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# The Relationships Among School Counselors' Multicultural Competence, Demographic Data And Ethical Decision-Making

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**THE RELATIONSHIPS AMONG SCHOOL COUNSELORS' MULTICULTURAL  
COMPETENCE, DEMOGRAPHIC DATA AND ETHICAL DECISION-MAKING**

by

**LAURA A. STRONG**

**DISSERTATION**

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

DOCTOR OF PHILOSOPHY

2010

MAJOR: COUNSELING

Approved by:

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Advisor

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Date

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## DEDICATION

This work is dedicated to my mother and father; you have been the primary source of my inspiration that has led me to where I am with my education and in my life.

This is also dedicated to my supportive husband. Chris, thank you for your patience, understanding, encouragement and sense of humor throughout this process.

Lastly, this is dedicated to my cherished nephew and niece, Zander and Ella. I hope you are always inspired to pursue your dreams.

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## CHAPTER 1 – INTRODUCTION

The ethical standard relating to confidentiality was examined in the milestone decision of *Tarasoff v. Regents of the University of California*, 17 Cal. 3d 425, 551 P.2d 334, 131 Cal. Rptr. 1 (Cal. 1976). In this case, a counselor learned from a client about a potential murder and the counselor did not advise the murder victim of possible danger (Kottler and Brown, 2000). Kottler and Brown (2000) stated the court found the counselor liable to pay damages to the victim's parents; while this decision was overturned, it still brought significant notice to the limits of confidentiality (p.360). According to Nugent and Jones (2009) when a client states that he or she has an impending plan to cause harm to a person, a counselor must do whatever is essential to stop it from happening.

Kottler and Brown (2000) stated, "Ethical dilemmas do arise because of a conflict between what is best for the client and what is best for other people" (p.360). According to the American Counseling Association (ACA) Code of Ethics (2005), Section B(2)(a), counselors have an ethical obligation to maintain confidentiality except when breaking that confidential agreement may protect the client or another person from serious or foreseeable harm (p.7). According to the American School Counselor Association (ASCA) Ethical Guidelines (2004) Section A(2)(b), a professional school counselor has a requirement to prevent harm to a student or other person, despite the obligation of confidentiality. The American School Counselor Association's Ethical Guidelines (2004) recommends consulting with another professional counselor when uncertain.

The American School Counselor Association published a position statement (adopted 1988; revised 1993, 1999, 2004, 2009) regarding professional school



counselors and cultural diversity, which states, “Professional school counselors promote academic, career, and personal/social success for all students. Professional school counselors collaborate with stakeholders to create a school and community climate that embraces cultural diversity and helps remove barriers that impede student success” (American School Counselor Association, 2009a). Further, “It is clear to us that the need for multiculturalism in the counseling profession is urgent and necessary for ethical practice, an integral part of our professional work” (Sue, Arredondo and McDavis, 1992, p.480). Consequently, it is expected that school counselors have a strong ethical decision-making ability and have a high level of multicultural competence. Working with adolescents requires a high moral standard.

The role of a counselor is one that is diverse and abstract; counseling is an art form (Gladding, 1992). “It [counseling] is like art in its emphasis on creativity, structure, uniqueness, enactment, and originality” (Gladding, 1992, p.2). In order to give the profession a solid foundation, ethical guidelines have been established. It has been determined, through legal precedents, that school counselors who align themselves with the ethical guidelines available and “act as a reasonable counselor” (Remley and Herlihy, 2001) that he or she would be less likely to be defeated in a malpractice court case (Remley and Herlihy, 2001). Those individuals who have selected school counseling as a career should familiarize themselves with the ethical guidelines available to them; this will enable them to make decisions, which are ethical (Remley and Huey, 2002). When making ethical decisions, professional school counselors should continually utilize the ASCA Ethical Guidelines, put into practice an ethical decision-making model, consult, and always have solid relationships with students,

parents and faculty (Bodenhorn, 2006, p.202). Both the American School Counselor Association and the American Counseling Association provide ethical standards which professional counselors are expected to follow (Appendix A and Appendix B).

Ethical decisions that school counselors are faced with on a daily basis can be open to many interpretations. A school counselor is faced with ethical paradigms due to the nature of his or her position; school counselors' clients are students (Glosoff and Pate, 2002, p.20) whom often bring to the surface issues related to violence, safety, and confidentiality. These ethical issues often leave a great level of professional discretion with school counselors for daily implementation. School counselors should be aware that "Clients' rights are endangered when counselors lack the knowledge and skills necessary to work with a specific population" (Pedersen, Draguns, Lonner and Trimble, 1996, p.56-57).

One might say every counseling experience is culturally diverse; competent counselors consider all cultural, traditional, familial and ethnic factors that make up each individual client. "Ethics and culture are ingrained in every facet of the work professional counselors do" (Pack-Brown, Thomas, and Seymor, 2008, p.297). According to Sadeghi, Fischer, and House (2003), "If counselors lack sufficient training in multicultural counseling it is likely that they also lack the skills to deal with ethical issues presented by clients with multicultural backgrounds" (p.179). Pedersen (1997) stated that there is a lack of preparation for most counselors, as far as interpretation of the ethical guidelines, particularly when dealing with ethnic minority groups. Pedersen, et.al. (1996) stated that before a counselor decides to work with a client he or she should examine all unique facts of the client's background and context.

A counselor may infringe on a client's rights if he or she does not have the appropriate training and skills to counsel a culturally diverse client (Pedersen, et.al., 1996, p.56-57). For example, when cultural barriers exist in the counselor-client relationship, a client may not fully understand his or her rights about entering, continuing or terminating treatment (Pedersen, et.al., 1996, p.56-57). Additionally, since some cultures place a high value on family relationships and public perception, "The potential outcomes of treatment for the client, the client's family, and the client's community should also be explored" (Pedersen, et.al., 1996, p.57).

Counselor educators should develop counselor-training programs that are ethnically varied; in order to do so, they, "...must define cultural competence, examine and use pedagogical models of diversity education and research the effectiveness of multicultural counselor education programs" (Henriksen and Trusty, 2005, para. 9). Henriksen and Truly (2005) indicated the result of this educational contribution, could be to create counselors who are useful representatives for cultural fairness.

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2009) maintains the importance of diversity in its counselor education program standards. "CACREP standards were designed to ensure that diversity would not be limited to one course but, instead, should be infused throughout counselor education programs" (Henriksen and Trusty, 2005, para. 8). Henriksen and Trusty (2005) indicated the goal of this standard is that counselors will be able to recognize their own ideals and also discover values of culturally diverse clients.

The ethical decision-making ability of school counselors had not been examined in relation to multicultural competence. This research assessed school counselors'

ethical decision-making ability utilizing The Ethical Decision-Making Scale Revised (EDMS-R©) that was revised in 2004 by Richard S. Paritzky, PhD and Roxane Dufrene, PhD (adapted from James Rest's Defining Issues Test ©, 1979, All Rights Reserved). Participants multicultural competence level was measured by the use of The Multicultural Counseling Competence and Training Survey-Revised, School Counselor Version (MCCTS-R©) that was revised in 2005 by Cheryl Holcomb-McCoy, PhD. Although there is research available examining the various ethical issues facing school counselors, there has not been research examining the relationships between school counselors' multicultural competence, demographic data and ethical decision-making ability.

It has been predicted that the United States would have a cultural and ethnic equilibrium by the end of the century (Schmidt, 2003; Ibrahim, 1991; Lee, 1995). It should be noted, "However, if these predictions come true and schools eventually reflect this balance, we can be assured that cultural diversity will become the norm" (Schmidt, 2003, p.299). Schmidt (2003) explains that school counselors should address multiculturalism when providing services to students, parents and teachers (p.299). Hobson and Kanitz (1996) found that despite the lack of multicultural counseling training that exists, "...it is clear that school counselors will be faced with rising demands to counsel culturally diverse students as our society becomes increasingly pluralistic" (Hobson and Kanitz, 1996, p.253). According to American School Counseling Association Ethical Code (2004), Section E(2)(d), it is the ethical responsibility of a professional school counselor to seek out the education and training to develop an understanding and the ability to be most effective when working with diverse

populations (American School Counselor Association, 2004, p.4). Hobson and Kanitz (1996) concluded that school counselors have a responsibility to obtain multicultural counseling training through additional graduate coursework or continuing education (p.253).

One of the main tasks of a professional school counselor is to be certain that "...counseling services and the educational program of the school consider the total development of every student, including educational, vocational, personal, and social development" (Schmidt, 2003, p.271). Schmidt (2003) states that counselors should support each student's diversity by assisting them to learn what will promote their educational advancement and at the same time maintain respect for their cultural traditions and values. "A key person in the school to help facilitate positive interactions between diverse students, parents and faculty is the school counselor" (Uehara, 2005, p.46). This is significant because it was predicted that 40% of the students in schools would be from culturally diverse backgrounds (Hobson and Kanitz, 1996, p.245; Lee, 1991). Based on the Lee (1991) prediction, school counselors should not anticipate performing school counselor's duties without connecting with culturally diverse students (Hobson and Kanitz, 1996).

There are many things school counselors should do in order to accommodate their approach when working with culturally diverse students. Those guidelines are set forth in the American School Counselor Association Ethical Standards (2004). It was stated that "...school counselors are ethically obligated to resolve the dilemma by pursuing additional training to develop multicultural competences to ensure appropriate services for all students" (Hobson and Kanitz, 1996, p.246). School counselors may

unknowingly be treating students in a culturally inconsiderate way; this is a result of using traditional theories and techniques with students from ethnically diverse backgrounds (Hobson and Kanitz, 1996, p.249). Houser, Wilczenski, and Ham (2006) affirmed as Chi-Ying Chung and Bemak (2002) stated, “One major problem in working across cultures is the tendency for counselors to impose their cultural values on clients, which may occur in a conscious or unconscious level” (p.159).

### **Ethical Standards**

The American School Counseling Association developed Ethical Standards for School Counselors that were adopted by the ASCA Delegate Assembly, March 19, 1984, revised March 27, 1992, June 25, 1998, and June 26, 2004. According to American School Counselor Association (2004), the Ethical Guidelines provide professional standards for school counselors to utilize. ASCA strives to provide its members with tools to, “...maintain the high standards of integrity, leadership and professionalism among its members” (American School Counselor Association, 2004). The American School Counselor Association (2004) Ethical Guidelines should serve as direction for its members to conduct themselves in a professional and ethical manner.

Within The American School Counseling Association’s Ethical Guidelines (2004), there is a specific section that addresses diversity when working in the capacity as a school counselor. Section E2, titled Diversity, states that a professional school counselor:

- a. Affirms the diversity of students, staff and families.
- b. Expands and develops awareness of his/her own attitudes and beliefs affecting cultural values and biases and strives to attain cultural competence.

c. Possesses knowledge and understanding about how oppression, racism, discrimination and stereotyping affects her/him personally and professionally.

d. Acquires educational, consultation and training experiences to improve awareness, knowledge, skills and effectiveness in working with diverse populations: ethnic/racial status, age, economic status, special needs, ESL or ELL, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity and appearance. (American School Counseling Association, 2004, p.4)

The American Counseling Association also provides a set of guidelines to assist professional counselors in their work with clients. The ACA Code of Ethics (2005) is designed to provide standards for various situations that may arise. Counselors can consult the ACA Code of Ethics in order to ensure they are making the best ethical decision when working with a client. According to the ACA Code of Ethics (2005) there are considerations provided throughout to address multicultural/diversity issues in all areas of counseling (Appendix B).

### **Statement of the Problem**

It is rare to find clear and concise responses to the ethical dilemmas that face school counselors (Remley and Huey, 2002). Lambie (2005) concurs, "Rarely do ethical dilemmas confronting professional school counselors involve definitive 'correct' or 'incorrect' choices" (p.249). While school counselors have two sets of ethical standards to guide them (designed by ASCA and ACA), there are still vague elements that exist for daily decisions. Therefore, by the very nature of ethical issues, there are less often clear answers to the dilemmas (Remley and Huey, 2002). The purpose of this research was to gain an understanding of the relationships among school counselors' multicultural competence, demographic data and their ethical decision-

making. This research study examines demographic variables and multicultural competence as they relate to school counselors' ethical decision-making abilities.

Bodenhorn (2006) conducted a study that was designed to bridge the gap in the literature regarding ethical quandaries faced by professional school counselors. Bodenhorn (2006) found that no matter what level (elementary, middle or high) a school counselor works at, there are commonalities that exist among the ethical challenges faced. In addition, school counselors' clients are students who are minors; this in itself can cause ethical dilemmas to arise each day.

### **Research Questions/Hypotheses**

The following research questions were examined:

(1) Does school counselors' reported level of multicultural competence (terminology, knowledge and awareness) significantly predict their ethical decision-making ability?

(2) Does school counselors' demographic background including, age, gender, years of experience, ethnicity, education level, region in the United States in which participant is licensed and practices as a school counselor, whether participant took a course in multicultural counseling, whether participant took a course in ethics significantly predict their ethical decision-making ability?

This research examined the following hypotheses:

(1) School counselors' self-reported level of multicultural competence (terminology, knowledge and awareness) significantly predicts their ethical decision-making ability.

(2) School counselors' demographic data (age, gender, years of experience,



ethnicity, education level, region within the U.S. in which participant is licensed and practices as a school counselor, and whether participant took a course in multicultural counseling or ethics) significantly predict their ethical decision-making ability.

### **Assumptions**

Based on the review of the literature, it is implicit that all school counselors have the best interest of the safety, welfare and well being of all students in mind throughout the course of their job duties. It was assumed that both of the instruments utilized for this study are accurate measures of school counselors' multicultural competence and ethical decision-making ability. Additionally, it was assumed that the random sample of ACA members is an accurate population sample to measure overall school counselor knowledge.

### **Limitations**

The sample of participants (N=160) for this study was taken from a population (N=1,752) of the American Counseling Association members who identified themselves as school counselors. It is important to note that all school counselors are not required to be a member of the American Counseling Association. It is possible that school counselors who are members of ACA have a higher level of reported multicultural competence and have a higher level of ethical decision-making abilities than non-ACA members or vice versa.

Currently, licensure requirements for counselors vary from state to state (Kennedy, 2006); it is left up to each individual state to design and implement its own rules for licensure. The American School Counseling Association (2009b) provides a breakdown of the varied requirements, by state, for school counselors. Since course

requirements (including coursework requirements in multicultural counseling and ethics) are varied, it is important to note that Holcomb-McCoy (2005) surveyed school counselors and found their perceived multicultural counseling competence varied considerably depending on whether the participant had completed a basic multicultural counseling course (Holcomb-McCoy, 2005, p.414). It is suggested that school counselors may have different levels of multicultural competence and ethical decision-making ability based on the licensing criteria for a particular state or region in which they live.

The age, gender, ethnicity, region in the U.S. in which participant is licensed and practices as a school counselor and/or the number of years of experience as a school counselor may influence his or her ethical decision-making ability. Whether a participant took a course in multicultural counseling and ethics could impact his or her ethical decision-making ability. In addition, a school counselor's perceived level of multicultural competence may influence his or her ethical decision-making ability.

### **Definitions of Terms**

For purpose of this study, it is necessary to define the following terms:

1. *School Counselor*. The sample for this study was taken from a population of school counselors who work in K-12 public and private education institutions who are members of the American Counseling Association. All participants are members of ACA, which is a voluntary professional organization for counselors; participants in this study reported to ACA that they are school counselors. In addition to K-12 public and private school counselors, ACA also has school counselor members who work in higher education; for purposes of this study, those members were excluded.

2. Multicultural Diversity Competence. According to ACA, “a capacity whereby knowledge of self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups” (American Counseling Association, 2005, p.20).

## **CHAPTER 2 – LITERATURE REVIEW**

The purpose of this research was to investigate the relationships among multicultural competence, demographic and ethical decision-making ability among school counselors within the United States.

Remley and Huey (2002) developed a quiz examining ethical dilemmas commonly facing school counselors. Remley and Huey (2002) stated there are four professional organizations in which school counselors adhere to the standards: the American Counseling Association, the American School Counselor Association, the National Board of Certified Counselors (NBCC), and State Licensure Boards (Remley and Huey, 2002, p.3-4). The profession of counseling can be viewed as fragmented since there are licensures, certifications and governing bodies which vary from state to state (Kottler and Brown, 2000). The twenty-question quiz developed by Remley and Huey (2002) was designed so that school counselors could examine their own knowledge and understanding of ethical decisions. Remley and Huey (2002) also provide detailed responses to each of the twenty dilemmas along with the corresponding ethical standard.

### **Ethical Dilemmas and School Counselors**

Every day, school counselors face ethical dilemmas when interacting with students. According to Bodenhorn (2006), some of the most frequently seen dilemmas are issues involving student confidentiality, parent rights and students presenting as a danger to themselves or others. Bondehorn (2006) emphasizes that the expectation is professional counselors will adhere to ethical standards set forth by professional organizations.

## Confidentiality & Parents' Rights

Professional counselors make a commitment to confidentiality when working with clients (American Counseling Association, 2005; American School Counseling Association, 2004). Professional school counselors face a unique dilemma when adhering to confidentiality. They have an obligation to the client (student), who is under the legal age to maintain a counselor-client relationship. School counselors' should, "...apply basic moral principles when counseling children and adolescents. However, they must apply these principles in developmentally appropriate ways and attempt to honor the rights of children and adolescents to make decisions while appropriately including their parents and school personnel" (Glosoff and Pate, 2002, p.22).

The professional school counselor has an obligation to inform the student's parent/guardian of certain confidential information. According to Glosoff and Pate (2002), "Informed consent is both a legal and ethical principle requiring school counselors to adequately disclose to clients potential risks, benefits and alternatives to proposed counseling" (p.21). Glosoff and Pate (2002) indicate that minors are not able to legally give their informed consent; only the parent or guardian is able to do so.

According to Bodenhorn (2006), confidentiality has been the focus of many published articles that address the issue of school counselor ethics. The Isaacs and Stone (1999) study reflected that many factors go into a school counselor's decision on how to deal with confidentiality. Some of those factors are the maturity of students, legal precedents, and the varying roles of a school counselor (Isaacs and Stone, 1999). Isaacs and Stone (1999) indicate there is a delicate equilibrium that exists between student confidentiality and parental rights.

There are certain situations when the confidentiality between a school counselor and a student is no longer valid. Information provided to school counselors from students should be confidential, with the following exceptions, “(a) the client is a danger to self or others; (b) the client or parent requests the information be relayed to a third party; or (c) a court orders a counselor to disclose information” (Huey and Remley, 1988, p.65).

### **Violence in School**

School counselors are faced with a quandary when considering the issue of violence and school safety. School counselors have a duty to prevent acts of school violence they become aware of, but also have a responsibility to protect the welfare of the potential perpetrator of school violence (Hermann, 2002). School counselors have not yet been found accountable for school violence, although they do remain exposed, due to their responsibility in assessing students as potentially harmful to themselves or others (Hermann, 2002).

### **Abuse or Neglect**

School counselors play a significant role in protecting students from abuse or neglect through reporting concerns to the state authorities. Situations can present ethical (or sometimes legal) dilemmas for school counselors in determining what and when to report. Each state has its own laws regarding the protecting of minors; school counselors have a legal obligation to be aware of and follow all laws. School counselors often encounter students who reflect or report they have been victims of abuse or neglect (Lambie, 2005).

### **Student Reports Potential Harm to Self**

Students may present themselves to a school counselor expressing the desire to commit self-harm. This expression to commit self-harm may be suggested through various means, like expressed suicide ideation, mention of self-mutilation or through the reported use of illegal substances. Froeschle and Moyer (2004) examined challenges that face school counselors when students report self-mutilating behaviors; school counselors need to assess the choice to break the agreement of confidentiality with the student (Bodenhorn, 2006). It is a necessity to report suicide ideation, which is an expression of self-harm, to parents; thereby again, breaking confidentiality (Capuzzi, 2002).

### **Student Assessments**

According to Section (A)(9)(f) of the American School Counselor Association Ethical Guidelines (2004), school counselors have an obligation to employ discretion when using assessments. School counselors should be careful not to draw conclusions about performance of culturally diverse students who were not represented in a typical group when an instrument was standardized (American School Counselor Association, 2004). This ethical obligation likely evolved as a result of the prominent case of Larry P. v. Riles, 793 F.2d 969 (9th Cir.) (1981). This was a prominent case that dealt with misdiagnosis and mistreatment of a culturally diverse client (Pedersen, et.al., 1996; Lambert, 1981). This case found the counselor who tested Larry P., an African American student, utilized an assessment that was culturally biased. Pedersen, et.al. (1996) stated that testing and placement in a special education class disadvantaged him of his rights and possibly created shame that could last for his entire lifetime.

## **Multicultural Competence**

“Multicultural competence has been referred to as a counselor’s attitudes/beliefs, knowledge, and skills in working with ethnically and culturally diverse persons” (Holcomb-McCoy and Day-Vines, 2004, p.154; Sue, Carter, Casas, Fouad, Ivey, Jensen, Lafromboise, Pontorotto & Vasquez-Nutall, 1998). According to Constantine (2002a), counselors must have the essential attentiveness, familiarity and expertise to work with culturally varied clients. Sue, et.al. (1992) revealed three areas that reflect multicultural competence in a counselor: a counselor should be aware of his or her own values, biases and preconceived beliefs about culturally diverse groups, a counselor should actively try to understand the worldview and experiences of cultural diverse group members, and a counselor should develop counseling skills appropriate for cultural diverse clients. Sue, et.al. (1992) purported that a counselor practicing outside of these parameters is unethical.

There has been a great demographic change in the United States, “...in the next 50 years, a majority of the people living and working in the United States will be non-White and of non-European background” (Frame and Williams, 2005, p.10). These predictions are a significant reminder to all professional counselors that a great amount of attention to an ethical, and multicultural approach to every counseling situation is increasingly necessary.

Frame and Williams (2005) found that it is critical that counselors create a way to interact in an ethical fashion when working with culturally diverse clients. It is mandated in the ACA Code of Ethics (2005) and the ASCA Ethical Guidelines (2004) that



professional counselors conduct themselves in a way that takes into account a client's individual background and culture (American Counseling Association, 2005; American School Counseling Association, 2004). Frame and Williams (2005) provided several ethical perspectives for a counselor to consider when practicing sound multicultural counseling. One of those perspectives is that of utilitarianism, which will be later commented on in more detail as the theoretical framework for this research. In sum, Frame and Williams (2005) described utilitarianism as decisions that should be made in a way that considers the *greatest good for the greatest number of people*. Frame and Williams (2005) explain the theory focuses on the outcome of the situation, rather than the objective.

### **Factors Influencing Multicultural Competence**

Holcomb-McCoy (2005) stated several factors contribute to a counselor's multicultural competence. "Many variables concerning the multicultural counseling competence of professional counselors have been debated and discussed throughout the recent history of the counseling profession" (Holcomb-McCoy, 2005, 414). In a study examining the relationship between White racial identity and multicultural competences, Ottavi, Pope-Davis and Dings (1994) found the following factors contribute: white racial identity development, educational level, and clinical experiences. "Gender also has been cited as a factor in an individual's level of multicultural counseling competence" (Holcomb-McCoy, 2005, p.415). Additionally, Holcomb-McCoy and Myers (1999) found counselors who cover multicultural counseling in their education program had greater cultural competency than those who had not.

### **AMCD Multicultural Counseling Competencies**

Arrendondo, Toporek, Brown, Jones, Locke, Sanchez and Stadler (1996) developed the Association of Multicultural Competence Division (AMCD) Multicultural Counseling Competencies. The AMCD is a division of the American Counseling Association. The Competencies are divided into three categories: (I) Counselors awareness of own cultural values and biases, (II) Counselor awareness of client's worldview, and (III) Culturally appropriate intervention strategies (Arrendondo, et.al., 1996). Professional counselors are expected to uphold these competencies when working with clients. The multicultural instrument utilized for this study, the MCCTS-R, was created based on the AMCD Multicultural Competencies (Holcomb-McCoy and Day-Vines, 2004, p.156).

#### **Theoretical Framework: Utilitarianism**

It was stated that David Hume (in the mid-1700s) was the original advocate of the utilitarian theory (Houser, et.al., 2006; Rachels, 1998). "Hume introduced many of the basic concepts of utilitarian theory and he believed morals guided human behavior" (Houser, et.al., 2006; Quinton, 1973). It was indicated that Jeremy Bentham was the first to put, in writing, concepts about utilitarian theory (Houser, et.al., 2006; Shanahan and Wang, 2003). Bentham conceptualized the *principal of utility*, which proposes the idea that when there is a decision amid varying options the best decision is the one that provides the optimal result for individuals who will be impacted (Houser, et.al., 2006; Rachels, 1998). Utilitarian theory provides, "...a foundation based upon the greatest good and the importance of assessing the consequences of action" (Houser, et.al.,

2006, p.159; Henry, 1996). It was stated that John Stuart Mill was the next promoter of utilitarian theory (Houser, et.al., 2006, p.26). Houser, et.al. (2006) stated that both Mill and Bentham wrote and discussed utilitarian theory as it related to government, economics and ethics.

Using utilitarian ethics is an established practice in the field of counseling (Houser, 2006; Henry, 1996; Knapp, 1999). Knapp (1999) stated that utilitarianism may help counselors to: “(a) Identify and justify the underlying moral principles on which their ethics codes are based; (b) assist them in ethical decision-making, (c) encourage moral behavior, and (d) evaluate the culpability of their colleagues who are accused of ethics violations” (p.383). Utilitarianism can be utilized when professional codes are unclear about a situation or if codes conflict (Houser, et.al., 2006; Knapp, 1999).

The eventual goal of utilitarianism is explained, “The purpose of ethics is to engender the greatest amount of happiness for the greatest number of people. The sole moral duty is to produce as much pleasure as possible (positive utilitarianism) or to decrease as much pain as possible (negative utilitarianism)” (Houser, et.al., 2006, p.11; Knapp, 1999). In an approach such as this, the needs of culturally diverse clients can be overlooked.

It was stated, “Utilitarianism can result in advancing/promoting the rights of a majority to the neglect and harm of minorities, whereas rigid application of abstract principles can ignore the potential harm to particular individuals arising from a given decision” (Havercamp, 2005, p.149). A school counselor should value the rights of culturally diverse clients, not just promoting the rights of the majority. For example, Havercamp (2005) provides an example involving research done on a group of male

refugees who have been displaced from their careers. When collaborating with the participants, the researcher discovers that one of the participant's fears that the study's results will paint himself and several others in his community in a negative vein. The researcher in this situation must examine the study for its possible benefits. "The researcher may believe that, despite the objections of a single participant, the results are important and could benefit other refugees in similar circumstance or the vocational counselors who assist them" (Havercamp, 2005, p.150).

"Conjointly with counseling theories, approaches to counseling ethics have originated from the Euro-American ethical theories of utilitarianism, Kantianism and liberal individualism" (Sadeghi, et.al., 2003, p.180). Most counseling theories based on utilitarianism neglected to consider factors like the cultural individuality of clients (Sadeghi, et.al., 2003). For example, a counselor should consider how *independence versus interdependence* may have varying value depending on the client's cultural or background; "Given that independence is a strong American value, counselors should be aware of how their own values, beliefs, attitudes, and personality styles may influence how they behave with clients from more collectivistic cultures" (Sadeghi, et.al., 2003, p.187).

## CHAPTER 3 – METHODOLOGY

### Research Design

This study utilized a correlational design. According to Johnson (2001) a correlational research design gathers data to conclude whether a relationship exists between two or more quantifiable variables. Johnson (2001) states the purpose of a correlational study is to determine if there is a relationship between variables and then make forecasts. It is important to note that Johnson (2001) states that a correlational study is not able to establish a cause-effect link between variables. Therefore, this limits the conclusions that can be drawn from research of this nature.

### Participants

The sample of participants for this study was taken from American Counseling Association membership who indicated, according to ACA's records, they practice as school counselors. At the time the research was conducted, there were approximately 40,600 members of ACA, of which 1,798 members indicated they work in an elementary, middle or high school in the role of a school counselor. A copy of the e-mail regarding the list rental from ACA is attached (See Appendix C). ACA provided a list of 1,752 e-mail addresses for this study (46 of those 1,798 members indicated they wish to opt out of survey research). Of the population for this study (N=1,752), 250 individuals responded, in part or full, to the survey. Of the 250 respondents, the online survey tool (www.surveymonkey.com©) database results reported that 160 participants reached the end of the survey. It is important to note that not all 160 participants answered every question. The responses from 160 participants who reached the end of the survey were analyzed and reported for this study.

Sheehan (2001) found there are benefits to conducting survey research through e-mail, instead of using regular postal mail. In particular, it was determined that the major benefits to e-mail survey research were in relation to increased speed and reduced cost. This national study was conducted with the use of e-mail and an online survey tool (surveymonkey.com©).

In order to achieve moderately high statistical power, surveys were e-mailed to all 1,752-member e-mail addresses provided on the ACA mailing list. The use of e-mail was the most cost-effective and time-efficient method available to gather data from the ACA school counselor members from across the United States. It was expected that this survey would have a response rate of at least 30% (expected standard return rate according to Shaughnessy, Zechmeister and Zechmeister, 2008), which equates to 525.6 responses.

Contrary to that prediction, there was a 14.27% rate of at least partial participation (N=250), and 9.13% rate of return for those participants who reached the end of the survey. There were several possible reasons for this lower than expected rate of return. The data were collected between December 8, 2009 and January 10, 2010; the time of year may have influenced those who decided to participate. The survey was open for about one month, if the survey were open for a longer amount of time, there may have been a higher response rate. Additionally, the survey had several parts and may have been too lengthy which discouraged a higher rate of response.

Participation in this study was strictly voluntary. The survey was administered to participants by sending an e-mail invitation to fill out an online survey tool. The potential participants for this study were provided an explanatory e-mail detailing the study, an

information sheet (which served as the informed consent), a demographic survey, and the two survey instruments (See Appendix D, Appendix E, Appendix F, Appendix G, and Appendix H).

### **Demographic Data**

The demographic data of the participants were considered to be extremely relevant to the research. The demographic data were collected to determine if there was a relationship between the ethical decision-making ability of school counselors and their age, gender, years of experience, ethnicity, education level, region within the U.S. in which participant is licensed and is practicing as a school counselor, whether the participant took a course in multicultural counseling and whether the participant took a course in ethics. It is important to note, several question listed in the Demographic Survey were not collected for use in this research. Rather, the additional item responses were collected by request of Roxane Dufrene, PhD, co-author of the EDMS-R, as a part of the demographic data questionnaire in the EDMS-R (Appendix H).

The participants for this study were members of the ACA who designated they practice as school counselors. The participants ranged from 24-71 years old, with the mean age being 47. The majority of the participants were in the 50-59 age range (N=43), which is 27.7% of the sample. Most participants were female 73.6% (N=117); male participants made up 26.4% (N=42) of the sample.

Regarding ethnicity, of the 160 participants, the majority of participants indicated their ethnicity was White, 77.3% (N=123). A participant, 0.6% (N=1), indicated American Indian or Alaskan Native as his or her ethnicity. A participant 0.6% (N=1) indicated Asian as his or her ethnicity. Those participants who indicate their ethnicity as

Black or African American was 10.7% (N=17) and 5.7% (N=9) reported Hispanic or Latino as their ethnicity. Participants had the option to select multiple ethnicity categories; 3.8% (N=6) of participants indicated they were from a mixed ethnic background: three reported their ethnicity as American Indian or Alaskan Native and White, one reported American Indian or Alaskan Native, Asian, Black or African American and White, one reported Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White, and one reported White and Other. No participants recorded Hawaiian or Other Pacific Islander as their primary cultural identity. Of the participants, 1.3% (N=2) indicated the Other category as their ethnic identification. Of the 160 participants, 0.6% (N=1) did not provide a response to the item regarding ethnicity.

Regarding years of experience as a school counselor, most participants had 1-5 years of experience, which was 31.2% (N=48) of the sample. With a close second and third being 11-15 years of experience at 22.1% (N=34) and 6-10 years of experience at 21.4% (N=33), respectively.

The most frequently reported education level was Masters Degree, which reflected 69.2% (N=110) of the sample. Most participants in the study practice as school counselors in the South Region of the United States (which includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia), which is equal to 42.5% (N=65) of the sample.

Most participants indicated they took courses in multicultural counseling and ethics during their graduate program. 84.2% (N=133) of participants indicated they took a course in multicultural counseling. And, 72.4% (N=113) of participants indicated they



took a course in ethics.

### **Instruments**

In addition to the e-mail letter and demographic survey, the sample was provided with two instruments: The Multicultural Counseling and Training Survey-Revised, Multicultural Counseling Competence and Training Survey, Revised, School Counselor version (MCCTS-R) and The Ethical Decision-Making Scale Revised (EDMS-R) (Appendix G and Appendix H).

#### **MCCTS-R**

According to Holcomb-McCoy and Day-Vines (2004), “At this time, the MCCTS-R is the only instrument used to measure school counselors' perceived multicultural counseling competence specifically” (p.156). The MCCTS-R was scored by evaluating three areas (terminology, knowledge, awareness) of a school counselor’s multicultural competence level (Holcomb-McCoy and Day-Vines, 2004). This study examined the relationships among school counselors’ multicultural competence, demographic data and ethical decision-making ability. The MCCTS-R was scored by assigning one, two, three, or four points, not competent, somewhat competent, competent, and extremely competent for each response, respectively (Holcomb-McCoy, 2005). The participant was then assigned a score in three different areas: multicultural terminology, multicultural knowledge, and multicultural awareness.

#### **EDMS-R**

The EDMS-R was, “...designed to assess a counselor’s ethical decision-making abilities when faced with an ethical dilemma” (Dufrene and Glossoff, 2004, p.2). The EDMS-R determines “...a counselors’ ethical decision-making abilities when faced with

an ethical dilemma” (Dufrene and Glosoff, 2004, p.2). Upon completing the EDMS-R, two scores were calculated for each participant.

First, is the EDMS-R Level Score; “Level scores describe how an individual scores at each of the five levels of ethical orientation across the six dilemmas” (Dufrene and Glosoff, 2004, p.5). According to Dufrene (2000), the six dilemma descriptions are as follows: Dilemma one is ‘couple relationships’, dilemma two is ‘suicidal terminally ill’, dilemma three is ‘client with AIDS’, dilemma four is ‘colleague’s sexual relationship with client’, dilemma five is ‘counselor practicing in isolated area’, and dilemma six is ‘abuse of adolescent’ (p.157). The levels and ethical orientations are explained:

Similar to Kohlberg’s theory, the ethical orientation model (Van Hoose and Paradise, 1979) is based on the theory that counselor’s ethical reasoning progresses along a continuum of five qualitatively hierarchical levels of ethical orientation: (a) punishment, (b) institutional, (c) societal, (d) individual, and (e) principle. Level 1 (punishment) refers to a counselor’s decisions that are based on a strict adherence to prevailing rules because one will be punished for bad behavior and rewarded for good behavior. Level 2 (institutional) pertains to a counselor’s decisions that are based on a strict adherence to the policies of the agency in which the counselor is employed. Level 3 (societal) refers to a counselor’s decisions that are based on the maintenance of standards, the approval of others and the laws of society and the public. Level 4 (individual) pertains to a counselor’s decisions that are oriented to the needs of the individual (i.e., the client) while avoiding violation so of laws and rights of others. Finally, at Level 5 (principle), a counselor’s decisions are based on self-chosen principles of conscience and internal ethical formulation (Dufrene and Glosoff, 2004, p.3).

The Level Scores can be interpreted as, “Counselors functioning at lower levels (i.e. Levels 1 and 2) tend toward over implications, self-protectiveness, and authoritarianism in their ethical reasoning, whereas counselors functioning at higher levels (i.e. Levels 4 and 5) are more flexible, complex, and contextually sensitive to a situation” (Dufrene and Glosoff, 2004, p.5). In addition, several items in each dilemma were labeled as

“faking” and do not receive any points associated with responses to those items. “If a participant ranked too many of the meaningless statements, then the assumption could be made that a participant was responding to the flourish and style of the item statements; hence, that participant’s responses were invalidated” (Dufrene, 2000, p.67).

The second score is EDMS-R Principle Index Score (P Index Score). “A participant’s P Index Score or Principle Score was calculated by summing the scores of Level five (Principle Orientation) items across the six dilemmas and dividing by the base of the total 60 points” (Dufrene, 2000, p.62). “P Index Scores are interpreted as the degree to which a participant thinks principled considerations are important in making ethical decisions. Principle Index Scores are used to compare mean group differences” (Dufrene and Glossoff, 2004, p.6). Principle Index Scores range from 0 to 73.

### **Data Analysis**

Data for this study were collected online utilizing [www.surveymonkey.com](http://www.surveymonkey.com)© and analyzed utilizing SPSS, version 18.0©. A linear multiple regression was utilized to analyze the relationships between variables. Multivariate regression is when two or more independent variables are utilized to forecast a dependent variable (Hair, Black, Babin, Anderson & Tatham, 2006). According to Hair, et.al. (2006), the regression model is the most commonly utilized variate, when considering multivariate techniques. In this research, the dependent variable was a school counselors’ ethical decision-making ability. The independent variables were age, gender, years of experience, ethnicity, education level, region within the U.S. in which participant was licensed and was practicing as a school counselor, whether participant took a course in multicultural

counseling, whether participant took a course in ethics, and multicultural competence level (Table 1).

Table 1  
Hypotheses, Variables, and Statistical Technique for Data Analysis

Hypotheses	Variables	Statistical Technique
<p><b>H<sub>A1</sub></b>: School counselors' reported level of multicultural competence (terminology, knowledge and awareness) significantly predicts their ethical decision-making ability.</p> <p><b>H<sub>A2</sub></b>: School counselors' demographic data (age, gender, years of experience, ethnicity, education level and/or region within the U.S. in which participant is licensed and is practicing as a school counselor, whether participant took a course in multicultural counseling, and whether the participant took a course in ethics) significantly predicts their ethical decision-making ability.</p>	<p><b><u>Dependent:</u></b> Ethical Decision-Making Ability (interval scale)</p> <p><b><u>Independent:</u></b></p> <p>(1) Age (nominal scale)</p> <p>(2) Gender (nominal scale)</p> <p>(3) Years of Experience as a school counselor (nominal scale)</p> <p>(4) Ethnicity (nominal scale)</p> <p>(5) Education Level (nominal scale)</p> <p>(6) Region within the U.S. in which participant was licensed and was practicing as a school counselor (nominal scale)</p> <p>(7) Whether participant took a course in multicultural counseling (nominal scale)</p> <p>(8) Whether participant took a course in ethics (nominal scale)</p> <p>(9) Multicultural Competence Level, Terminology (interval scale)</p> <p>(10) Multicultural Competence Level, Knowledge (interval scale)</p> <p>(11) Multicultural Competence Level, Awareness (interval scale)</p>	Multiple Regression

According to Hair, et.al. (2006), by using a significance level of .05 alpha, it lessened the chance of making a Type 1 Error. Consequently, the nominal alpha level was set at .05. According to Hair, et.al. (2006), a researcher can increase power by looking at the sample size and by setting the alpha level at .05. Generally, "...increased sample size generally reduces sampling error and increases the sensitivity (power) of the test" (Hair, et.al., 2006, p.415). For this research, the rate of return was anticipated to be 30%, which would have caused the sampling error to be reduced to less than a statistically significant level. However, the actual rate of return was 9.13%.

### **Statistical Power Considerations**

Green (1991) provides an overview of the procedures used to determine regression sample sizes. Green (1991) suggests  $N > 104 + m$  (where  $m$  is the number of independent variables) for testing individual predictors (assuming a medium-sized effect). Although Green's (1991) formula is more comprehensive, there are two other rules of thumb that could be used. With five or fewer predictors (this number would include correlations) a researcher can use Harris's (1985) formula for yielding the absolute minimum number of participants. Harris (1985) suggests that the number of participants should exceed the number of predictors by at least 50 (i.e., total number of participants equals the number of predictor variables plus 50). For regression equations using six or more predictors, an absolute minimum of ten participants per predictor variable is appropriate, which is the case in this study. However, in an optimal scenario, and when circumstances allow, a researcher would have better power to detect a small effect size with approximately 30 participants per variable. In this study, there was a

sample size of 160 participants. This was representative of 9.13% of the total population (N=1,752); power issues are discussed in detail in chapter five.

### **Reliability and Validity**

The reliability and validity of the Ethical Decision-Making Scale-Revised (EDMS-R) and the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R) are provided next.

#### **EDMS-R**

The EDMS-R had content validity, “The findings of this study provide evidence of the content validity as measured by the scores on the EDMS-R” (Dufrene and Glossoff, 2004, p.12). And, “Content validity was built into the EDMS-R by inclusion of the relevant information that measures the construct of interest; a participant’s ethical decision-making ability” (Dufrene, 2000, p.75).

To ensure construct validity on the EDMS-R, “The construct validity for the EDMS-R was established after a careful examination by the expert judges of the six dilemmas and approximately 40 new item statements” (Dufrene, 2000, p.76). And, “Construct validity also was established by administering the EDMS-R to a sample of 102 volunteer master’s-level and doctoral-level counselor education and counseling psychology students” (Dufrene, 2000, p.77). To further determine construct validity, a factor-analysis was utilized. According to Dufrene and Glossoff (2004), a Kaiser Meyer Olkin (KMO) measure should be .6 or higher to proceed with the factor-analysis; the KMO stat for the EDMS-R data was .809.

Regarding criterion-related validity on the EDMS-R, “...criterion-relation validation procedures were utilized to indicate the effectiveness of the EDMS-R in

predicting a participant's performance in specific ethical dilemmas based on level of education" (Dufrene, 2000, p.78). And, "The null hypothesis was that there are no significant difference in the P Index Scores on the EDMS-R among three groups of counseling students based on level of graduate education" (Dufrene, 2000, p.78-79).

Regarding reliability of the EDMS-R, "Test-retest reliability indicated a consistency in students' scores after a 3-week interval, reaching Mehrens and Lehmann's (1987) acceptable reliability ( $r=.65$ ) concerning groups" (Dufrene and Glosoff, 2004, p.12).

When the EDMS-R was originally tested, it is important to note two limitations that Dufrene (2000) explained. "...the study utilized a limited number of participants from a variety of universities in the eastern United States" (Dufrene, 2000, p.99). In addition, "Testing conditions included various settings such as during class or participants' own time with agreement that instruments would be returned at a later date" (Dufrene, 2000, p.99). Dufrene (2000) explained these two limitations could be confounding variables, which may have had an impact on the validity.

### **MCCTS-R**

With regard to the reliability of the MCCTS-R, "A Cronbach's alpha procedure was used to assess internal consistency reliability estimates of the three resulting factors. Coefficients ranged from .85 to .97, indicating high internal consistency of the items loading on each factor..." (Holcomb-McCoy, 2005, p.417).

It was determined that the MCCTS-R required a revision in order to change some of the language in the instrument to coincide more closely with terminology school counselors utilize (Holcomb-McCoy and Vines-Day 2004, p.156). Due to the nature of a



school counselor's role, it was stated, "...more extensive research on the validity and reliability of the scores on the MCCTS-R should be implemented to identify the dimensional nature of school counselors' perceived multicultural counseling construct" (p.161).

In statistical analysis, determining the reliability coefficients, utilizing Cronbach's Alpha is one measure of reliability:

In calculating reliability coefficients (Cronbach's alpha) for the component scores, alphas of .92, .92, .79, .66 and .91 for the Multicultural Knowledge, Multicultural Awareness, Definition of Terms, Racial Identity, and Multicultural Skills subscales, respectively, were derived (the somewhat lower reliability estimates for the Racial Identity subscale score may be a result of the small number of items included on that subscale) (Holcomb-McCoy and Day-Vines, 2004, p.156).

While the MCCTS-R is thought to be reliable and valid, there is a concern over the respondent bias error that may have occurred. This is due to the self-reported nature of this instrument and the concerns over the potential socially desirable respondent bias. These concerns will be further discussed in chapter five.

### **Nuisance Variables**

Considerations should be made for extraneous factors that could influence the outcome of this research. "Nuisance variables are potential independent variables, which if left uncontrolled, could exert a systemic influence on the different treatment conditions" (Keppel, 1991, p.11). These factors are out of the control of the researcher and cannot be measured. These would be things such as, participants providing false responses to survey questions, participant bias, gender, age, time of day survey is completed, or the self-reported nature of the instruments being utilized for this study.

## Summary

This chapter presented the hypothesis and variables and a summary of the research design utilized. Multiple regression analysis was the statistical technique employed to examine the data collected for this study. An overview of the demographic data survey, the MCCTS-R and EDMS-R were examined including a description, scoring procedures, validity and reliability. Power issues were presented and will be further discussed in chapter five.

## **CHAPTER 4 - RESULTS**

### **Introduction**

This chapter includes a presentation of the data gathered as a result of this study. The findings include tables and a statistical description of the independent variables: age, gender, years of experience, ethnicity, education level, region within the U.S. in which participant is licensed and is practicing as a school counselor, whether participant took a course in multicultural counseling, whether the participant took a course in ethics, and multicultural competence level (terminology, knowledge, awareness). The dependent variable, the participant's ethical decision-making ability, was examined by evaluating the participant's Level Score and Principle Index Score.

### **Organization of Data Analysis**

The demographic data collected for this study represented most of the independent variables. Some of demographic data collected was not utilized in this study. It was collected as a part of the EDMS-R Demographic Survey that was requested by the author. The select demographic data that was examined in this study as independent variables are: age, gender, years of experience, ethnicity, education level, region within the U.S. in which participant is licensed and is practicing as a school counselor, whether participant took a course in multicultural counseling, and whether the participant took a course in ethics. The other independent variables were multicultural terminology, multicultural knowledge, and multicultural awareness (which together made up a participant's multicultural competence level). These particular independent variables were collected from responses to the 32-question MCCTS-R.

The dependent variable for this study was, the ethical decision-making ability of each participant. The dependent variable was determined by calculating the Principle

Index Score from Level Scores on the EDMS-R. The collected data was examined to determine whether there was a predictive relationship between participant's demographic data and multicultural competence level on a participant's ethical decision-making ability.

### **Research Questions and Associated Hypotheses**

Specifically, two research questions were examined in this study. The first research question was: Does school counselors' reported level of multicultural competence (terminology, knowledge and awareness) significantly predicts their ethical decision-making ability? As a result, the following hypothesis was explored: School counselors' reported level of multicultural competence (terminology, knowledge and awareness) significantly predicts their ethical decision-making ability. The multicultural competence level was measured by the results of the MCCTS-R. The ethical decision-making ability of each participant was measured by the Principle Index Score, which was obtained utilizing the Level Scores from the results of the EDMS-R.

The second research question was: Does school counselors' demographic background including, age, gender, years of experience, ethnicity, education level, region in the United States in which participant is licensed and practices as a school counselor, whether participant took a course in multicultural counseling, whether participant took a course in ethics significantly predict their ethical decision-making ability? As a result, the following hypothesis was explored: School counselors' demographic data (age, gender, years of experience, ethnicity, education level, region within the U.S. in which participant is licensed and practices as a school counselor, and whether participant took a course in multicultural counseling or ethics) significantly

predicts their ethical decision-making ability. The ethical decision-making ability was measured by the Level Score and Principle Index Score, which were obtained from the results of the EDMS-R.

### **Descriptive Statistics**

The independent variable, age, was categorized by years of age into five groups: 20-29, 30-39, 40-49, 50-59, and 60+. Participants initially provided their two-digit years of age in the survey. Afterwards, those ages were placed into the appropriate category for statistical analysis. The majority of the participants for this study were in the 50-59 age category, 27.7% (N=43). The second most frequent age category was 40-49 (N=36), 23.2%. Next was the 60+ age category (N=29), 18.7%, then the 30-39 age category (N=27), 17.4% and lastly the 20-29 age category (N=20), 12.9%. Five of the 160 participants did not provide a response to the item regarding age.

The independent variable, gender, showed that 73.6% (N=117) of participants were female and 26.4% (N=42) were male. One of the 160 participants did not provide a response to the item regarding gender.

Regarding ethnicity, of the 160 participants, the majority of participants indicated their ethnicity was White, 77.3% (N=123). A participant, .6% (N=1), indicated American Indian or Alaskan Native as his or her ethnicity. A participant .6% (N=1) indicated Asian as his or her ethnicity. Those participants who indicate their ethnicity as Black or African American was 10.7% (N=17) and 5.7% (N=9) reported Hispanic or Latino as their ethnicity. Participants had the option to select multiple ethnicity categories; 3.8% (N=6) of participants indicated they were from a mixed ethnic background: three reported their ethnicity as American Indian or Alaskan Native and White, one reported

American Indian or Alaskan Native, Asian, Black or African American and White, one reported Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White, and one reported White and Other. No participants recorded Hawaiian or Other Pacific Islander as their primary cultural identity. Of the participants, 1.3% (N=2) indicated the Other category as their ethnic identification. Of the 160 participants, .6% (N=1) did not provide a response to the item regarding ethnicity.

The number of years of experience as a school counselor was requested on the demographic survey. Most participants, 31.2% (N=48), had 1-5 years of experience as a school counselor. The next highest percent of years of experience reported was 11-15 years 22.1% (N=34), followed closely by the 6-10 years of experience with 21.4% (N=33). Next, the 21+ years of experience category was 13.6% (N=21). Lastly, the years of experience category of 16-20 was represented with 11.7% (N=18). Six of the 160 participants did not provide a response to the item regarding years of experience as a school counselor.

Participants' education level was examined by selecting one of the following categories: Bachelors, Masters, Educational Specialist or Doctorate. By far, most participants indicated they had a master's degree; the fewest responded with a bachelor degree. The following are the representative percentages for each category, respectively, 6.9% (N=11), 69.2% (N=110), 8.2% (N=13), and 15.7% (N=25). One of the 160 participants did not provide a response to the item regarding education level.

The independent variable, region, was originally recorded by the participant by providing the two digit state abbreviation for which he or she is licensed and is practicing as a school counselor. After the data were collected, the state abbreviations

were categorized into the four U.S. Census regions (Northeast, Midwest, South and West) for analysis (U.S. Census Bureau, 2010). The Northeast Region includes the following states: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont (U.S. Census Bureau, 2010). The Midwest Region includes the following states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin (U.S. Census Bureau, 2010). The South Region includes the following states: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia (U.S. Census Bureau, 2010). The West Region includes the following states: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Utah, Washington, and Wyoming (U.S. Census Bureau, 2010). The results included representation of all four Regions: 17.6% (N=27) of the participants practiced in the Northeast, 28.1% (N=43) practiced in the Midwest, 42.5% (N=65) practiced in the South and 11.8% (N=18) practiced in the West. Seven of the 160 participants did not provide a response to the item regarding region.

In two separate questions, participants were asked if they have taken a course in multicultural counseling or ethics. The participants indicated by their responses that 84.2% (N=133) took a course in multicultural counseling, 15.8% (N=25) indicated they did not, two participants did not respond. The participants indicated by their responses that 72.4% (N=113) had taken a course in ethics, while 27.6% (N=43) had not, and four participants did not respond. The independent variable frequency data are included in Table 2.

Table 2  
Independent Variables Frequency Data

Independent Variable	Category	N	Valid Percent
Age	20-29	20	12.9%
	30-39	27	17.4%
	40-49	36	23.2%
	50-59	43	27.7%
	60+	29	18.7%
Gender	Female	117	73.6%
	Male	42	26.4%
Ethnicity	American Indian or Alaskan Native	1	.6%
	Asian	1	.6%
	Black or African American	17	10.7%
	Hispanic or Latino	9	5.7%
	Native Hawaiian or Other Pacific Islander	0	0
	White	123	77.3%
	Other	2	1.3%
	Mixed	6	3.8%
Years of Experience	1-5 Years	48	31.2%
	6-10 Years	33	21.4%
	11-15 Years	34	22.1%
	16-20 Years	18	11.7%
	21+ Years	21	13.6%
Education Level	Bachelors	11	6.9%
	Masters	110	69.2%
	Educational Specialist	13	8.2%
	Doctoral	25	15.7%
Region	Northeast	27	17.6%
	Midwest	43	28.1%
	South	65	42.5%
	West	18	11.8%
Multicultural Counseling Course	Yes	133	84.2%
	No	25	15.8%
Ethics Course	Yes	113	72.4%
	No	43	27.6%

Another independent variable examined in this study was multicultural competence level (measured by examining the participants' multicultural terminology,



multicultural knowledge, and multicultural awareness). For this independent variable, participants were given the MCCTS-R, which is a series of 32 self-reported multicultural competence statements in which to rate. Three individual scores were calculated for each participant, the three scores were broken down into the three aspects of multicultural competence, which are terminology, knowledge and awareness. The mean scores were 13.68 (with a maximum of 16) with a standard deviation of 2.29, 51.68 (with a maximum of 76) with a standard deviation of 11.21 and 30.41 (with a maximum of 36) with a standard deviation of 3.89, respectively. A total multicultural competence level score was then calculated for each participant. This is the sum total of all points across the three aspects. This overall multicultural competence level is measured on a scale of 32-128; the mean score for all participants was 95.77, with a standard deviation of 15.70. Descriptive Statistics for the Independent Variable Multicultural Competence Level (multicultural terminology, multicultural knowledge, multicultural awareness) is in Table 3.

Table 3  
Descriptive Statistics for the Independent Variable Multicultural Competence (MC) Level (Terminology, Knowledge, Awareness)

	N	Minimum	Maximum	Mean	Standard Error	Standard Deviation
MC Terminology	160	8	16	13.68	.18	2.29
MC Knowledge	160	25	76	51.68	.89	11.21
MC Awareness	160	21	36	30.41	.31	3.89
Total MC Level	160	59.00	128.00	95.77	1.24	15.70

The dependent variable for this study was ethical decision-making ability. The ethical decision-making ability of each participant was calculated by looking at two scores (derived from the results of the EDMS-R): the Level Score and the Principle Index Score. The mean of the Principle Index Score on the EDMS-R was 15.80 (with a maximum of 45) with a standard deviation of 8.53. The minimums, maximums, means and standard deviations for the Principle Index Scores and the individual Level Scores are listed in Table 4. Not all participants responded to all of the EDMS-R questions. Consequently, scores were adjusted accordingly based upon the EDMS-R author's specification, the participant count considered for statistical calculations are provided as N in Table 4.

Table 4  
EDMS-R Minimums, Maximums, Means and Standard Deviations

Score	N	Minimum	Maximum	Mean	Standard Deviation
Level 5: Principle	156	1	27	9.25	5.02
Level 4: Individual	157	3	33	20.91	6.12
Level 3: Societal	157	4	26	15.35	4.65
Level 2: Institutional	149	1	22	8.01	4.85
Level 1: Punishment	121	1	19	4.45	3.36
Faking	70	1	4	1.30	0.62
Principle Index Score	157	-	45.00	15.80	8.53

### Multiple Regression

The statistical technique utilized to examine the predictive relationship, if any, of the independent variables (age, gender, ethnicity, years of experience as a school

counselor, education level, region within the U.S. participant is licensed and practices as a school counselor, whether the participant took a multicultural counseling course, whether participant took a course in ethics, and participant's multicultural awareness level as measured by multicultural terminology, knowledge and awareness) on the dependent variable (ethical decision-making ability through the use of Level Scores and Principle Index Scores) was multiple regression analysis.

Initially, all variables were entered into SPSS 18.0 and a multiple regression analysis was run simultaneously. All categorical variables were entered into the regression model as dummy variables. The most noteworthy relationship examined for this study was the first hypothesis,  $H_{A1}$ , school counselors' reported level of multicultural competence (terminology, knowledge and awareness) significantly predicts their ethical decision-making ability. The mean of Multicultural Terminology was 3.45 with a standard deviation of .55. The mean of Multicultural Knowledge was 2.75 with a standard deviation of .59. The mean of Multicultural Awareness was 3.40 with a mean of .43. The means of Principle Index Scores and multicultural competence level (terminology, knowledge, and awareness) can be found in Table 5.

Table 5  
Descriptive Statistics for Means of Principle Index Scores and Multicultural Competence Level (Terminology, Knowledge, Awareness)

Score	Mean	Standard Deviation	N
Principle Index Score	15.80	8.53	157
Mean MC Terminology	3.45	.55	157
Mean MC Knowledge	2.75	.59	157
Mean MC Awareness	3.40	.43	157

The regression models, which examined the relationship between the independent variables and the dependent variable, showed that there were no

statistically significant relationships between the independent variables and the dependent variable. The regression analysis is in Table 6.

Table 6  
Regression Coefficients for the Dependent Variable, Ethical Decision-Making Ability (as analyzed by use of Principle Index Scores)

	B	Std. Error	Beta	T	Sig.
(Constant)	19.64	5.58	--	3.52	.001
Mean MC Terminology	1.28	1.76	.08	.73	.47
Mean MC Knowledge	-2.05	1.61	-.14	-1.27	.21
Mean MC Awareness	-.78	2.49	-.04	-.31	.75

### Summary

Multiple regression analysis was run using SPSS 18.0 to determine if there was a significant relationship between any of the independent variables and the dependent variable. The data analysis showed there were no significant relationships between any of the independent variables and the dependent variable. Chapter five will include an in-depth analysis suggesting potential reasons for these findings.

## CHAPTER 5 – CONCLUSIONS & RECOMMENDATIONS

### Introduction

According to Havercamp (2005), “Utilitarianism can result in advancing/promoting the rights of a majority to the neglect and harm of minorities, whereas rigid application of abstract principles can ignore the potential harm to particular individuals arising from a given decision” (p.149). Although there is research available examining the various ethical issues facing school counselors, until now, there had not been research examining the relationships among school counselors’ multicultural competence, demographic data and ethical decision-making ability. This research explored school counselors’ ethical decision-making ability utilizing The Ethical Decision-Making Scale Revised (EDMS-R) and The Multicultural Counseling Competence and Training Survey-Revised, School Counselor Version (MCCTS-R).

This chapter includes the following information: brief review of literature, principle findings, discussion, which includes implications for future research, and a summary. First, a brief review of the literature is presented including highlights from chapter three. Next, a detailed discussion of the study findings and statement of the research questions and hypotheses are included. The conclusions are presented, followed by implications and recommendations that address the potential issues related to the outcome of the research and ethical decision-making in school counselors. The conclusions are followed by recommendations for future research in the area of multicultural competence and ethical decision-making in school counselors. Lastly, a summary is provided regarding the potential considerations that influence the ethical decision-making ability of school counselors.

## Brief Review of Literature

Professional school counselors understand that “Ethical decision-making is a daily, ongoing practice for school counselors, and involves constant vigilance and commitment to serving the best interest of the student” (Bodenhorn, 2006, p.202). In addition, professional school counselors have an obligation to continually expand their knowledge in this area, “Professional school counselors are advised to continue their ethical practices by updating their knowledge and reference rate to the ASCA ethical code, utilizing an ethical decision-making model that incorporates consultation, and maintaining professional relationships with students, parents and faculty” (Bodenhorn, 2006, p.202).

It is important for school counselors to have a high level of multicultural competence. There are many things that may contribute to the qualities of a highly ethical school counselor. One of those things is multicultural awareness. It was determined that “...professional school counselors with high levels of multicultural self-efficacy are more likely to believe that they have the capacity to understand multicultural and diversity concepts ...” (Holcomb-McCoy, Harris, Hines and Johnston, 2008, p.177).

In addition, school counselors should have a polished ethical decision-making ability. “Ethics and culture are ingrained in every facet of the work professional counselors do” (Pack-Brown, et.al., 2008, p.297). According to Sadeghi, Fischer, and House (2003), “If counselors lack sufficient training in multicultural counseling it is likely that they also lack the skills to deal with ethical issues presented by clients with multicultural backgrounds” (p.179). Pedersen (1997) stated that there is a lack of preparation for most counselors, as far as interpretation of the ethical guidelines,

particularly when dealing with ethnic minority groups. Pedersen, et.al. (1996) stated that before a counselor decides to work with a client he or she should examine all unique facts of the client's background and context.

### **Principle Findings**

A multiple regression analysis was run using SPSS 18.0 to determine if there was a significant relationship between any of the independent variables and the dependent variable. The data analysis showed there were no significant relationships between any of the independent variables and the dependent variable.

Due to the lower than expected response rate, potentially low power issues needed to be addressed. Since there were 11 variables (17 independent variables when all dummy variables were considered), there may have been power issues with this study. Taking into consideration the potential power issues, each independent variable was entered into SPSS 18.0 and a simple regression analysis was run for each of the independent variables against the dependent variable. The additional analyses still did not show any significant predictive relationships among independent variables and the dependent variable.

The use of the MCCTS-R may have produced a socially desirable respondent bias. The MCCTS-R measures a school counselors' perceived multicultural competence level utilizing a self-reporting technique. The participants may have responded to the statements relating to multicultural competence in a way that reflects a high level of multicultural competence, because it is assumed counselors should have a high multicultural competence level. "Given the possible presence of social desirability and the general biases inherent in self-rated assessments, future research that utilizes

other methods (e.g., observations, paired comparisons) of assessing the multicultural competence of school counselors is warranted” (Holcomb-McCoy, 2005, p.420). If respondent bias occurred, it could explain why the results did not show a relationship between multicultural competence and ethical decision-making ability. Holcomb-McCoy and Day-Vines (2004) concurred with the possibility of bias, indicating that participants in the sample for their study, which tested the MCCTS-R, “...could be biased on their views regarding diversity and multiculturalism” (p.160).

## **Discussion**

The following research questions were examined:

(1) Does school counselors' reported level of multicultural competence (terminology, knowledge and awareness) significantly predict their ethical decision-making ability?

(2) Does school counselors' demographic background including, age, gender, years of experience, ethnicity, education level, region within the United States in which participant is licensed and practices as a school counselor, whether participant took a course in multicultural counseling, whether participant took a course in ethics significantly predict their ethical decision-making ability?

This research examined the following hypotheses:

(1) School counselors' self-reported level of multicultural competence (terminology, knowledge, awareness) significantly predict their ethical decision-making ability.

(2) School counselors' demographic data (age, gender, years of experience,



ethnicity, education level, region within the U.S. in which participant is licensed and practices as a school counselor, and whether participant took a course in multicultural counseling or ethics) significantly predict their ethical decision-making ability.

Upon completion of the research, it was determined that there was no statistically significant evidence to support the aforementioned research hypotheses. In this study, the research hypotheses were rejected and the null hypotheses were accepted. Despite the lack of statistically significant findings, it is important to note that the field of professional counseling does place a great value on ethical behavior. The ACA Code of Ethics (2005) provides its five main purposes:

1. The Code enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.
2. The Code helps support the mission of the association.
3. The Code establishes principles that define ethical behavior and best practices of association members.
4. The Code serves as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services and best promotes the values of the counseling profession.
5. The Code serves as the basis for processing of ethical complaints and inquiries initiated against members of the association (American Counseling Association Code of Ethics, 2005, p.3).

It is assumed that additional and/or expanded multicultural coursework and ethical coursework would provide school counselors with the knowledge that would cause them to be less likely to conduct themselves in an unethical manner. The continued training would also remind school counselors of the importance of consulting the professional codes and guidelines when presented with an ethical dilemma. Holcomb-McCoy (2005) supports the notion that multicultural coursework should be sustained. This is done so that, "Given that a goal of the counseling profession is to improve counselors' ethical

decision-making so that the incidence of unethical behavior might be reduced...” (Dufrene and Glossoff, 2004, p.13).

The research results indicated that a majority of participants have completed both a course in multicultural counseling and in ethics. 84.2% (N=133) of participants indicated they took a course in multicultural counseling. And, 72.4% (N=113) of participants indicated they took a course in ethics. However, since there were no statistically significant relationships between the variables, it is hard pressed for the researcher to draw far-reaching conclusions. It is suggested though, that school counselors may need additional, continuing education coursework in ethics. This is especially due to the fact that, “...many moral and ethical dilemmas that counselors encounter are intricate, challenging, and often ambiguous, making it difficult for counselors to apply professional standards and codes” (Dufrene and Glossoff, 2004, p.2). This may suggest that, due to the complicated nature of ethical dilemmas, there is need for continued ethics training. A school counselor may be very seasoned, however, still may face dilemmas he or she has never encountered anytime in his or her career.

When examining the results of the EDMS-R, participants did not provide consistent responses across each of the six vignettes. The researcher expected that participants would have been more consistent (with a similar Level Score range across the vignettes). For example, a participant provided a sound principled response to one ethical dilemma and then provided a faking response to another dilemma. One speculation for these results is that participants may have individual bias for particular situations or dilemmas. The six vignettes in the EDMS-R cover a wide variety of topics. According to Dufrene (2000), the six dilemma descriptions are as follows: Dilemma one

is 'couple relationships', dilemma two is 'suicidal terminally ill', dilemma three is 'client with AIDS', dilemma four is 'colleague's sexual relationship with client', dilemma five is 'counselor practicing in isolated area', and dilemma six is 'abuse of adolescent' (p.157).

School counselors are expected to take an unbiased approach when working with a client's on all issues. The researcher for this study speculates as to why responses to particular dilemmas (also referred to as vignettes) were omitted. Table 7 includes a list of each dilemma, a description of the dilemmas, and the number of times it was skipped by a participant. It is suggested that a particular topic, which may have been sensitive for a specific participant, may have deterred a participant from providing a response to a particular dilemma. It is also suggested that a school counselor's lack of experience or expertise on a particular dilemma topic may deter them from being able to make an ethical decision. The most omitted response was for dilemma four, 'colleague's sexual relationship with client'. A close second with 14 omitted responses was dilemma three that is described as 'client with AIDS'. Expanded ethical training may assist counselor educators when teaching school counselors to address internal bias that may hinder being a moral, principled school counselor.

Table 7  
Dilemma Description and Frequency of Omitted Responses

Dilemma Number	Dilemma Description	Frequency
1	Couple Relationships	10
2	Suicidal Terminally Ill	6
3	Client with AIDS	14
4	Colleague's Sexual Relationship with Client	17
5	Counselor Practicing in Isolated Area	5
6	Abuse of Adolescent	6

The total multicultural competence level was calculated as a result of the responses to the questions on the MCCTS-R, which produced a mean score of 95.77.

The participants' score for this study ranged from 59-128; the MCCTS-R instrument has a score range of 32-128 (Holcomb-McCoy, 2004). According to the author, Holcomb-McCoy (2004), the higher the total multicultural competence score, it can be assumed the higher the multicultural competence level is of each participant. For the EDMS-R, in the results of this study, the Principle Index Score produced a mean score of 15.80. According to Dufrene (2000), Principle Index Scores range from 0-73. The participants for this study produced a score range of 0-45. The higher the Principle Index Score, the more principled the score, which would imply a higher ethical decision-making ability based on the use of the ACA Code of Ethics when making responses. The information gathered would suggest a discrepancy between the reported multicultural competence level and the ethical decision-making ability. The total multicultural competence scores (from the MCCTS-R) appeared to be relatively high, as compared to the Principle Index Scores (from the EDMS-R), which were in a lower range. One concern may be that the MCCTS-R is a self-reported instrument. Additionally, "Despite the student's findings that school counselors perceive themselves as at least somewhat competent on the domains of multicultural competence, there is still a need for further research that indicates a relationship between perceived multicultural competence and actual practice" (Holcomb-McCoy, 2005, p.420). In future research, delineation between actual and perceived multicultural competence would be insightful.

Additionally, there may have been a socially desirable responding issue to consider with the use of the MCCTS-R in this study. "Researchers using questionnaires and interviews rely on truthful responses from participants to draw meaningful conclusions" (van de Mortel, 2008, p.41). Due to the nature of questions on the

MCCTS-R, involving multicultural competence, counselors may have a tendency to rate themselves where they want to be (that which aligns with the social expectations of a counselor), rather than where they truly are from a professional standpoint. “Social desirability is commonly thought of as the tendency of individuals to project favorable images of themselves during social interaction” (Johnson and Fendrich, 2002, p.1661).

Although this study design mainly focused on the utilization of the Principle Index Scores for statistical analysis, the researcher subsequently looked at each individual Level Scores. Some anecdotal observations were made which included the following.

The individual Level Score descriptions from most principled to least are: principle, individual, society, institutional, punishment and faking. On the EDMS-R, 43.8% (N=70) of participants responded with one or more faking responses, a faking response results in a lowering of the Principle Index Scores. Additionally, on the EDMS-R, 76% (N=121) of participants selected at least one punishment response, 24% (N=39) didn't select any punishment responses. Of the top 5.6% (N=9) of sample with highest Principle Index Score, 88.9% (N=8) responded with at least one faking response. Based upon the study's sample, it may be inferred that when working with students, even those counselors practicing the highest levels of ethical decision-making (those with a Level Score in two highest categories, principle and individual), are potentially making ethical decisions that are considered a faking response when working with students. This is assumed that the school counselors surveyed for this study would respond similarly in their practice as they did for this study.

For those participants who had their highest Level Score as Principle, 3% (N=5) participants and had one or more faking response had a mean score of 97.2 on the

MCCTS-R. In addition, 28% (N=44) of the participants who had the second highest Level Score (Individual) had one or more faking response, with a mean of 97.5 on the MCCTS-R. Therefore, curiously, participants with overall Level Scores in the highest two levels (Principle and Individual) also produced at least one faking response. It is speculated, as was with McCoy's (2005) study, this research found similar results that further research would assist in determining the potential discrepancy between actual and perceived multicultural competence.

Finally, not all participants answered all the EDMS-R survey questions; 19% (N=31) completely skipped ranking one more of the six vignettes. In addition, while this is strictly speculation, perhaps the length of survey impacted participant's attention span; the participants may not have read the questions carefully or rushed to complete.

An amendment was filed with and approved by the Wayne State University Human Investigation Committee to change the title of this study after the data was collected. The title was changed from "The Impact of Multicultural Competence, Demographic Data on Ethical Decision-Making in School Counselors" to "The Relationships Among School Counselors' Multicultural Competence, Demographic Data and Ethical Decision-Making (Appendix I).

### **Implications for Future Research**

The researcher was able to locate a valid, reliable measure of the ethical decision-making ability of counselors (e.g. The EDMS-R), however, it was not designed specifically for professional school counselors. The profession of school counseling may benefit from an instrument that measures the ethical decision-making ability

specific to school counselors, based on the American School Counseling Association's Ethical Guidelines (2004).

The population for this study was school counselors who are members of the ACA. This creates a limitation; not all school counselors are members of the ACA. The sample for this study may not be representative of all school counselors. It is possible that school counselors who are members of ACA may have a different level of multicultural competence and have a different ethical decision-making ability than counselors who are not members of an organization such as ACA. It may be beneficial to conduct future research with professional school counselors who are members of professional organizations, and those who are not members of professional organizations.

As with similar studies found in the research, the sample for this study was primarily Caucasian (77.3%). It is suggested for future research that a similar study be conducted examining multicultural competence and ethical decision-making among school counselors' with a sample that is more ethnically diverse. In addition, if this demographic data regarding ethnic/racial background is representative of school counselors in the United States, it is suggested that consideration be given to support recruitment efforts to encourage ethnically, racially and culturally diverse individuals to pursue a career in school counseling.

Reflection for future research aligns with suggestions that Holcomb-McCoy made. "The extent to which counselors' perceived multicultural competence transfers to actual practice is unknown and is therefore a logical next step for future research" (Holcomb-McCoy, 2005, p.417). The development of an instrument that would measure

a school counselor's actual multicultural competence level (instead of perceived multicultural competence level) could be explored. The profession of school counseling may benefit from the creation of an instrument that measures school counselors' actual multicultural competence (that is not self-reporting). The instrument could present several scenarios with questions involving situations a school counselor may be working with students of a wide range of cultural, ethnic and racial backgrounds.

With reference to school counselors' multicultural knowledge and terminology it was found, "Perhaps the most significant result of this study is the fact that school counselors who had taken a multicultural counseling course rated their multicultural knowledge and ability to define multicultural terminology significantly higher than those who had not taken a multicultural counseling course" (Holcomb-McCoy, 2005, p.419). Holcomb-McCoy (2005) did indicate more research should be conducted as to the validity of these results. Regarding multicultural awareness, according to Holcomb-McCoy (2005), multicultural coursework did not significantly impact school counselors' awareness of multiculturalism. "Perhaps school counselors' cultural awareness is developed through life experience, self-reflection, and other lived experiences rather than through the content of multicultural counseling courses" (Holcomb-McCoy, 2005, p.419). Holcomb-McCoy (2005) made several suggestions for further studies about school counselors, specifically, "...in relation to their multicultural competence: (a) cultural experience (e.g. experience in diverse schools, living in another country); (b) diversity training beyond coursework in a graduate program; (c) ethnicity; and adherence to stereotypical beliefs about groups of people" (Holcomb-McCoy, 2005, p.420). It may then be advantageous to conduct a similar study measuring the



relationship between multicultural competence level and demographic data on ethical decision-making in school counselors. The research conducted in this study concurs with the results of the Holcomb-McCoy (2005) research, which indicated there is still a need for this type of research, “Despite the increased attention paid to the preparation of multiculturally competent school counselors, there is a paucity of information regarding the multicultural competence of existing professional school counselors” (Holcomb-McCoy, 2005, p.415)

In addition, after gathering the results of her study, Holcomb-McCoy (2005) suggested, “...school counselor educators evaluate and review the content of multicultural courses to ensure the coverage not only of multicultural awareness content but of all domains of multicultural counseling competence” (Holcomb-McCoy, 2005, p.420).

The results of this study align with the suggestion, “As previously mentioned, this study’s findings that multicultural coursework significantly influenced counselors’ multicultural competence validates the existence of multicultural counseling courses in counselor education. With that said, this study’s most important implication for training is that multicultural coursework should be continued” (Holcomb-McCoy, 2005, p.421). In addition, counselor educators should take into account, “The results provide an impetus to expand knowledge of self-perceptions of multicultural counseling competencies. This study also challenges university training programs to review their programs to ascertain whether they provide opportunities for students majoring in school counseling to acquire information about their own cultural values and beliefs” (Robinson and Bradley, 2005, p.34).

In addition, the field of school counseling may benefit from the development of an examination for school counselors measuring ethical decision-making ability and actual multicultural competence. The examination, that graduate students would be required to take at the end of their program, would measure ethical decision-making ability and actual multicultural competence level. This would verify that, prior to obtaining a state license to practice as a school counselor, individuals would have an acceptable ethical decision-making ability and acceptable multicultural competence level.

### **Summary**

Examining the relationships among school counselors' multicultural competence and ethical decision-making ability warrant more attention in counseling literature and in future studies. "Given the culturally and ethnically diverse student composition of today's public schools, the multicultural counseling competence of school counselors is a critical topic" (Holcomb-McCoy, 2005, p.422). Additionally, "It is important that continued research be conducted in the area of ethical decision- making" (Dufrene, 2000, p.111). While this study did not show any statistically significance results related to the relationship of multicultural competence, demographic data and ethical decision-making ability in school counselors, the literature and anecdotal observations suggest there may be a relationship among these variables. Additionally, the literature supports the importance of further research and continuing education on both ethical decision-making ability and multicultural competence level of school counselors.

In order to uphold the highest standard of ethical practice, professional school counselors should seek out opportunities for growth through multicultural and ethical training and education (American School Counseling Association, 2004). As well as,

counselor educators should further expand and contribute to the literature examining the relationships between these variables. “We must continue to refine and develop our conceptualization of what it is and what it means to be ‘multiculturally competent’. The models may change, but the purpose remains: the provision of culturally sensitive and effective services to the populations we serve” (Kotaoka, 2005, p.46).

Kitchener (1984) described five moral principles that can be viewed as “...the cornerstone of our ethical guidelines” (Forester-Miller and Davis, 1996, para. 2). One of those principles is nonmaleficence. “Nonmaleficence is the basis of the Hippocratic oath taken by ancient Greek physicians” (Houser, 2006, p.14). “This principle [nonmaleficence] which can be most easily understood as ‘above all do no harm,’ includes both not inflicting intentional harm nor engaging in actions which risk harming others” (Kitchener, 1984, p. 47). It was said “... this principle is considered by some to be the most critical of all the principles, even though theoretically they are all of equal weight” (Forester-Miller and Davis, 1996, para. 4; Kitchener, 1984; Rosenbaum, 1982; Stadler, 1986). In addition, “School counselors are expected to adhere to the moral principle of nonmaleficence when trying to make decisions about communicating confidential information” (Glossoff and Pate, 2002, p.22). Without the effective, continued training and education in ethical decision-making and multicultural counseling, school counselors may be intentionally, or more likely unintentionally (if it is occurring), causing harm to students. Suitable continued training and education are critical to reduce these potential issues that may exist in counseling relationships. Ultimately, it is up to the individual professional school counselor to continually maintain the principle of nonmaleficence.

## APPENDIX A



# Ethical Standards for School Counselors

Revised June 26, 2004

*Ethical Standards for School Counselors* was adopted by the ASCA Delegate Assembly, March 19, 1984, revised March 27, 1992, June 25, 1998, and June 26, 2004.

## Preamble

The American School Counselor Association (ASCA) is a professional organization whose members are certified/licensed in school counseling with unique qualifications and skills to address the academic, personal/social and career development needs of all students. Professional school counselors are advocates, leaders, collaborators and consultants who create opportunities for equity in access and success in educational opportunities by connecting their programs to the mission of schools and subscribing to the following tenets of professional responsibility:

- Each person has the right to be respected, be treated with dignity and have access to a comprehensive school counseling program that advocates for and affirms all students from diverse populations regardless of ethnic/racial status, age, economic status, special needs, English as a second language or other language group, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity and appearance.
- Each person has the right to receive the information and support needed to move toward self-direction and self-development and affirmation within one's group identities, with special care being given to students who have historically not received adequate educational services: students of color, low socio-economic students, students with disabilities and students with nondominant language backgrounds.
- Each person has the right to understand the full magnitude and meaning of his/her educational choices and how those choices will affect future opportunities.
- Each person has the right to privacy and thereby the right to expect the counselor-student relationship to comply with all laws, policies and ethical standards pertaining to confidentiality in the school setting.

In this document, ASCA specifies the principles of ethical behavior necessary to maintain the high standards of integrity, leadership and professionalism among its members. The Ethical Standards for School Counselors were developed to clarify the nature of ethical responsibilities held in common by school counseling professionals. The purposes of this document are to:

- Serve as a guide for the ethical practices of all professional school counselors regardless of level, area, population served or membership in this professional association;
- Provide self-appraisal and peer evaluations regarding counselor responsibilities to students, parents/guardians, colleagues and professional associates, schools, communities and the counseling profession; and
- Inform those served by the school counselor of acceptable counselor practices and expected professional behavior.

## A.1. Responsibilities to Students

The professional school counselor:

- a. Has a primary obligation to the student, who is to be treated with respect as a unique individual.
- b. Is concerned with the educational, academic, career, personal and social needs and encourages the maximum development of every student.
- c. Respects the student's values and beliefs and does not impose the counselor's personal values.
- d. Is knowledgeable of laws, regulations and policies relating to students and strives to protect and inform students regarding their rights.

## A.2. Confidentiality

The professional school counselor:

- a. Informs students of the purposes, goals, techniques and rules of procedure under which they may receive counseling at or before the time when the counseling relationship is entered. Disclosure notice includes the limits of confidentiality such as the possible necessity for consulting with other professionals, privileged communication, and legal or authoritative restraints. The meaning and limits of confidentiality are defined in developmentally appropriate terms to students.
- b. Keeps information confidential unless disclosure is required to prevent clear and imminent danger to the student or others or when legal requirements demand that confidential information be revealed. Counselors will consult with appropriate professionals when in doubt as to the validity of an exception.
- c. In absence of state legislation expressly forbidding disclosure, considers the ethical responsibility to provide information to an identified third party who, by his/her relationship with the student, is at a high risk of contracting a disease that is commonly known to be communicable and fatal. Disclosure requires satisfaction of all of the following conditions:
  - Student identifies partner or the partner is highly identifiable
  - Counselor recommends the student notify partner and refrain from further high-risk behavior
  - Student refuses
  - Counselor informs the student of the intent to notify the partner
  - Counselor seeks legal consultation as to the legalities of informing the partner
- d. Requests of the court that disclosure not be required when the release of confidential information may potentially harm a student or the counseling relationship.
- e. Protects the confidentiality of students' records and releases personal data in accordance with prescribed laws and school policies. Student information stored and transmitted electronically is treated with the same care as traditional student records.

f. Protects the confidentiality of information received in the counseling relationship as specified by federal and state laws, written policies and applicable ethical standards. Such information is only to be revealed to others with the informed consent of the student, consistent with the counselor's ethical obligation.

g. Recognizes his/her primary obligation for confidentiality is to the student but balances that obligation with an understanding of the legal and inherent rights of parents/guardians to be the guiding voice in their children's lives.

### A.3. Counseling Plans

The professional school counselor:

a. Provides students with a comprehensive school counseling program that includes a strong emphasis on working jointly with all students to develop academic and career goals.

b. Advocates for counseling plans supporting students right to choose from the wide array of options when they leave secondary education. Such plans will be regularly reviewed to update students regarding critical information they need to make informed decisions.

### A.4. Dual Relationships

The professional school counselor:

a. Avoids dual relationships that might impair his/her objectivity and increase the risk of harm to the student (e.g., counseling one's family members, close friends or associates). If a dual relationship is unavoidable, the counselor is responsible for taking action to eliminate or reduce the potential for harm. Such safeguards might include informed consent, consultation, supervision and documentation.

b. Avoids dual relationships with school personnel that might infringe on the integrity of the counselor/student relationship

### A.5. Appropriate Referrals

The professional school counselor:

a. Makes referrals when necessary or appropriate to outside resources. Appropriate referrals may necessitate informing both parents/guardians and students of applicable resources and making proper plans for transitions with minimal interruption of services. Students retain the right to discontinue the counseling relationship at any time.

### A.6. Group Work

The professional school counselor:

a. Screens prospective group members and maintains an awareness of participants' needs and goals in relation to the goals of the group. The counselor takes reasonable precautions to protect members from physical and psychological harm resulting from interaction within the group.

b. Notifies parents/guardians and staff of group participation if the counselor deems it appropriate and if consistent with school board policy or practice.

c. Establishes clear expectations in the group setting and clearly states that confidentiality in group counseling cannot be guaranteed. Given the developmental and chronological ages of minors in schools, the counselor recognizes the tenuous nature of confidentiality for minors renders some topics inappropriate for group work in a school setting.

d. Follows up with group members and documents proceedings as appropriate.

### A.7. Danger to Self or Others

The professional school counselor:

a. Informs parents/guardians or appropriate authorities when the student's condition indicates a clear and imminent danger to the student or others. This is to be done after careful deliberation and, where possible, after consultation with other counseling professionals.

b. Will attempt to minimize threat to a student and may choose to 1) inform the student of actions to be taken, 2) involve the student in a three-way communication with parents/guardians when breaching confidentiality or 3) allow the student to have input as to how and to whom the breach will be made.

### A.8. Student Records

The professional school counselor:

a. Maintains and secures records necessary for rendering professional services to the student as required by laws, regulations, institutional procedures and confidentiality guidelines.

b. Keeps sole-possession records separate from students' educational records in keeping with state laws.

c. Recognizes the limits of sole-possession records and understands these records are a memory aid for the creator and in absence of privilege communication may be subpoenaed and may become educational records when they 1) are shared with others in verbal or written form, 2) include information other than professional opinion or personal observations and/or 3) are made accessible to others.

d. Establishes a reasonable timeline for purging sole-possession records or case notes. Suggested guidelines include shredding sole possession records when the student transitions to the next level, transfers to another school or graduates. Careful discretion and deliberation should be applied before destroying sole-possession records that may be needed by a court of law such as notes on child abuse, suicide, sexual harassment or violence.

### A.9. Evaluation, Assessment and Interpretation

The professional school counselor:

a. Adheres to all professional standards regarding selecting, administering and interpreting assessment measures and only utilizes assessment measures that are within the scope of practice for school counselors.

b. Seeks specialized training regarding the use of electronically based testing programs in administering, scoring and interpreting that may differ from that required in more traditional assessments.

c. Considers confidentiality issues when utilizing evaluative or assessment instruments and electronically based programs.

d. Provides interpretation of the nature, purposes, results and potential impact of assessment/evaluation measures in language the student(s) can understand.

e. Monitors the use of assessment results and interpretations, and takes reasonable steps to prevent others from misusing the information.

f. Uses caution when utilizing assessment techniques, making evaluations and interpreting the performance of populations not represented in the norm group on which an instrument is standardized.

g. Assesses the effectiveness of his/her program in having an impact on students' academic, career and personal/social development through accountability measures especially examining efforts to close achievement, opportunity and attainment gaps.

### A.10. Technology

The professional school counselor:

a. Promotes the benefits of and clarifies the limitations of various appropriate technological applications. The counselor promotes technological applications (1) that are appropriate for the student's individual needs, (2) that the student understands how to use and (3) for which follow-up counseling assistance is provided.

b. Advocates for equal access to technology for all students, especially those historically underserved.

c. Takes appropriate and reasonable measures for maintaining confidentiality of student information and educational records stored or transmitted over electronic media including although not limited to fax, electronic mail and instant messaging.

d. While working with students on a computer or similar technology, takes reasonable and appropriate measures to protect students from objectionable and/or harmful online material.

e. Who is engaged in the delivery of services involving technologies such as the telephone, videoconferencing and the Internet takes responsible steps to protect students and others from harm.

### A.11. Student Peer Support Program

The professional school counselor:

Has unique responsibilities when working with student-assistance programs. The school counselor is responsible for the welfare of students participating in peer-to-peer programs under his/her direction.

## B. RESPONSIBILITIES TO PARENTS/GUARDIANS

### B.1. Parent Rights and Responsibilities

The professional school counselor:

a. Respects the rights and responsibilities of parents/guardians for their children and endeavors to establish, as appropriate, a collaborative relationship with parents/guardians to facilitate the student's maximum development.

b. Adheres to laws, local guidelines and ethical standards of practice when assisting parents/guardians experiencing family difficulties that interfere with the student's effectiveness and welfare.

c. Respects the confidentiality of parents/guardians.

d. Is sensitive to diversity among families and recognizes that all parents/guardians, custodial and noncustodial, are vested with certain rights and responsibilities for the welfare of their children by virtue of their role and according to law.

### B.2. Parents/Guardians and Confidentiality

The professional school counselor:

a. Informs parents/guardians of the counselor's role with emphasis on the confidential nature of the counseling relationship between the counselor and student.

b. Recognizes that working with minors in a school setting may require counselors to collaborate with students' parents/guardians.

c. Provides parents/guardians with accurate, comprehensive and relevant information in an objective and caring manner, as is appropriate and consistent with ethical responsibilities to the student.

d. Makes reasonable efforts to honor the wishes of parents/guardians concerning information regarding the student, and in cases of divorce or separation exercises a good-faith effort to keep both parents informed with regard to critical information with the exception of a court order.

## C. RESPONSIBILITIES TO COLLEAGUES AND PROFESSIONAL ASSOCIATES

### C.1. Professional Relationships

The professional school counselor:

a. Establishes and maintains professional relationships with faculty, staff and administration to facilitate an optimum counseling program.

b. Treats colleagues with professional respect, courtesy and fairness. The qualifications, views and findings of colleagues are represented to accurately reflect the image of competent professionals.

c. Is aware of and utilizes related professionals, organizations and other resources to whom the student may be referred.

### C.2. Sharing Information with Other Professionals

The professional school counselor:

a. Promotes awareness and adherence to appropriate guidelines regarding confidentiality, the distinction between public and private information and staff consultation.

b. Provides professional personnel with accurate, objective, concise and meaningful data necessary to adequately evaluate, counsel and assist the student.

c. If a student is receiving services from another counselor or other mental health professional, the counselor, with student and/or parent/guardian consent, will inform the other professional and develop clear agreements to avoid confusion and conflict for the student.

d. Is knowledgeable about release of information and parental rights in sharing information.

## D. RESPONSIBILITIES TO THE SCHOOL AND COMMUNITY

### D.1. Responsibilities to the School

The professional school counselor:

a. Supports and protects the educational program against any infringement not in students' best interest.

b. Informs appropriate officials in accordance with school policy of conditions that may be potentially disruptive or damaging to the school's mission, personnel and property while honoring the confidentiality between the student and counselor.

c. Is knowledgeable and supportive of the school's mission and connects his/her program to the school's mission.

d. Delineates and promotes the counselor's role and function in meeting the needs of those served. Counselors will notify appropriate officials of conditions that may limit or curtail their effectiveness in providing programs and services.

e. Accepts employment only for positions for which he/she is qualified by education, training, supervised experience, state and national professional credentials and appropriate professional experience.

f. Advocates that administrators hire only qualified and competent individuals for professional counseling positions.

g. Assists in developing: (1) curricular and environmental conditions appropriate for the school and community, (2) educational procedures and programs to meet students' developmental needs and (3) a systematic evaluation process for comprehensive, developmental, standards-based school counseling programs, services and personnel.

The counselor is guided by the findings of the evaluation data in planning programs and services.

## **D.2. Responsibility to the Community**

The professional school counselor:

- a. Collaborates with agencies, organizations and individuals in the community in the best interest of students and without regard to personal reward or remuneration.
- b. Extends his/her influence and opportunity to deliver a comprehensive school counseling program to all students by collaborating with community resources for student success.

## **E. RESPONSIBILITIES TO SELF**

### **E.1. Professional Competence**

The professional school counselor:

- a. Functions within the boundaries of individual professional competence and accepts responsibility for the consequences of his/her actions.
- b. Monitors personal well-being and effectiveness and does not participate in any activity that may lead to inadequate professional services or harm to a student.
- c. Strives through personal initiative to maintain professional competence including technological literacy and to keep abreast of professional information. Professional and personal growth are ongoing throughout the counselor's career.

### **E.2. Diversity**

The professional school counselor:

- a. Affirms the diversity of students, staff and families.
- b. Expands and develops awareness of his/her own attitudes and beliefs affecting cultural values and biases and strives to attain cultural competence.
- c. Possesses knowledge and understanding about how oppression, racism, discrimination and stereotyping affects her/him personally and professionally.
- d. Acquires educational, consultation and training experiences to improve awareness, knowledge, skills and effectiveness in working with diverse populations: ethnic/racial status, age, economic status, special needs, ESL or ELL, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity and appearance.

## **F. RESPONSIBILITIES TO THE PROFESSION**

### **F.1. Professionalism**

The professional school counselor:

- a. Accepts the policies and procedures for handling ethical violations as a result of maintaining membership in the American School Counselor Association.
- b. Conducts herself/himself in such a manner as to advance individual ethical practice and the profession.
- c. Conducts appropriate research and report findings in a manner consistent with acceptable educational and psychological research practices. The counselor advocates for the protection of the individual student's identity when using data for research or program planning.

d. Adheres to ethical standards of the profession, other official policy statements, such as ASCA's position statements, role statement and the ASCA National Model, and relevant statutes established by federal, state and local governments, and when these are in conflict works responsibly for change.

e. Clearly distinguishes between statements and actions made as a private individual and those made as a representative of the school counseling profession.

f. Does not use his/her professional position to recruit or gain clients, consultees for his/her private practice or to seek and receive unjustified personal gains, unfair advantage, inappropriate relationships or unearned goods or services.

### **F.2. Contribution to the Profession**

The professional school counselor:

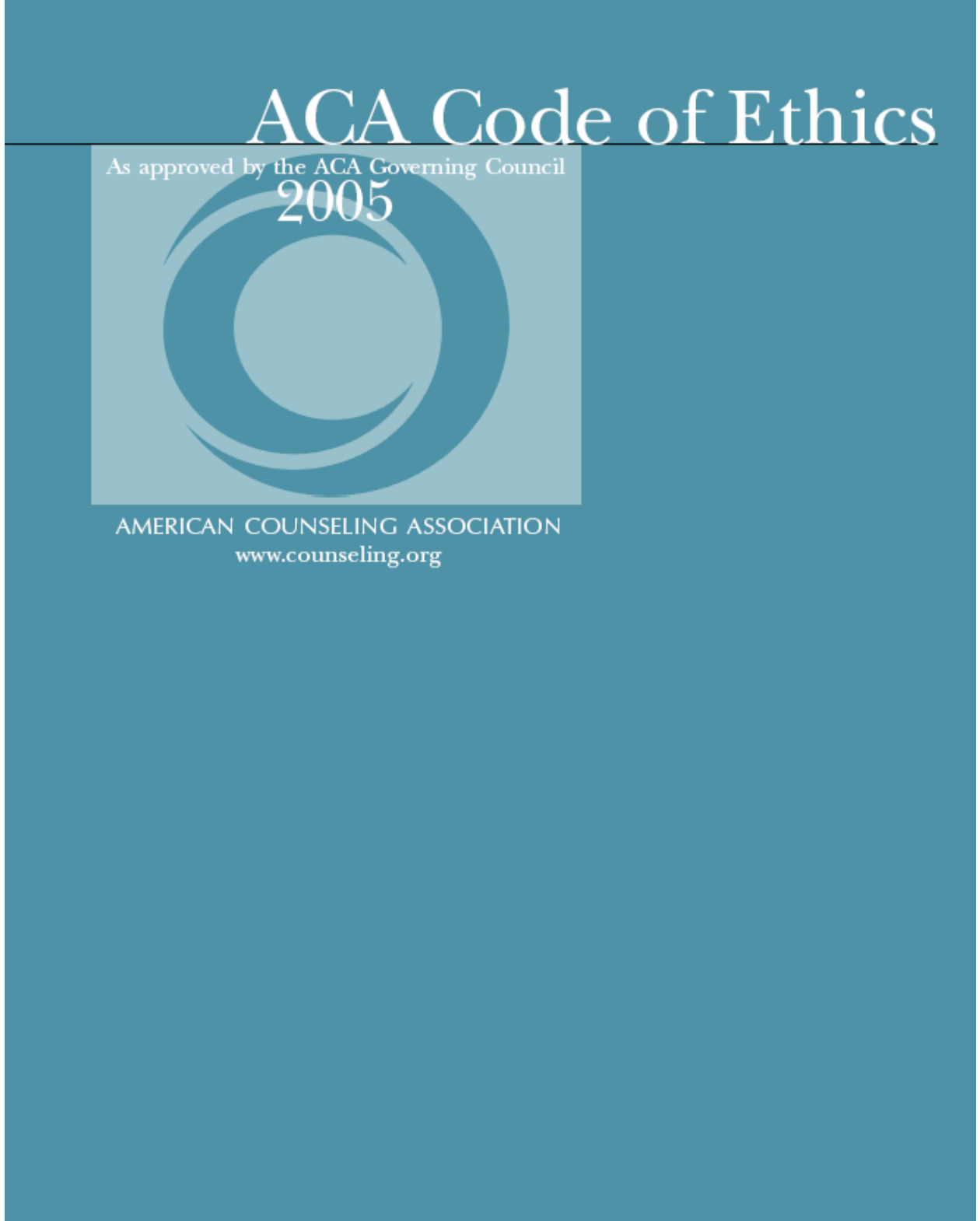
- a. Actively participates in local, state and national associations fostering the development and improvement of school counseling.
- b. Contributes to the development of the profession through the sharing of skills, ideas and expertise with colleagues.
- c. Provides support and mentoring to novice professionals.

## **G. MAINTENANCE OF STANDARDS**

Ethical behavior among professional school counselors, association members and nonmembers, is expected at all times. When there exists serious doubt as to the ethical behavior of colleagues or if counselors are forced to work in situations or abide by policies that do not reflect the standards as outlined in these Ethical Standards for School Counselors, the counselor is obligated to take appropriate action to rectify the condition. The following procedure may serve as a guide:

1. The counselor should consult confidentially with a professional colleague to discuss the nature of a complaint to see if the professional colleague views the situation as an ethical violation.
2. When feasible, the counselor should directly approach the colleague whose behavior is in question to discuss the complaint and seek resolution.
3. If resolution is not forthcoming at the personal level, the counselor shall utilize the channels established within the school, school district, the state school counseling association and ASCA's Ethics Committee.
4. If the matter still remains unresolved, referral for review and appropriate action should be made to the Ethics Committees in the following sequence:
  - state school counselor association
  - American School Counselor Association
5. The ASCA Ethics Committee is responsible for:
  - educating and consulting with the membership regarding ethical standards
  - periodically reviewing and recommending changes in code
  - receiving and processing questions to clarify the application of such standards; Questions must be submitted in writing to the ASCA Ethics chair.
  - handling complaints of alleged violations of the ethical standards. At the national level, complaints should be submitted in writing to the ASCA Ethics Committee, c/o the Executive Director, American School Counselor Association, 1101 King St., Suite 625, Alexandria, VA 22314.

APPENDIX B





## Mission

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

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## ACA Code of Ethics Preamble

The American Counseling Association is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. ACA members are dedicated to the enhancement of human development throughout the life span. Association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts.

Professional values are an important way of living out an ethical commitment. Values inform principles. Inherently held values that guide our behaviors or exceed prescribed behaviors are deeply ingrained in the counselor and developed out of personal dedication, rather than the mandatory requirement of an external organization.

## ACA Code of Ethics Purpose

The *ACA Code of Ethics* serves five main purposes:

1. The *Code* enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.
2. The *Code* helps support the mission of the association.
3. The *Code* establishes principles that define ethical behavior and best practices of association members.
4. The *Code* serves as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services and best promotes the values of the counseling profession.
5. The *Code* serves as the basis for processing of ethical complaints and inquiries initiated against members of the association.

The *ACA Code of Ethics* contains eight main sections that address the following areas:

- Section A: The Counseling Relationship
- Section B: Confidentiality, Privileged Communication, and Privacy
- Section C: Professional Responsibility
- Section D: Relationships With Other Professionals
- Section E: Evaluation, Assessment, and Interpretation
- Section F: Supervision, Training, and Teaching
- Section G: Research and Publication
- Section H: Resolving Ethical Issues

Each section of the *ACA Code of Ethics* begins with an Introduction. The introductions to each section discuss what counselors should aspire to with regard to ethical behavior and responsibility. The Introduction helps set the tone for that particular section and provides a starting point that invites reflection on the ethical mandates contained in each part of the *ACA Code of Ethics*.

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process. Reasonable differences of opinion can and do exist among counselors with respect to the ways in which values, ethical principles, and ethical standards would be applied when they conflict. While there is no specific ethical decision-making model that is most effective, counselors are expected to be familiar with a credible model of decision making that can bear public scrutiny and its application.

Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors are empowered to make decisions that help expand the capacity of people to grow and develop.

A brief glossary is given to provide readers with a concise description of some of the terms used in the *ACA Code of Ethics*.

## Section A

### The Counseling Relationship

#### Introduction

Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.

Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico).

#### A.1. Welfare of Those Served by Counselors

##### A.1.a. Primary Responsibility

The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

##### A.1.b. Records

Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures. Counselors include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Counselors take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, counselors take steps to properly note the correction of such errors according to agency or institutional policies. (See A.12.g.7., B.6., B.6.g., G.2.j.)

##### A.1.c. Counseling Plans

Counselors and their clients work jointly in devising integrated counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients. (See A.2.a., A.2.d., A.12.g.)

##### A.1.d. Support Network Involvement

Counselors recognize that support

networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

##### A.1.e. Employment Needs

Counselors work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, counselors appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

#### A.2. Informed Consent in the Counseling Relationship

(See A.12.g., B.5., B.6.b., E.3., E.13.b., F.1.c., G.2.a.)

##### A.2.a. Informed Consent

Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both the counselor and the client. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

##### A.2.b. Types of Information Needed

Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, and relevant experience; continuation of services upon the incapacitation or death of a counselor; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements.

Clients have the right to confidentiality and to be provided with an explanation of its limitations (including how supervisors and/or treatment team professionals are involved); to obtain clear information about their records; to participate in the ongoing counseling plans; and to refuse any services or modality change and to be advised of the consequences of such refusal.

##### A.2.c. Developmental and Cultural Sensitivity

Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by counselors, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

##### A.2.d. Inability to Give Consent

When counseling minors or persons unable to give voluntary consent, counselors seek the assent of clients to services, and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

#### A.3. Clients Served by Others

When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

#### A.4. Avoiding Harm and Imposing Values

##### A.4.a. Avoiding Harm

Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

##### A.4.b. Personal Values

Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that

are inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants.

### **A.5. Roles and Relationships With Clients**

(See F.3., F.10., G.3.)

#### **A.5.a. Current Clients**

Sexual or romantic counselor–client interactions or relationships with current clients, their romantic partners, or their family members are prohibited.

#### **A.5.b. Former Clients**

Sexual or romantic counselor–client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact. Counselors, before engaging in sexual or romantic interactions or relationships with clients, their romantic partners, or client family members after 5 years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationship can be viewed as exploitive in some way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering such an interaction or relationship.

#### **A.5.c. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)**

Counselor–client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client. (See A.5.d.)

#### **A.5.d. Potentially Beneficial Interactions**

When a counselor–client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. Such interactions should be initiated with appropriate client consent. Where

unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by a client or former client (excepting unrestricted bartering); hospital visits to an ill family member; mutual membership in a professional association, organization, or community. (See A.5.c.)

#### **A.5.e. Role Changes in the Professional Relationship**

When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include

1. changing from individual to relationship or family counseling, or vice versa;
2. changing from a nonforensic evaluative role to a therapeutic role, or vice versa;
3. changing from a counselor to a researcher role (i.e., enlisting clients as research participants), or vice versa; and
4. changing from a counselor to a mediator role, or vice versa.

Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, or therapeutic) of counselor role changes.

### **A.6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels**

#### **A.6.a. Advocacy**

When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.

#### **A.6.b. Confidentiality and Advocacy**

Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to

improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

### **A.7. Multiple Clients**

When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately. (See A.8.a., B.4.)

### **A.8. Group Work**

(See B.4.a.)

#### **A.8.a. Screening**

Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

#### **A.8.b. Protecting Clients**

In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

### **A.9. End-of-Life Care for Terminally Ill Clients**

#### **A.9.a. Quality of Care**

Counselors strive to take measures that enable clients

1. to obtain high quality end-of-life care for their physical, emotional, social, and spiritual needs;
2. to exercise the highest degree of self-determination possible;
3. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and
4. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.

#### **A.9.b. Counselor Competence, Choice, and Referral**

Recognizing the personal, moral, and competence issues related to

end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help.

#### **A.9.c. Confidentiality**

Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties. (See B.5.c., B.7.c.)

### **A.10. Fees and Bartering**

#### **A.10.a. Accepting Fees From Agency Clients**

Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

#### **A.10.b. Establishing Fees**

In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable cost.

#### **A.10.c. Nonpayment of Fees**

If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they first inform clients of intended actions and offer clients the opportunity to make payment.

#### **A.10.d. Bartering**

Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications

of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

#### **A.10.e. Receiving Gifts**

Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the counselor's motivation for wanting or declining the gift.

### **A.11. Termination and Referral**

#### **A.11.a. Abandonment Prohibited**

Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

#### **A.11.b. Inability to Assist Clients**

If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors should discontinue the relationship.

#### **A.11.c. Appropriate Termination**

Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client, or another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

#### **A.11.d. Appropriate Transfer of Services**

When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

### **A.12. Technology Applications**

#### **A.12.a. Benefits and Limitations**

Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments and other communication devices.

#### **A.12.b. Technology-Assisted Services**

When providing technology-assisted distance counseling services, counselors determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

#### **A.12.c. Inappropriate Services**

When technology-assisted distance counseling services are deemed inappropriate by the counselor or client, counselors consider delivering services face to face.

#### **A.12.d. Access**

Counselors provide reasonable access to computer applications when providing technology-assisted distance counseling services.

#### **A.12.e. Laws and Statutes**

Counselors ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes.

#### **A.12.f. Assistance**

Counselors seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national boundaries.

#### **A.12.g. Technology and Informed Consent**

As part of the process of establishing informed consent, counselors do the following:

1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.
2. Inform clients of all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
3. Urge clients to be aware of all authorized or unauthorized users

- including family members and fellow employees who have access to any technology clients may use in the counseling process.
4. Inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries.
  5. Use encrypted Web sites and e-mail communications to help ensure confidentiality when possible.
  6. When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific.
  7. Inform clients if and for how long archival storage of transaction records are maintained.
  8. Discuss the possibility of technology failure and alternate methods of service delivery.
  9. Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.
  10. Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.
  11. Inform clients when technology-assisted distance counseling services are not covered by insurance. (See A.2.)

#### A.12.h. Sites on the World Wide Web

Counselors maintaining sites on the World Wide Web (the Internet) do the following:

1. Regularly check that electronic links are working and professionally appropriate.
2. Establish ways clients can contact the counselor in case of technology failure.
3. Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.
4. Establish a method for verifying client identity.
5. Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.
6. Strive to provide a site that is accessible to persons with disabilities.

7. Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations.
8. Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications.

## Section B

### Confidentiality, Privileged Communication, and Privacy

#### Introduction

Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

#### B.1. Respecting Client Rights

##### B.1.a. Multicultural/Diversity Considerations

Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

##### B.1.b. Respect for Privacy

Counselors respect client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process.

##### B.1.c. Respect for Confidentiality

Counselors do not share confidential information without client consent or without sound legal or ethical justification.

##### B.1.d. Explanation of Limitations

At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached. (See A.2.b.)

#### B.2. Exceptions

##### B.2.a. Danger and Legal Requirements

The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues. (See A.9.c.)

##### B.2.b. Contagious, Life-Threatening Diseases

When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party.

##### B.2.c. Court-Ordered Disclosure

When subpoenaed to release confidential or privileged information without a client's permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

##### B.2.d. Minimal Disclosure

To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

#### B.3. Information Shared With Others

##### B.3.a. Subordinates

Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers. (See F.1.c.)

**B.3.b. Treatment Teams**

When client treatment involves a continued review or participation by a treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

**B.3.c. Confidential Settings**

Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

**B.3.d. Third-Party Payers**

Counselors disclose information to third-party payers only when clients have authorized such disclosure.

**B.3.e. Transmitting Confidential Information**

Counselors take precautions to ensure the confidentiality of information transmitted through the use of computers, electronic mail, facsimile machines, telephones, voicemail, answering machines, and other electronic or computer technology. (*See A.12.g.*)

**B.3.f. Deceased Clients**

Counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

**B.4. Groups and Families****B.4.a. Group Work**

In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group being entered.

**B.4.b. Couples and Family Counseling**

In couples and family counseling, counselors clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual's right to confidentiality and any obligation to preserve the confidentiality of information known.

**B.5. Clients Lacking Capacity to Give Informed Consent****B.5.a. Responsibility to Clients**

When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

**B.5.b. Responsibility to Parents and Legal Guardians**

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

**B.5.c. Release of Confidential Information**

When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

**B.6. Records****B.6.a. Confidentiality of Records**

Counselors ensure that records are kept in a secure location and that only authorized persons have access to records.

**B.6.b. Permission to Record**

Counselors obtain permission from clients prior to recording sessions through electronic or other means.

**B.6.c. Permission to Observe**

Counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

**B.6.d. Client Access**

Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the record in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that related

directly to them and do not include confidential information related to any other client.

**B.6.e. Assistance With Records**

When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

**B.6.f. Disclosure or Transfer**

Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. (*See A.3., E.4.*)

**B.6.g. Storage and Disposal After Termination**

Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. When records are of an artistic nature, counselors obtain client (or guardian) consent with regards to handling of such records or documents. (*See A.1.b.*)

**B.6.h. Reasonable Precautions**

Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. (*See C.2.h.*)

**B.7. Research and Training****B.7.a. Institutional Approval**

When institutional approval is required, counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

**B.7.b. Adherence to Guidelines**

Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

**B.7.c. Confidentiality of Information Obtained in Research**

Violations of participant privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner.

They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected. (See G.2.e.)

#### **B.7.d. Disclosure of Research Information**

Counselors do not disclose confidential information that reasonably could lead to the identification of a research participant unless they have obtained the prior consent of the person. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See G.2.a., G.2.d.)

**B.7.e. Agreement for Identification** Identification of clients, students, or supervisees in a presentation or publication is permissible only when they have reviewed the material and agreed to its presentation or publication. (See G.4.d.)

### **B.8. Consultation**

#### **B.8.a. Agreements**

When acting as consultants, counselors seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

#### **B.8.b. Respect for Privacy**

Information obtained in a consulting relationship is discussed for professional purposes only with persons directly involved with the case. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

#### **B.8.c. Disclosure of Confidential Information**

When consulting with colleagues, counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclo-

sure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation. (See D.2.d.)

## Section C

### Professional Responsibility

#### **Introduction**

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a non-discriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the *ACA Code of Ethics*. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors advocate to promote change at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

#### **C.1. Knowledge of Standards**

Counselors have a responsibility to read, understand, and follow the *ACA Code of Ethics* and adhere to applicable laws and regulations.

#### **C.2. Professional Competence**

##### **C.2.a. Boundaries of Competence**

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (See A.9.b., C.4.e., E.2., F.2., F.11.b.)

##### **C.2.b. New Specialty Areas of Practice**

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm. (See F.6.f.)

##### **C.2.c. Qualified for Employment**

Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

##### **C.2.d. Monitor Effectiveness**

Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek peer supervision as needed to evaluate their efficacy as counselors.

##### **C.2.e. Consultation on Ethical Obligations**

Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

##### **C.2.f. Continuing Education**

Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

##### **C.2.g. Impairment**

Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment



and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients. (See A.11.b., F.8.b.)

#### **C.2.h. Counselor Incapacitation or Termination of Practice**

When counselors leave a practice, they follow a prepared plan for transfer of clients and files. Counselors prepare and disseminate to an identified colleague or "records custodian" a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice.

### **C.3. Advertising and Soliciting Clients**

#### **C.3.a. Accurate Advertising**

When advertising or otherwise representing their services to the public, counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

#### **C.3.b. Testimonials**

Counselors who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence.

#### **C.3.c. Statements by Others**

Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

#### **C.3.d. Recruiting Through Employment**

Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices.

#### **C.3.e. Products and Training Advertisements**

Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices. (See C.6.d.)

#### **C.3.f. Promoting to Those Served**

Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. However, coun-

selor educators may adopt textbooks they have authored for instructional purposes.

### **C.4. Professional Qualifications**

#### **C.4.a. Accurate Representation**

Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

(See C.2.a.)

#### **C.4.b. Credentials**

Counselors claim only licenses or certifications that are current and in good standing.

#### **C.4.c. Educational Degrees**

Counselors clearly differentiate between earned and honorary degrees.

#### **C.4.d. Implying Doctoral-Level Competence**

Counselors clearly state their highest earned degree in counseling or closely related field. Counselors do not imply doctoral-level competence when only possessing a master's degree in counseling or a related field by referring to themselves as "Dr." in a counseling context when their doctorate is not in counseling or related field.

#### **C.4.e. Program Accreditation Status**

Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.

#### **C.4.f. Professional Membership**

Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of the American Counseling Association must clearly differentiate between professional membership, which implies the possession of at least a master's degree in counseling, and regular membership, which is open to individuals whose interests and activities are consistent with those of ACA but are not qualified for professional membership.

### **C.5. Nondiscrimination**

Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference,

socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.

### **C.6. Public Responsibility**

#### **C.6.a. Sexual Harassment**

Counselors do not engage in or condone sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either

1. is unwelcome, is offensive, or creates a hostile workplace or learning environment, and counselors know or are told this; or
2. is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred.

Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

#### **C.6.b. Reports to Third Parties**

Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.3., E.4.)

#### **C.6.c. Media Presentations**

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that

1. the statements are based on appropriate professional counseling literature and practice,
2. the statements are otherwise consistent with the *ACA Code of Ethics*, and
3. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

#### **C.6.d. Exploitation of Others**

Counselors do not exploit others in their professional relationships. (See C.3.e.)

#### **C.6.e. Scientific Bases for Treatment Modalities**

Counselors use techniques/procedures/modalities that are grounded in

theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/procedures as “unproven” or “developing” and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm. (See A.4.a., E.5.c., E.5.d.)

## C.7. Responsibility to Other Professionals

### C.7.a. Personal Public Statements

When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

## Section D

### Relationships With Other Professionals

#### Introduction

Professional counselors recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

### D.1. Relationships With Colleagues, Employers, and Employees

#### D.1.a. Different Approaches

Counselors are respectful of approaches to counseling services that differ from their own. Counselors are respectful of traditions and practices of other professional groups with which they work.

#### D.1.b. Forming Relationships

Counselors work to develop and strengthen interdisciplinary relations with colleagues from other disciplines to best serve clients.

#### D.1.c. Interdisciplinary Teamwork

Counselors who are members of interdisciplinary teams delivering multifaceted services to clients, keep the focus on how to best serve the clients.

They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines. (See A.1.a.)

#### D.1.d. Confidentiality

When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues. (See B.1.c., B.1.d., B.2.c., B.2.d., B.3.b.)

#### D.1.e. Establishing Professional and Ethical Obligations

Counselors who are members of interdisciplinary teams clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

#### D.1.f. Personnel Selection and Assignment

Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

#### D.1.g. Employer Policies

The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

#### D.1.h. Negative Conditions

Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be effected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

#### D.1.i. Protection From Punitive Action

Counselors take care not to harass or dismiss an employee who has acted in a responsible and ethical manner

to expose inappropriate employer policies or practices.

## D.2. Consultation

### D.2.a. Consultant Competency

Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed. (See C.2.a.)

### D.2.b. Understanding Consultees

When providing consultation, counselors attempt to develop with their consultees a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

### D.2.c. Consultant Goals

The consulting relationship is one in which consultee adaptability and growth toward self-direction are consistently encouraged and cultivated.

### D.2.d. Informed Consent in Consultation

When providing consultation, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultees. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality. Working in conjunction with the consultee, counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees. (See A.2.a., A.2.b.)

## Section E

### Evaluation, Assessment, and Interpretation

#### Introduction

Counselors use assessment instruments as one component of the counseling process, taking into account the client personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, psychological, and career assessment instruments.

## E.1. General

### E.1.a. Assessment

The primary purpose of educational, psychological, and career assessment is to provide measurements that are valid and reliable in either comparative or absolute terms. These include, but are not limited to, measurements of ability, personality, interest, intelligence, achievement, and performance. Counselors recognize the need to interpret the statements in this section as applying to both quantitative and qualitative assessments.

### E.1.b. Client Welfare

Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the bases for counselors' conclusions and recommendations.

## E.2. Competence to Use and Interpret Assessment Instruments

### E.2.a. Limits of Competence

Counselors utilize only those testing and assessment services for which they have been trained and are competent. Counselors using technology assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology based application. Counselors take reasonable measures to ensure the proper use of psychological and career assessment techniques by persons under their supervision. (See A.12.)

### E.2.b. Appropriate Use

Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.

### E.2.c. Decisions Based on Results

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational, psychological, and career measurement, including validation criteria, assessment research, and guidelines for assessment development and use.

## E.3. Informed Consent in Assessment

### E.3.a. Explanation to Clients

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in the language of the client (or other legally authorized person on behalf of the client), unless an explicit exception has been agreed upon in advance. Counselors consider the client's personal or cultural context, the level of the client's understanding of the results, and the impact of the results on the client. (See A.2., A.12.g., F.1.c.)

### E.3.b. Recipients of Results

Counselors consider the examinee's welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results. (See B.2.c., B.5.)

## E.4. Release of Data to Qualified Professionals

Counselors release assessment data in which the client is identified only with the consent of the client or the client's legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data. (See B.1., B.3., B.6.b.)

## E.5. Diagnosis of Mental Disorders

### E.5.a. Proper Diagnosis

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used.

### E.5.b. Cultural Sensitivity

Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders. (See A.2.c.)

### E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology

Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain indi-

viduals and groups and the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment.

### E.5.d. Refraining From Diagnosis

Counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others.

## E.6. Instrument Selection

### E.6.a. Appropriateness of Instruments

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments.

### E.6.b. Referral Information

If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized. (See A.9.b., B.3.)

### E.6.c. Culturally Diverse Populations

Counselors are cautious when selecting assessments for culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for the client population. (See A.2.c., E.5.b.)

## E.7. Conditions of Assessment Administration

(See A.12.b., A.12.d.)

### E.7.a. Administration Conditions

Counselors administer assessments under the same conditions that were established in their standardization. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

### E.7.b. Technological Administration

Counselors ensure that administration programs function properly and provide clients with accurate results when technological or other electronic methods are used for assessment administration.

### E.7.c. Unsupervised Assessments

Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring,

counselors do not permit inadequately supervised use.

#### **E.7.d. Disclosure of Favorable Conditions**

Prior to administration of assessments, conditions that produce most favorable assessment results are made known to the examinee.

#### **E.8. Multicultural Issues/ Diversity in Assessment**

Counselors use with caution assessment techniques that were normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and place test results in proper perspective with other relevant factors. (*See A.2.c., E.5.b.*)

#### **E.9. Scoring and Interpretation of Assessments**

##### **E.9.a. Reporting**

In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or the inappropriateness of the norms for the person tested.

##### **E.9.b. Research Instruments**

Counselors exercise caution when interpreting the results of research instruments not having sufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

##### **E.9.c. Assessment Services**

Counselors who provide assessment scoring and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client. (*See D.2.*)

#### **E.10. Assessment Security**

Counselors maintain the integrity and security of tests and other assessment

techniques consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published assessments or parts thereof without acknowledgment and permission from the publisher.

#### **E.11. Obsolete Assessments and Outdated Results**

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.

#### **E.12. Assessment Construction**

Counselors use established scientific procedures, relevant standards, and current professional knowledge for assessment design in the development, publication, and utilization of educational and psychological assessment techniques.

#### **E.13. Forensic Evaluation: Evaluation for Legal Proceedings**

##### **E.13.a. Primary Obligations**

When providing forensic evaluations, the primary obligation of counselors is to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual and/or review of records. Counselors are entitled to form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors will define the limits of their reports or testimony, especially when an examination of the individual has not been conducted.

##### **E.13.b. Consent for Evaluation**

Individuals being evaluated are informed in writing that the relationship is for the purposes of an evaluation and is not counseling in nature, and entities or individuals who will receive the evaluation report are identified. Written consent to be evaluated is obtained from those being evaluated unless a court orders evaluations to be conducted without the written consent of individuals being evaluated. When children or vulnerable adults are being evaluated, informed written

consent is obtained from a parent or guardian.

#### **E.13.c. Client Evaluation Prohibited**

Counselors do not evaluate individuals for forensic purposes they currently counsel or individuals they have counseled in the past. Counselors do not accept as counseling clients individuals they are evaluating or individuals they have evaluated in the past for forensic purposes.

#### **E.13.d. Avoid Potentially Harmful Relationships**

Counselors who provide forensic evaluations avoid potentially harmful professional or personal relationships with family members, romantic partners, and close friends of individuals they are evaluating or have evaluated in the past.

## Section F

### Supervision, Training, and Teaching

#### **Introduction**

Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

#### **F.1. Counselor Supervision and Client Welfare**

##### **F.1.a. Client Welfare**

A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics*.

##### **F.1.b. Counselor Credentials**

Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients. (*See A.2.b.*)

**F.1.c. Informed Consent and Client Rights**

Supervisors make supervisees aware of client rights including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be used. (See A.2.b., B.1.d.)

**F.2. Counselor Supervision Competence****F.2.a. Supervisor Preparation**

Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (See C.2.a., C.2.f.)

**F.2.b. Multicultural Issues/Diversity in Supervision**

Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

**F.3. Supervisory Relationships****F.3.a. Relationship Boundaries With Supervisees**

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.

**F.3.b. Sexual Relationships**

Sexual or romantic interactions or relationships with current supervisees are prohibited.

**F.3.c. Sexual Harassment**

Counseling supervisors do not condone or subject supervisees to sexual harassment. (See C.6.a.)

**F.3.d. Close Relatives and Friends**

Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.

**F.3.e. Potentially Beneficial Relationships**

Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

**F.4. Supervisor Responsibilities****F.4.a. Informed Consent for Supervision**

Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

**F.4.b. Emergencies and Absences**

Supervisors establish and communicate to supervisees procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises.

**F.4.c. Standards for Supervisees**

Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Supervisors of postdegree counselors encourage these counselors to adhere to professional standards of practice. (See C.1.)

**F.4.d. Termination of the****Supervisory Relationship**

Supervisors or supervisees have the right to terminate the supervisory

relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

**E.5. Counseling Supervision Evaluation, Remediation, and Endorsement****E.5.a. Evaluation**

Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.

**E.5.b. Limitations**

Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions. (See C.2.g.)

**E.5.c. Counseling for Supervisees**

If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning. (See F.3.a.)

**E.5.d. Endorsement**

Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

## F.6. Responsibilities of Counselor Educators

### F.6.a. Counselor Educators

Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. (See C.1., C.2.a., C.2.c.)

### F.6.b. Infusing Multicultural Issues/Diversity

Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

### F.6.c. Integration of Study and Practice

Counselor educators establish education and training programs that integrate academic study and supervised practice.

### F.6.d. Teaching Ethics

Counselor educators make students and supervisees aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum. (See C.1.)

### F.6.e. Peer Relationships

Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisees lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees understand they have the same ethical obligations as counselor educators, trainers, and supervisors.

### F.6.f. Innovative Theories and Techniques

When counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as "unproven" or "developing" and explain to students the potential risks and ethical considerations of using such techniques/procedures.

### F.6.g. Field Placements

Counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

### F.6.h. Professional Disclosure

Before initiating counseling services, counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Counselor educators ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process. (See A.2.b.)

## F.7. Student Welfare

### F.7.a. Orientation

Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Counseling faculty provide prospective students with information about the counselor education program's expectations:

1. the type and level of skill and knowledge acquisition required for successful completion of the training;
2. program training goals, objectives, and mission, and subject matter to be covered;
3. bases for evaluation;
4. training components that encourage self-growth or self-disclosure as part of the training process;
5. the type of supervision settings and requirements of the sites for required clinical field experiences;
6. student and supervisee evaluation and dismissal policies and procedures; and
7. up-to-date employment prospects for graduates.

### F.7.b. Self-Growth Experiences

Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their

admission and program materials. Counselor educators use professional judgment when designing training experiences they conduct that require student and supervisee self-growth or self-disclosure. Students and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student's level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

## F.8. Student Responsibilities

### F.8.a. Standards for Students

Counselors-in-training have a responsibility to understand and follow the *ACA Code of Ethics* and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement setting. Students have the same obligation to clients as those required of professional counselors. (See C.1., H.1.)

### F.8.b. Impairment

Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others. (See A.1., C.2.d., C.2.g.)

## F.9. Evaluation and Remediation of Students

### F.9.a. Evaluation

Counselors clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students

with ongoing performance appraisal and evaluation feedback throughout the training program.

#### **F.9.b. Limitations**

Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some students to achieve counseling competencies that might impede performance. Counselor educators

1. assist students in securing remedial assistance when needed,
2. seek professional consultation and document their decision to dismiss or refer students for assistance, and
3. ensure that students have recourse in a timely manner to address decisions to require them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures. *(See C.2.g.)*

#### **F.9.c. Counseling for Students**

If students request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

### **F. 10. Roles and Relationships Between Counselor Educators and Students**

#### **F.10.a. Sexual or Romantic Relationships**

Sexual or romantic interactions or relationships with current students are prohibited.

#### **F.10.b. Sexual Harassment**

Counselor educators do not condone or subject students to sexual harassment. *(See C.6.a.)*

#### **F.10.c. Relationships With Former Students**

Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members foster open discussions with former students when considering engaging in a social, sexual, or other intimate relationship. Faculty members discuss with the former student how their former relationship may affect the change in relationship.

#### **F.10.d. Nonprofessional Relationships**

Counselor educators avoid nonprofessional or ongoing professional relationships with students in which

there is a risk of potential harm to the student or that may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

#### **F.10.e. Counseling Services**

Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

#### **F.10.f. Potentially Beneficial Relationships**

Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

### **F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs**

#### **F.11.a. Faculty Diversity**

Counselor educators are committed to recruiting and retaining a diverse faculty.

#### **F.11.b. Student Diversity**

Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators

demonstrate commitment to multicultural/diversity competence by recognizing and valuing diverse cultures and types of abilities students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

#### **F.11.c. Multicultural/Diversity Competence**

Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.

## **Section G**

### **Research and Publication**

#### **Introduction**

Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research programs.

#### **G.1. Research Responsibilities**

##### **G.1.a. Use of Human Research Participants**

Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human research participants.

##### **G.1.b. Deviation From Standard Practice**

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard or acceptable practices.

**G.1.c. Independent Researchers**

When independent researchers do not have access to an Institutional Review Board (IRB), they should consult with researchers who are familiar with IRB procedures to provide appropriate safeguards.

**G.1.d. Precautions to Avoid Injury**

Counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and should take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

**G.1.e. Principal Researcher Responsibility**

The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

**G.1.f. Minimal Interference**

Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

**G.1.g. Multicultural/Diversity Considerations in Research**

When appropriate to research goals, counselors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

**G.2. Rights of Research Participants**

(See A.2, A.7.)

**G.2.a. Informed Consent in Research**

Individuals have the right to consent to become research participants. In seeking consent, counselors use language that

1. accurately explains the purpose and procedures to be followed,
2. identifies any procedures that are experimental or relatively untried,
3. describes any attendant discomforts and risks,
4. describes any benefits or changes in individuals or organizations that might be reasonably expected,
5. discloses appropriate alternative procedures that would be advantageous for participants,
6. offers to answer any inquiries concerning the procedures,
7. describes any limitations on confidentiality,

8. describes the format and potential target audiences for the dissemination of research findings, and

9. instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.

**G.2.b. Deception**

Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

**G.2.c. Student/Supervisee Participation**

Researchers who involve students or supervisees in research make clear to them that the decision regarding whether or not to participate in research activities does not affect one's academic standing or supervisory relationship. Students or supervisees who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

**G.2.d. Client Participation**

Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

**G.2.e. Confidentiality of Information**

Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent.

**G.2.f. Persons Not Capable of Giving Informed Consent**

When a person is not capable of giving informed consent, counselors

provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

**G.2.g. Commitments to Participants**

Counselors take reasonable measures to honor all commitments to research participants. (See A.2.c.)

**G.2.h. Explanations After Data Collection**

After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

**G.2.i. Informing Sponsors**

Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgement.

**G.2.j. Disposal of Research Documents and Records**

Within a reasonable period of time following the completion of a research project or study, counselors take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents. (See B.4.a, B.4.g.)

**G.3. Relationships With Research Participants (When Research Involves Intensive or Extended Interactions)****G.3.a. Nonprofessional Relationships**

Nonprofessional relationships with research participants should be avoided.

**G.3.b. Relationships With Research Participants**

Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited.

**G.3.c. Sexual Harassment and Research Participants**

Researchers do not condone or subject research participants to sexual harassment.



### G.3.d. Potentially Beneficial Interactions

When a nonprofessional interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

## G.4. Reporting Results

### G.4.a. Accurate Results

Counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. They describe the extent to which results are applicable for diverse populations.

### G.4.b. Obligation to Report Unfavorable Results

Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

### G.4.c. Reporting Errors

If counselors discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum, or through other appropriate publication means.

### G.4.d. Identity of Participants

Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data is adapted/changed to protect

the identity and welfare of all parties and that discussion of results does not cause harm to participants.

### G.4.e. Replication Studies

Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

## G.5. Publication

### G.5.a. Recognizing Contributions

When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

### G.5.b. Plagiarism

Counselors do not plagiarize, that is, they do not present another person's work as their own work.

### G.5.c. Review/Republication of Data or Ideas

Counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

### G.5.d. Contributors

Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

### G.5.e. Agreement of Contributors

Counselors who conduct joint research with colleagues or students/supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgement that will be received.

### G.5.f. Student Research

For articles that are substantially based on students course papers, projects, dissertations or theses, and on which students have been the primary contributors, they are listed as principal authors.

### G.5.g. Duplicate Submission

Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication

without acknowledgment and permission from the previous publication.

### G.5.h. Professional Review

Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors use care to make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and use care to avoid personal biases.

# Section H

## Resolving Ethical Issues

### Introduction

Counselors behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection and trust in the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that these standards are upheld.

Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

## H.1. Standards and the Law

(See F.9.a.)

### H.1.a. Knowledge

Counselors understand the *ACA Code of Ethics* and other applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a

defense against a charge of unethical conduct.

#### **H.1.b. Conflicts Between Ethics and Laws**

If ethical responsibilities conflict with law, regulations, or other governing legal authority, counselors make known their commitment to the *ACA Code of Ethics* and take steps to resolve the conflict. If the conflict cannot be resolved by such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority.

### **H.2. Suspected Violations**

#### **H.2.a. Ethical Behavior Expected**

Counselors expect colleagues to adhere to the *ACA Code of Ethics*. When counselors possess knowledge that raises doubts as to whether another counselor is acting in an ethical manner, they take appropriate action. (See *H.2.b.*, *H.2.c.*)

#### **H.2.b. Informal Resolution**

When counselors have reason to believe that another counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

#### **H.2.c. Reporting Ethical Violations**

If an apparent violation has substantially harmed, or is likely to substantially harm a person or organization

and is not appropriate for informal resolution or is not resolved properly, counselors take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when counselors have been retained to review the work of another counselor whose professional conduct is in question.

#### **H.2.d. Consultation**

When uncertain as to whether a particular situation or course of action may be in violation of the *ACA Code of Ethics*, counselors consult with other counselors who are knowledgeable about ethics and the *ACA Code of Ethics*, with colleagues, or with appropriate authorities.

#### **H.2.e. Organizational Conflicts**

If the demands of an organization with which counselors are affiliated pose a conflict with the *ACA Code of Ethics*, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the *ACA Code of Ethics*. When possible, counselors work toward change within the organization to allow full adherence to the *ACA Code of Ethics*. In doing so, they address any confidentiality issues.

#### **H.2.f. Unwarranted Complaints**

Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

#### **H.2.g. Unfair Discrimination Against Complainants and Respondents**

Counselors do not deny persons employment, advancement, admission to academic or other programs, tenure, or promotion based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

### **H.3. Cooperation With Ethics Committees**

Counselors assist in the process of enforcing the *ACA Code of Ethics*. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the *ACA Policy and Procedures for Processing Complaints of Ethical Violations* and use it as a reference for assisting in the enforcement of the *ACA Code of Ethics*.

## Glossary of Terms

- Advocacy** – promotion of the well-being of individuals and groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.
- Assent** – to demonstrate agreement, when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.
- Client** – an individual seeking or referred to the professional services of a counselor for help with problem resolution or decision making.
- Counselor** – a professional (or a student who is a counselor-in-training) engaged in a counseling practice or other counseling-related services. Counselors fulfill many roles and responsibilities such as counselor educators, researchers, supervisors, practitioners, and consultants.
- Counselor Educator** – a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of counselors-in-training.
- Counselor Supervisor** – a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual's counseling work or clinical skill development.
- Culture** – membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are cocreated with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.
- Diversity** – the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.
- Documents** – any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.
- Examinee** – a recipient of any professional counseling service that includes educational, psychological, and career appraisal utilizing qualitative or quantitative techniques.
- Forensic Evaluation** – any formal assessment conducted for court or other legal proceedings.
- Multicultural/Diversity Competence** – a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups.
- Multicultural/Diversity Counseling** – counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.
- Student** – an individual engaged in formal educational preparation as a counselor-in-training.
- Supervisee** – a professional counselor or counselor-in-training whose counseling work or clinical skill development is being overseen in a formal supervisory relationship by a qualified trained professional.
- Supervisor** – counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training.
- Teaching** – all activities engaged in as part of a formal educational program designed to lead to a graduate degree in counseling.
- Training** – the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors.

**APPENDIX C**

**From:** [Rae Ann Sites](mailto:RSITES@COUNSELING.ORG) <RSITES@COUNSELING.ORG>  
**To:** [Laura Strong](mailto:lauraannstrong@gmail.com) <lauraannstrong@gmail.com>  
**Sent:** Monday, December 07, 2009 3:21 PM  
**Subject:** List Rental for Dissertation.

Good afternoon Laura.

**Congratulations**, your request for a list rental from ACA has been approved. I have not had an answer back on the approximate number of k-12 counselors but hope to have that early tomorrow. I believe it is very close to 2,000.

Once I get the count, I will call you to double check the amount due and to get your payment at that time. Thank you for your patience.

Rae Ann Sites

Rae Ann Sites  
Member Programs Coordinator  
American Counseling Association  
5999 Stevenson Avenue  
Alexandria, VA 22304  
703/823-9800, ext 217 (o); 800/347-6647, ext. 217  
703/823-0252 (fax) or 800/473-2329  
[www.counseling.org](http://www.counseling.org)

**Register Today!**

ACA 2010 Conference & Exposition  
March 18-22, 2010, Pittsburgh, PA  
Cosponsored by the Pennsylvania Counseling Association

**APPENDIX D**

Dear School Counselor Colleague:

You are invited to participate in a research study examining the impact of multicultural competence and demographic data on ethical decision-making in school counselors. You were selected for this study because you are a member of the American Counseling Association and have indicated you practice as a school counselor. This study is being conducted at Wayne State University.

I feel this study is important as it relates to the profession of school counseling. Your time is extremely valuable and your participation would be immensely appreciated.

If you take part in the study, you will be asked to fill out a survey. The questions will request you to provide demographic information, answers to questions about multicultural competence and responses to several ethical scenarios. If possible, please respond to all questions. The survey will take approximately 20-30 minutes to complete.

Thank you for your time and consideration. To participate in this study, please click on the link below:

<https://www.surveymonkey.com/s.aspx>

Most sincerely,

Laura Strong  
Doctoral Candidate & School Counselor

Please note: If you do not wish to receive further emails from survey monkey(C), please click the link below, and you will be automatically removed from our mailing list. <https://www.surveymonkey.com/optout.aspx>

## APPENDIX E

### Research Information Sheet

#### The Impact of Multicultural Competence and Demographic Data on Ethical Decision-Making in School Counselors

Principal Investigator (PI): Laura Strong, Counselor Education  
(586) 482-0019

**Purpose:** You are being asked to participate in a research study examining the impact of multicultural competence and demographic data on ethical decision-making in school counselors. You were selected for the study because you are a member of the American Counseling Association and have indicated you practice as a school counselor. This study is being conducted at Wayne State University.

**Study Procedures:** If you take part in the study, you will be asked to fill out a survey. The questions will ask you to provide some demographic information, answers to questions about multicultural competence and responses to several ethical scenarios. If possible, please respond to all questions. The survey will take approximately 20-30 minutes to complete.

**Benefits:** As a participant in this research study, there may be no direct benefit for you; however, information from this study may benefit other people now or in the future.

**Risks:** There are no known risks at this time to participation in this study.

**Costs:** There will be no costs to you for participation in this research study.

**Compensation:** You will not be paid for taking part in this study.

**Confidentiality:** All information collected about you during the course of this study will be kept without any identifiers.

**Voluntary Participation/Withdrawal:** Taking part in this study is voluntary. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the American Counseling Association, Wayne State University or its affiliates.

**Questions:** If you have any questions about this study now or in the future, you may contact Laura Strong at the following phone number (586) 482-0019. If you have questions or concerns about your rights as a research participant, the Chair of the Human Investigation Committee can be contacted at (313) 577-1628. If you are unable to contact the research staff, or if you want to talk to someone other than the research staff, you may also call (313) 577-1628 to ask questions or voice concerns or complaints.

**Participation:** By completing the following survey you are agreeing to participate in this study.

## APPENDIX F

### Demographic Survey

Before you begin, please provide the following demographic information. The data you provide will be used for research purposes only.

1. What is your age?
2. What is your ethnicity? Check all that apply.
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Hispanic or Latino
  - e. Native Hawaiian or Other Pacific Islander
  - f. White
  - g. Other
3. What is your gender?
  - a. Female
  - b. Male
4. Please provide the 2-letter abbreviation for the state in which you are licensed and are currently practicing as a school counselor.
5. Please provide the 2-letter state abbreviation for the state in which you earned your graduate degree in school counseling.
6. What is your current completed education level?
  - a. Bachelor Degree
  - b. Masters Degree
  - c. Educational Specialist Degree
  - d. Doctorate Degree
7. Please specify your emphasis or program area.
  - a. Bachelor Degree
  - b. Masters Degree
  - c. Educational Specialist Degree
  - d. Doctorate Degree
8. Please specify your emphasis or program area.
  - a. School
  - b. Community
  - c. Other (please specify)
9. How many years experience do you have as a school counselor?
10. Have you ever had exposure to professional ethics in any of your course work during your program of study?
  - a. Yes
  - b. No
11. If you answered yes to question 10, have you had a separate course in professional ethics?
  - a. Yes
  - b. No
12. Have you taken a graduate course in multicultural counseling?
  - a. Yes
  - b. No

## APPENDIX G

THE MCCTS-R  
THE MULTICULTURAL COUNSELING AND TRAINING SURVEY-Revised

(Multicultural Counseling Competence Component)

by

Cheryl Holcomb-McCoy, Ph.D.  
University of Maryland at College Park



**Multicultural Counseling Competence and Training Survey-Revised**  
**Multicultural Counseling Competence Component**  
 (School Counselor Version)

Developed by Cheryl Holcomb-McCoy, Ph.D.  
 University of Maryland at College Park

**Directions:** Listed below are competency statements based on AMCD's Multicultural Counseling Competencies and Explanatory Statements. Please read each competency statement and evaluate your multicultural competence using the following 4-point scale.

- 1 - Not competent (Not able to perform at this time)  
 2 - Somewhat competent (More training needed)  
 3 - Competent (Able to perform competently)  
 4 - Extremely competent (Able to perform at a high level)

1.	I can discuss my own ethnic/cultural heritage.	1	2	3	4
2.	I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	1	2	3	4
3.	I am able to discuss how my culture has influenced the way I think.	1	2	3	4
4.	I can recognize when my attitudes, beliefs, and values are interfering with providing the best services to my students.	1	2	3	4
5.	I verbally communicate my acceptance of culturally different students.	1	2	3	4
6.	I nonverbally communicate my acceptance of culturally different students.	1	2	3	4
7.	I can discuss my family's perspective regarding acceptable and non-acceptable codes-of-conduct.	1	2	3	4
8.	I can discuss models of White Racial Identity Development.	1	2	3	4
9.	I can define racism.	1	2	3	4
10.	I can define prejudice.	1	2	3	4
11.	I can define discrimination.	1	2	3	4
12.	I can define stereotype.	1	2	3	4
13.	I can identify the cultural bases of my communication style.	1	2	3	4
14.	I can identify my negative and positive emotional reactions toward persons of other racial and ethnic groups.	1	2	3	4

1	-	Not competent (Not able to perform at this time)				
2	-	Somewhat competent (More training needed)				
3	-	Competent (Able to perform competently)				
4	-	Extremely competent (Able to perform at a high level)				
15.	I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.	1	2	3	4	
16.	I can give examples of how stereotypical beliefs about culturally different persons impact the counseling relationship.	1	2	3	4	
17.	I can articulate the possible differences between the nonverbal behavior of the five major ethnic groups (i.e., African/Black, Hispanic/Latino, Asian, Native American, European/White).	1	2	3	4	
18.	I can articulate the possible differences between the verbal behavior of the five major ethnic groups.	1	2	3	4	
19.	I can discuss the counseling implications for at least two models of racial/ethnic identity development.	1	2	3	4	
20.	I can discuss within-group differences among ethnic groups (e.g., low SES Puerto Rican student vs. high SES Puerto Rican student).	1	2	3	4	
21.	I can discuss how culture affects a student's vocational choices.	1	2	3	4	
22.	I can discuss how culture affects the help-seeking behaviors of students.	1	2	3	4	
23.	I can discuss how culture affects the manifestations of psychological disorders.	1	2	3	4	
24.	I can describe the degree to which a counseling approach is appropriate for a specific group of people.	1	2	3	4	
25.	I can explain how factors such as poverty, and powerlessness have influenced the current conditions of at least two ethnic groups.	1	2	3	4	
26.	I can discuss research regarding mental health issues among culturally/ethnically different populations.	1	2	3	4	
27.	I can discuss how the counseling process may conflict with the cultural values of at least two ethnic groups.	1	2	3	4	

- 1 - Not competent (Not able to perform at this time)  
 2 - Somewhat competent (More training needed)  
 3 - Competent (Able to perform competently)  
 4 - Extremely competent (Able to perform at a high level)
- 

- |     |  |   |   |   |   |
|-----|--|---|---|---|---|
| 28. | I can list at least three barriers that prevent ethnic minority students from using counseling services. | 1 | 2 | 3 | 4 |
| 29. | I can discuss the potential bias of two assessment instruments frequently used in the schools.           | 1 | 2 | 3 | 4 |
| 30. | I can discuss family counseling from a cultural/ethnic perspective.                                      | 1 | 2 | 3 | 4 |
| 31. | I can anticipate when my helping style is inappropriate for a culturally different student.              | 1 | 2 | 3 | 4 |
| 32. | I can help students determine whether a problem stems from racism or biases in others.                   | 1 | 2 | 3 | 4 |

THANK YOU FOR YOUR PARTICIPATION!

**APPENDIX H**

**ETHICAL DECISION-MAKING SCALE-REVISED  
E D M S-R**

Ethical Decision-Making Scale-Revised

EDMS-R © 2000

Richard S. Paritzky, Ph.D.  
Roxane L. Dufrene, Ph.D.

Adapted from James Rest's Defining Issues Test  
Copyright, James Rest, 1979  
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The purpose of this instrument is to explore how mental health professionals think about ethical issues. There are no “right” answers to such problems; different people have different opinions about ethical dilemmas. Please note *your* opinion about the ethical dilemmas that are described on the following pages.

You will be asked to read a dilemma on the attached pages. You will then be asked to mark your answers corresponding to each dilemma. More detailed instructions will follow. Please note it is important that you make sure that you **completely fill the circles**. Please also ensure that the **marks are dark**, and that any erasures that you make are completely clean. If you have previously completed the EDMS-R, please do **not** complete the EDMS-R in the present study.

### Sample Directions

In this instrument you will be asked to read a story and then to place marks in the answer sections for each story. In order to illustrate how we would like you to do this, please consider the following story even though it is not an ethical dilemma:

#### **Frank and the Car**

Frank Jones is thinking about buying a car. He is married, has two small children, and earns an average income. The car he buys will be his family’s only car. It will be primarily used for commuting to work and driving around town, but will also sometimes be used for vacations. In trying to decide what car to buy, Frank realizes that there are a lot of questions to consider. For instance, should he buy a larger used car, or a smaller new car for about the same amount of money? Other questions occur to him.

The following directions will guide you in responding to the items following each dilemma.

1. First (**A answer section**), indicate your recommendation for what should be done. If you tend to favor one action over others (even if you are not completely sure), indicate which one. If you are unable to determine the action you believe you believe you would take, mark “Cannot determine”.
2. Second (**B answer section**), read each of the 12 listed concerns. Think of the issue that each item is raising. On a scale of “Very Important (1)” to “Very Unimportant (5)”, darken in the circle which reflects the importance of that item in making your decision. You may mark several items as “Very Important” (or any other level of importance); there is not a fixed number of items that must be marked at any one level.
3. Third (**C answer section**), after you have provided your answers in the B answer section for each of the 12 items, then in the C answer section you will be asked to rank only **four** of the items in order of importance in making your decision. Pick from among the items provided even if none of the items are Very Important. Of the items that are presented, note which item is the most important (relative to the others), then rank the second most important item, the third most important, and the fourth most important in descending order.

**Sample Items and Sample Answers**  
**Frank and the Car**

A. *What should Frank Do?*

- Buy new car.  
 Buy used car.  
 Can not determine.

B. *Based on the following scale, please **rate** the importance of each of the issues in making your decision. Remember, for this section you may rate more than one item at a level of importance.*

Very Important	Important	Somewhat Important	Unimportant	Very Unimportant
1	2	3	4	5

1 2 3 4 5

1. The car dealer's proximity to where Frank lives.  
     2. The car that will be more economical in the long run.  
     3. The color of the car.  
     4. The cubic inch displacement of the car.  
     5. The size of the car.

Note that in the sample responses, the first item was considered "Very Unimportant" (5). The second item was considered "Very Important" (1) in making a decision. The third item was considered of only somewhat importance (3). In the fourth item, the meaning was not clear to the person responding, so it was marked "Very Unimportant" (5). The fifth item was considered "Very Important" (1).

C. *Now please **rank** only **four** of the above listed items from the most important item (1) to least important (4). You can use each ranking number only **once**. If there are more than four reasons, please choose only the most important four.*

Note that in the sample responses, the second item was considered the "Most important item", the fifth item was considered the "Second most important", the first item was considered the "Third most important", and the third item was considered the "Fourth most important".

	1	2	3	4	5
Most important item	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Third most important	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth most important	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**EDMS - R****Demographic Information**

Before you begin, please provide the following demographic information. The data you provide will be used for research purposes only.

1. Gender:

<input type="radio"/> Male	<input type="radio"/> Female
----------------------------	------------------------------

2. Age:

3. Please specify your level of degree being pursued:

- Undergraduate
- Masters Level Pre-Internship
- Master's Level Internship (Currently or Completed Internship)
- Doctoral Level

4. Have you had exposure to professional ethics in any of your course work during your program of study?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

5. If you answered "Yes" to question 4, have you had a separate course in professional ethics?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

6. Please specify your emphasis or program area (e.g., community, school, etc.)

(Specify) _____
-----------------

The following pages contain six dilemmas for your consideration about Pat, a fictitious mental health professional working in various settings. Please read each dilemma and then mark your responses. After the final step of ranking the importance of each item for the story, read the next dilemmas. Please remember to fill in the circles completely, make dark marks, and completely erase all corrections.

Please proceed to the next page.

## Dilemma 1

Pat works for a Christian organization that clearly supports faithful relationships. As a mental health professional for this organization, Pat has seen a husband and wife individually for several sessions. When they are seen together, the husband responds to his wife's accusations that he has slept with other women by charging her with paranoia and insecurity. From individual sessions with the husband, Pat knows that the husband has had extramarital relations in the past. However, he is not currently having an affair. In addition, the wife is currently very unstable, and the confirmation of her suspicions could make her suicidal.

A. What should Pat do? Select one response

1. Respect the man's confidentiality.  
 2. Tell his wife.  
 3. Insist the man tell his wife.  
 4. Refer the couple to another counselor.  
 5. Consult with supervisor at the Christian organization.  
 6. Cannot determine.

B. Based on the following scale, please **rate** the importance of each issue in making your decision. Remember, for this section you may rate more than one item at a specific level of importance.

Very Important      Important      Somewhat Important      Unimportant      Very Unimportant  
 1                              2                              3                              4                              5

1 2 3 4 5

1. Whether Pat should inform the couple that the wife is correct so Pat doesn't get in trouble.  
     2. Whether the institution's policies on faithful relationships will be upheld.  
     3. Whether society's expectations of honoring the marital relationship is important.  
     4. That the Christian organization's policy is important.  
     5. That as a society we would be better off without marriage and the complications of marriage.  
     6. Whether the potential danger to the wife is important.  
     7. Whether the husband's right to privacy should be respected.  
     8. Whether Pat has a plan to discuss the wife's feelings and attempt to have the husband understand how she could be reacting in this way.  
     9. Whether Pat is married and has considerable experience with being married.  
     10. What values are going to be the basis for governing how people act toward each other.  
     11. That society's expectation is that an individual's life must be protected.  
     12. Whether Pat should disregard her knowledge of this situation because it was told to her in confidence.

C. Now, please **rank** only **four** of the above listed reasons from most important (1) to least important (4). You can use each ranking number only **once**. If there are more than four reasons, please choose only the most important four.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Dilemma 2

*Pat has been working with an elderly man who is very sick. His doctors all agree he has very little time left to live. He is in terrible pain. The client tells Pat that he cannot afford to continue to pay his healthcare bills. He admits that he is planning to commit suicide, and explains exactly how he intends to do it. He has even discussed the plan with his wife. He has given up hope, and finds no purpose in continuing to live.*

A. What should Pat do? Select one response.

- 1. Respect the man's confidentiality.
- 2. Report to the appropriate authorities.
- 3. Speak with the wife.
- 4. Hospitalize the man immediately as suicidal.
- 5. Help the man with financial burden (insurance/ social service).
- 6. Consult with colleague(s).
- 7. Cannot determine.

B. Based on the following scale, please rate the importance of each issue in making your decision. Remember, for this section you may rate more than one item at a specific level of importance.

Very Important	Important	Somewhat Important	Unimportant	Very Unimportant
1	2	3	4	5

1 2 3 4 5

- 1. That Pat is obligated to contact the Suicide Prevention Center; it can deal with the client's disturbances.
- 2. That Pat will lose her job if she recommended that the client be hospitalized.
- 3. The importance of the law concerning imminent danger.
- 4. Whether Pat should call the medical clinic that the client is attending.
- 5. That society's expectation is to protect and save lives.
- 6. That the medical bills should be taken care of by society then people wouldn't have to worry.
- 7. That society can allow suicides and still protect the lives of individuals who want to live.
- 8. Whether the client has the right to die with dignity.
- 9. Whether the Federal Supreme Courts' ruling gives latitude regarding suicide.
- 10. That the couple has a right to make decisions about their own lives.
- 11. That the client's concerns and desire to commit suicide should be discussed during counseling.
- 12. Whether society accepts that suicide is a viable option for any member of society.

C. Now, please rank only four of the above listed reasons from most important (1) to least important (4). You can use each ranking number only once. If there are more than four reasons, please choose only the most important four.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Dilemma 3

*Pat is working with a young college woman who reveals that she has AIDS. She has confided that Pat is the only person who has not judged her during this period, and that without this support she is not certain she would have the will to live. During this period, she has felt very alone, and has been attempting to find solace in sexual relations. However, she has not been practicing safe sex with her numerous partners. Pat believes that if confidentiality is broken, she will attempt suicide.*

A. What should Pat do? Select one response.

- 1. Respect woman's confidentiality.
- 2. Alert health authorities.
- 3. Warn partners.
- 4. Hospitalize woman.
- 5. Insist on safe sex practices.
- 6. Consult with colleague(s).
- 7. Cannot determine.

B. Based on the following scale, please rate the importance of each issue in making your decision. Remember, for this section you may rate more than one item at a specific level of importance.

Very Important	Important	Somewhat Important	Unimportant	Very Unimportant
1	2	3	4	5

1 2 3 4 5

- 1. Whether Pat will get in trouble if she doesn't report this situation.
- 2. Whether Pat should call the AIDS center.
- 3. That someone in the medical society will report Pat if she doesn't protect her client's numerous partners.
- 4. That there is a legal issue of imminent danger.
- 5. That the college the student is attending has guidelines for confidentiality of AIDS client.
- 6. Whether society has a right to know and protect life.
- 7. Whether there is a value of death so that society could learn from investigating this illness.
- 8. Whether the client has a right to privacy.
- 9. That AIDS is one of the most devastating diseases and the value of individual differences is not of importance in such a case.
- 10. That if Pat breaks confidentiality her client will lose faith in the counseling relationship.
- 11. The personal safety of the young woman.
- 12. What values are going to be considered as the most important for determining the rights of any member of society.

C. Now, please rank only four of the above listed reasons from most important (1) to least important (4). You can use each ranking number only once. If there are more than four reasons, please choose only the most important four.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Dilemma 4

*A client, who also happens to be a mental health professional, confesses to Pat that he has had numerous sexual affairs with his clients. He is afraid that someone will find out, and that he may lose his license. He feels very guilty about what he has done. He is a high-profile member of society who has been publicly praised for his work with under-served populations.*

A. What should Pat do? Select one response

- 1. Respect confidentiality.
- 2. Report him to licensing board.
- 3. Require him to promise to refrain from this practice in the future.
- 4. Contact his clients and have them press charges.
- 5. Consult with colleague(s).
- 6. Cannot determine.

B. Based on the following scale, please rate the importance of each issue in making your decision. Remember, for this section you may rate more than one item at a specific level of importance.

Very Important	Important	Somewhat Important	Unimportant	Very Unimportant
1	2	3	4	5

1 2 3 4 5

- 1. Whether the client will give Pat his clients' names so that this situation can be reported.
- 2. So Pat doesn't get in trouble she should report the client to the state credentialing committee.
- 3. That someone will report Pat to the licensing board.
- 4. Whether the organization Pat is working for has guidelines requiring employees to report such a situation.
- 5. That his clients have grounds for a lawsuit.
- 6. Whether the female clients have a right to be protected in such situations.
- 7. That Pat's client is seeking counseling and thus his welfare is most important.
- 8. What effect would stopping the colleague's behavior have on Pat's judgment.
- 9. That the client's confidentiality should be respected.
- 10. Pat should honor the client's confidentiality, however discuss the situation in terms of his present goals for counseling.
- 11. Whether the value of Pat having been married for several years is of importance.
- 12. Whether Pat should help her client in any way possible to terminate the behavior while warning him that this type of behavior is unethical.

C. Now, please rank only four of the above listed reasons from most important (1) to least important (4). You can use each ranking number only once. If there are more than four reasons, please choose only the most important four.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Dilemma 5

*Pat works in an isolated area with few resources available. There are no other mental health professionals within a considerable distance. Pat is working with a client who is very upset and is seeking help with an issue Pat is relatively comfortable with, but not trained to handle. Pat is willing to learn more about client's issue.*

A. What should Pat do? Select one response

1. Refer the client to nearest competent professional.  
 2. Try to refer, if client refuses referral, then accept.  
 3. Work with client.  
 4. Consult with colleague(s).  
 5. Cannot determine.

B. Based on the following scale, please rate the importance of each issue in making your decision. Remember, for this section you may rate more than one item at a specific level of importance.

Very Important	Important	Somewhat Important	Unimportant	Very Unimportant
1	2	3	4	5

1 2 3 4 5

1. Whether Pat will get caught because of the manner in which she chooses to handle the situation.  
     2. That someone will report Pat to the credentialing committee.  
     3. That the rules of the credentialing committee are important.  
     4. Whether the state in this area has guidelines against such practices.  
     5. That society's expectation is to provide care for the under-served population.  
     6. Whether Pat has informed her client that Pat does not have training in the area the client is seeking help.  
     7. Whether Pat should only provide services for which she is competent.  
     8. Whether Pat is legally liable for her decision.  
     9. That the client is aware that this is not Pat's specialty area.  
     10. Whether values are going to be considered as the most important for determining people act toward each other.  
     11. Whether the client is seeking help and has made an informed decision.  
     12. What is the value of helping someone in an isolated area in comparison to helping someone in a metropolitan area.

C. Now, please rank only four of the above listed reasons from most important (1) to least important (4). You can use each ranking number only once. If there are more than four reasons, please choose only the most important four.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Dilemma 6

*In working with a junior high school student, Pat notices several bruises on her arm. When Pat confronts her about the bruises, she explains that her father got very upset last night and accidentally hurt her. She begs Pat to not report the incident. She says her father has never hurt her before and that he was very apologetic after the incident Pat has never seen bruises or marks on her before. School policy dictates that suspected abuse must always be reported, or the employee will be terminated. However, the student's father is a high-level politician and such information (true or not) could be used against him in the upcoming election.*

A. *What should Pat do? Select one response*

- 1. Protect confidentiality.
- 2. Report to child protective services.
- 3. Contact father with observations.
- 4. Consult with school principal.
- 5. Consult with colleague(s).
- 6. Cannot determine.

B. *Based on the following scale, please rate the importance of each issue in making your decision. Remember, for this section you may rate more than one item at a specific level of importance.*

Very Important	Important	Somewhat Important	Unimportant	Very Unimportant
1	2	3	4	5

1 2 3 4 5

- 1. Whether Pat should inform authorities that there is suspected possible child abuse.
- 2. Whether the school system may be liable in such a situation.
- 3. Whether Pat should inform the authorities so that Pat does not experience any difficulties.
- 4. Whether Pat should respect the client's wish for confidentiality because the client is old enough to make her own decisions.
- 5. That the school system has guidelines that employees should follow in such cases as these.
- 6. That the values of society in such cases depend on the relationships of all individuals involved.
- 7. Whether society expects that children will be protected.
- 8. Whether the student's welfare is most important.
- 9. Whether the student needs to be protected from the abuse and danger.
- 10. Whether Pat should discuss the situation with her client, helping the client to resolve the situation in the manner she wishes.
- 11. Whether the relationship of the father to the student is that a biological father or a stepfather.
- 12. That Pat will assist her client with conflicts and that the client has a right to make her own decisions.

C. *Now, please rank only four of the above listed reasons from most important (1) to least important (4). You can use each ranking number only once. If there are more than four reasons, please choose only the most important four.*

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth most important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX I

WAYNE STATE  
UNIVERSITY

HUMAN INVESTIGATION COMMITTEE  
101 East Alexandrine Building  
Detroit, Michigan 48201  
Phone: (313) 577-1628  
FAX: (313) 993-7122  
<http://hic.wayne.edu>



## CONCURRENCE OF EXEMPTION

To: Laura Strong  
College of Education

From: Ellen Barton, Ph.D. *E. Barton*  
Chairperson, Behavioral Institutional Review Board (B3)

Date: November 25, 2009

RE: HIC #: 115909B3X  
Protocol Title: The Impact of Multicultural Competence and Demographic Data on Ethical-Decision Making in School Counselors  
Sponsor:  
Protocol #: 0911007738

The above-referenced protocol has been reviewed and found to qualify for **Exemption** according to paragraph #2 of the Department of Health and Human Services Code of Federal Regulations [45 CFR 46.101(b)].

- Recruitment Email
- Internet Information Sheet (dated 11/9/09)
- Note to PI: Before beginning research, please file letter from ACA via amendment. In the amendment please include a revised Question #46 indicating data will be shared with the colleague who developed the instrument.

This proposal has not been evaluated for scientific merit, except to weight the risk to the human subjects in relation to the potential benefits.

- Exempt protocols do not require annual review by the IRB.
- All changes or amendments to the above-referenced protocol require review and approval by the HIC **BEFORE** implementation.
- Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the HIC Policy (<http://www.hic.wayne.edu/hicpol.html>).

## NOTE:

1. Forms should be downloaded from the HIC website at each use.
2. Submit a Closure Form to the HIC Office upon completion of the study.

**WAYNE STATE  
UNIVERSITY**

HUMAN INVESTIGATION COMMITTEE  
101 East Alexandrine Building  
Detroit, Michigan 48201  
Phone: (313) 577-1628  
FAX: (313) 993-7122  
<http://hic.wayne.edu>




---

**NOTICE OF EXPEDITED AMENDMENT APPROVAL**

**To:** Laura Strong  
College of Education

**From:** Ellen Barton, Ph.D. *E. Barton*  
Chairperson, Behavioral Institutional Review Board (B3)

**Date:** December 08, 2009

**RE:** HIC #: 115909B3X  
Protocol Title: The Impact of Multicultural Competence and Demographic Data on Ethical-Decision Making in School Counselors

Sponsor:  
Protocol #: 0911007738

**Expiration Date:**

---

The above-referenced protocol amendment, as itemized below, was reviewed by the Chairperson/designee of the Wayne State University Institutional Review Board (B3) and is APPROVED effective immediately.

- Protocol - (1) Modification of EDMS-R instrument to include specific demographic questions. (2) Addition of letter from ACA regarding list rental.

**WAYNE STATE  
UNIVERSITY**

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---

**NOTICE OF EXPEDITED AMENDMENT APPROVAL**

**To:** Laura Strong  
College of Education

**From:** Ellen Barton, Ph.D. *E. Barton*  
Chairperson, Behavioral Institutional Review Board (B3)

**Date:** December 08, 2009

**RE:** HIC #: 115909B3X  
Protocol Title: The Impact of Multicultural Competence and Demographic Data on Ethical-Decision Making in School Counselors

Sponsor:  
Protocol #: 0911007738

**Expiration Date:**

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The above-referenced protocol amendment, as itemized below, was reviewed by the Chairperson/designee of the Wayne State University Institutional Review Board (B3) and is APPROVED effective immediately.

- Protocol - (1) Modification of EDMS-R instrument to include specific demographic questions. (2) Addition of letter from ACA regarding list rental.



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**ABSTRACT****THE RELATIONSHIPS AMONG SCHOOL COUNSELORS' MULTICULTURAL COMPETENCE, DEMOGRAPHIC DATA AND ETHICAL DECISION-MAKING**

by

**LAURA A. STRONG****May 2010****Advisor:** Delila Owens, PhD**Major:** Counseling**Degree:** Doctor of Philosophy

The purpose of this study was to determine the relationships, if any, among school counselors' multicultural competence, demographic data and ethical decision-making ability. The participants (N=160) for this study were members of the American Counseling Association (ACA) who designated their area of practice as school counseling. Participant's multicultural competence level was measured by the use of the MCCTS-R© (Revised by Holcomb-McCoy, 2004). Participant's ethical decision-making ability was measured through the use of the EDMS-R© (Revised by Paritzky and Dufrene, 2000; Adapted from James Rest's Defining Issues Test©, 1979, All Rights Reserved). The participants' demographic data was collected through the use of a demographic survey. All data was collected electronically through the use of an online survey tool, surveymonkey.com©. The responses were evaluated through a multiple regression analysis utilizing SPSS 18.0©. While the multiple regression analysis produced no statistically significant results, noteworthy anecdotal observations were made regarding the results. The results from this study support the need for continued education and research regarding multicultural competence, demographic data and ethical decision-making in school counselors.

## **AUTOBIOGRAPHICAL STATEMENT**

### **Education:**

- PhD, Counseling – Wayne State University, 2010
- EdS, Educational Counseling Psychology – University of Missouri, 2006
- MA, Counseling – Oakland University, 2002
- BS, Political Science – Northern Michigan University, 1999
- AAS, Paralegal Studies – Pima Community College, 1998

### **Employment:**

- School Counselor, Chippewa Valley Schools, 2006-Present
- School Counselor, Lake Shore Public Schools, 2002-2006
- Case Manager, Macomb County Michigan Works, 2001-2002

### **Professional Organization Leadership:**

- President, Macomb County Counseling Association, 2009-Present