	4		
22	4		
23	4		
24	4		

Note. Tx = Treatment group; U/C = Uninformed-controls, I/C = Informed-controls.

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Title of Thesis:

Effects of the Problem-Solving Approach in Ethics Teaching

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