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An empirical comparison of a psychology ethics course and audiovisual instruction in ethics

Baldwin, Margo Ann, Ph.D.
The Ohio State University, 1991

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AN EMPIRICAL COMPARISON
OF A PSYCHOLOGY ETHICS COURSE AND AUDIOVISUAL
INSTRUCTION IN ETHICS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of the Ohio State University

By

Margo Ann Baldwin, B.A., M.A.

The Ohio State University
1991

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In Memory of My Parents

Tom and Vera Billiard
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Chapter I
Introduction

The focus on ethical behavior has intensified in recent years in many sectors of our public life. The growing distrust of professionals by the general public has forced them to undertake a more careful self-examination of ethical behavior (Keith-Spiegel and Koocher, 1985, p. xiii). The American Psychological Association (APA) has created the most detailed code of ethics and mechanism for enforcement of all the professions (Tymchuk, 1982). Hare-Mustin, Marecek, Kaplan, and Liss-Levinson (1979) note that few therapists are adequately prepared to carry out the principles of the Ethical Standards in the practice of their profession. Tymchuk, Drapkin, Ackerman, Major, Coffman and Baum (1979) state that the time has come for greater attention to the content and process of professional education in ethics.

Many authors have noted the paucity of empirical research in the teaching of ethics in graduate education (Tymchuk, et al., 1979; Baldick, 1980; Tymchuk, 1982; Rest, 1982; Welfel and Lipsitz, 1984 Tymchuk, 1985; Haas, Malouf and Mayerson, 1986). There is only one published description of the content and process of a psychology ethics course (Abeles, 1980) and no research has been reported
regarding the comparative efficacy of different methods of instruction.

Several authors have employed or suggested the use of role playing or video simulation methods to facilitate education in ethics (Schultz and McGrath, 1978; Tymchuk, 1982; Welfel and Lipsitz, 1984). Audiovisual instruction methods in the form of cable television and related technologies have been employed in higher education since the 1950s. The use of videotape has proliferated in part because the technology provides the possibility of bringing into the classroom material not otherwise available, consequently enhancing the achievement of educational goals (Quigley, 1986). A familiar example of the use of cinematic technology in teaching in psychology is the film "Three Approaches to Therapy" (Shostrom, 1966). It has served as a standard set of therapy interactions for analysis by psychotherapy process researchers for decades (Kiesler and Goldston, 1988).

Videotape applications have been utilized to teach observation techniques (Sturgeon, 1979), interpersonal skills (Schoonover, Bassuk, Smith and Gaskill, 1983), the effects of values and stereotyping on the physician/patient relationship (Kurtz, Johnson, Tomlinson and Nicholas, 1985), interview techniques (Chandler, 1989), and attribution theory (White and Lilly, 1989). Roeske (1979) states that the ability of videotapes to convey immediacy and intimacy has powerful implications for their use in education in psychiatry and Keith-Spiegel and Koocher (1985) cite the creative use of videotaped vignettes employed by Schultz and McGrath (1978) to assist students
in understanding the realities that psychotherapists will meet in their professional interactions.

If psychology is to be effective in training persons in the profession to "respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights" \(Ethical Principles of Psychologists\) (1989, p. 390), then there is a need for empirical research in the teaching of ethics in graduate education.

This present research represents an initial attempt to study the efficacy of an audiovisual instruction method in ethics. The Recognition of Ethical Issues is an audiovisual teaching stimulus consisting of four vignettes of a simulated long-term psychotherapy process in which potential ethical issues are embedded. Commentary, presented by the researcher, follows each vignette and addresses the potential ethical issues presented in the simulation just viewed. The commentary is relevant to Principles I through VIII of \Ethical Principles of Psychologists\ (1989) which address the Human Services area of the profession.

In addition to studying the efficacy of the Recognition of Ethical Issues teaching stimulus, the effect of ethics training as defined by enrollment in and completion of a psychology graduate course on Ethics and Professional Issues was examined. Also, the effectiveness of the dependent measure, The Ethical Discrimination Inventory (Baldick, 1980; Lipsitz, 1985, revised) was compared with a pilot measure, The Ethical Issues Recognition Form (Baldwin, 1991), which
was developed in an attempt to update and improve the measurement of ethical issues recognition.

Twenty-five of the participants in this study had completed the ethics course; the other twenty-one were students in a graduate psychology program who had not yet taken the ethics course. One half of the participants in each of these groups viewed the teaching stimulus and responded to the two dependent measures, a demographic questionnaire, and a request for comments. The participants in the no stimulus condition responded to the two dependent measures and the demographic questionnaire; they did not receive video instruction. Finally, a post-test was utilized to determine if viewing the teaching stimulus without instructional commentary sensitized participants in the no stimulus condition to ethical issues. After viewing the stimulus without commentary, the participants again completed the paper and pencil protocols and responded to the request for comments.

**Research Questions:**

**Hypothesis 1:** Participants who view the Recognition of Ethical Issues teaching stimulus will score higher on the Ethical Discrimination Inventory and the Ethical Issues Recognition Form than those participants who did not view the teaching stimulus.
Hypothesis 2: Participants who have completed the ethics course and have viewed the Recognition of Ethical Issues teaching stimulus will score higher on the Ethical Discrimination Inventory and the Ethical Issues Recognition Form compared to all other groups.

Hypothesis 3: Participants who have not taken the ethics course and have viewed the Recognition of Ethical Issues teaching stimulus will score higher on the Ethical Discrimination Inventory and the Ethical Issues Recognition Form than those participants who have not taken the ethics course and have not viewed the stimulus.

Hypothesis 4: All participants will achieve higher scores on the Ethical Issues Recognition Form than on the Ethical Discrimination Inventory.
Chapter II

Review of the Literature

Chapter II begins with a definition of ethics and a brief history of codes of ethics. Then a review of the literature pertinent to this study follows which addresses the need for ethics training in psychology, the known effects of ethics training in psychology, the methods of teaching ethics, the utilization of audiovisual applications in education, and issues relative to unethical behavior. The chapter concludes with a summary and statement of purpose.

Definition and History

Ethics is defined in Webster's Third New International Dictionary (1986) as "the discipline dealing with what is good and bad or right and wrong or with moral duty and obligation....the principles of conduct governing an individual or a profession: standards of behavior" (p. 780). Ethics has been an issue demanding of attention since at least the 5th century B.C. when Hippocrates, the "Father of Medicine," authored the Hippocratic Oath which states in part:

I will prescribe regimen for the good of my patients according to my ability and my judgement and never do harm to
anyone. In every house where I come I will enter only for the
good of my patients, keeping myself far from all intentional
ill-doing and all seduction, and especially from the pleasures of
love with women or with men, be they free or slaves. All that
may come to my knowledge in the exercise of my profession or
in daily commerce with men, which ought not to be spread
abroad, I will keep secret and never reveal (Dorland's
Illustrated Medical Dictionary, p. 768).

The American Psychological Association (APA) formed the
Committee on Ethical Standards for Psychology in 1949 to write an
ethical code relevant to the conduct of professional affairs (American
Psychologist, 1952). Prior to the adoption of the first *Ethical
Standards of Psychologists* in 1953, the literature reveals that ethical
issues and the training of graduate students in ethics were topics of
discussion for members of APA. The Committee on Training in
Clinical Psychology (APA, 1947) recognized that ethical problems
were ubiquitous and stated that seminars on professional and ethical
professional issues should be made available during the fourth year
of training. The Committee on Counselor Training, Division of
Counseling and Guidance (APA, 1952) spoke to the many ethical
considerations inherent in professional orientation and stated that
specific attention must be given to this area of training. The
American Psychologist devoted a portion of an issue to a discussion
of ethics in which Hackman (1952), commenting on the training of
graduate students in ethics in psychology, described the special
interest students showed in problems they did not know existed and stated that he was "forced to conclude that ethics is an important consideration in professional psychology and appears as an important problem to students very early in their graduate training."


Need for Ethics Training in Psychology

Welfel and Lipsitz (1984), in their major contribution to Ethical Decision Making in Counseling Psychology, analyzed research pertinent to the ethical behavior of professional psychologists. In their review of the literature, they report a trend in ethics education beginning in 1956, when DePalma and Drake found 5.6% of the programs surveyed required an ethics course of their graduates and 9.6% offered a separate course in ethics. In 1973, Jorgensen and Weigel found 14% of the programs surveyed offered separate ethics courses and 79% of the total indicated that they covered professional ethics by integrating it into other courses in the curriculum. They were troubled to find that formal exposure to professional ethics was not required in over 20% of the programs. The largest increase in ethics courses was revealed in a survey conducted by Tymchuk,
Drapkin, Ackerman, Major, Coffman & Baum (1979). Seventy-one percent of the respondents not only recommended that ethics education be formalized but a majority of this group (66%) suggested that ethics education be required of all psychology graduate students. Virtually all (98%) respondents indicated that ethics should be taught in some form. The authors cite the *Criteria for Accreditation of Doctoral Training Programs and Internships in Professional Psychology* (APA Council of Representatives, 1979) and state that the lack of faculty interest and the lack of attention to the content and process of ethics training reported in this survey sharply contrasts with the mandate for instruction in scientific and professional ethics and standards.

Welfel and Lipsitz (1984) conclude it appears over time and with strong encouragement from APA, that a consensus has developed regarding the necessity of some form of ethics training in graduate education in psychology. The authors emphasize that the availability of ethics training tells us nothing about the quality of instruction or its impact on students. Their review of the literature reveals little systematic investigation of the impact of such courses and they report a dearth of information regarding what is being taught in those courses. Virtually no research has been presented in the literature that attempts to compare the relative effectiveness of one method of ethics education with another. Of the six studies that attempt to assess the impact of training in ethics, only two, Baldick (1980) and Lipsitz (1985) examine the ethical training of
psychologists. This literature (Shertzer & Morris, 1972; Granum & Erickson, 1976; Paradise, 1976; Morrison & Teta, 1979; Baldick, 1980; and Lipsitz, 1985) offers very weak support of the assertion that ethics courses have a positive impact on students.

**Effect of Ethics Training in Psychology**

Baldick's (1980) study was designed to provide information about the relationship between levels of ethical training and psychology interns' ability to discriminate the ethical considerations and problems being faced by psychologists in clinical practice. The levels of training included: (a) graduate course in ethics, (b) at least 5 discussion hours, (c) less than 5 discussion hours, and (d) no ethical training. The subjects were drawn from 106 APA-approved clinical and counseling psychology internship programs in the United States. A total of 103 women and 131 men participated from 68 psychology programs. Their mean number of years in graduate education was 3.8. Since no instruments from other research were found applicable, the Ethical Discrimination Inventory (EDI) was constructed.

A one-way analysis of variance was performed for the raw scores from the EDI and the four levels of training. A corrected score was substituted for the raw score and the data recalculated because some respondents used a "shotgun" approach in which they cited a large number of irrelevant principles as well as some that were relevant. Subjects who utilized this approach demonstrated that a higher score could be achieved by a person who could not or chose
not to discriminate effectively in the situations presented. The corrected score was derived by subtracting one fourth of the incorrect answers from the raw score. A one-fourth factor was used because 9 of the 12 incidents contained four independent answers.

A one-way ANOVA was performed for the four levels of ethical training and the raw score on the EDI. The results were significant, F (3,230)=5.784, p < .001. A post hoc Scheffe test for multiple comparisons of the group means was employed. Group 1, which completed a course in professional ethics, scored significantly higher than Group 4, the group that had no ethics training. This suggested that training in ethics results in a greater ability to discriminate ethical problems. Using the corrected scores, a one-way ANOVA was performed. The results were significant, F (3,230)=8.204, p < .001. The Scheffe test for multiple comparisons of group means was utilized. The results indicated that Group 1 scored significantly higher than Group 4. Those interns who had received at least 5 discussion hours in ethics (Group 2) also scored significantly higher than Group 4. The mean for Group 3 (less than 5 discussion hours) was not significantly superior to Group 4. Demographic information including age, sex, years in graduate education, theoretical orientation, and clinical setting was not significantly related to ethical discrimination ability.

Baldick concluded that ethical discriminatory skills can be successfully taught in graduate training programs. "That is, that students can be taught how to 'think' in ethical terms and recognize
ethical problems" (p.281). The author found it incredible that 17% of the subjects reported no exposure to ethical training and that 21% had less than 5 hours of training. He believed the most "striking" result is that even the group that had completed a course in ethics could not score higher than about 19 out of a total score of 44 on the EDI. The author stated that this seemed to indicate that psychology interns were, as a whole, not fully aware of the scope of ethical problems they encountered in any one clinical situation.

Lipsitz (1985) in his unpublished doctoral dissertation examined the effects of three levels of training in ethics on the ability of pre-doctoral interns in counseling psychology to recognize ethical dilemmas common in clinical practice. The levels of training were: (a) ethics courses, (b) ethical issues interspersed into the curriculum, and (c) no ethics training. The relationship between trainees' ethical discrimination ability and the following variables was also explored: amount of clinical experience, amount of clinical supervision, self-reported perceptions of the quality of graduate level training in professional ethics, and personal confidence level for dealing with ethical issues in clinical practice. This study also gathered more information about the viability of the EDI.

One hundred-three (46%) of the possible 222 participants from 21 different APA approved doctoral programs in Counseling Psychology completed and returned copies of the EDI and the demographic questionnaire; 91 (88%) were useable.
Forty-nine of the 91 participants (53.8%) had been exposed to an ethics course defined as a semester or quarter-long graduate level course expected to provide nearly all of one's training in professional ethics. To qualify, a course must devote at least half of its content to the topic of professional ethics. The ethics training group consisted of 28 (57%) women and 21 (43%) men. The mean age was 34.6 years with a range from 27 to 50 years old. The percentage of class time spent in various activities aimed at teaching ethics are: discussion (27%), lecture (22%), examination of legal cases (15%), reading and discussion of professional ethics codes (14%), case study (12%), "other" methods such as reading texts and articles, student presentations on professional ethics issues, and discussion of general professional issues unrelated to ethics (5%), role play (2%), and values clarification exercises (2%). On the average they were exposed to 4.6 different methods of teaching professional ethics.

One-third of the participants in the ethics training group received prior exposure to the topic of ethics through undergraduate coursework in philosophy or ethics. The two most prevalent theoretical orientations were eclectic (35%) and cognitive behavioral (25%) followed by person-centered (10%), family (10%), and psychoanalytic (8%). Gestalt, existential, and "other" (Christian and interpersonal) each accounted for 4% of the participants. Forty-four percent reported that the overall quality of their graduate level training in ethics was "good," 23% "average," 14.5% "fair," 14.5% "excellent" and 4% "poor." In rating their confidence in their
ability to handle ethical issues in counseling, 39.5% felt "very confident," 31% felt "confident," 17% "extremely confident," and 12.5% indicated they felt "somewhat lacking." None in this group reported that they were "not confident at all." The n=44 for those who indicated the following work setting experience: "college" (81.8%), "community mental health center" (63.6%), "hospital" (40.9%), "other" (36.4%), "private practice" (20.5%), "school" (13.6%), and "industrial" (2.3%). The "other" category consisted mostly of counseling for the church, military, criminal justice system, and private, non-profit agencies. Counseling experience ranged from one-third of a year to 16 years for 41 respondents. The mean was 5.5 years with a standard deviation of 3.13. Hours of clinical supervision ranged from 45 to 3600. The mean was 536.84 hours with a standard deviation of 624.14.

Thirty-six of the 91 participants (39%) in the overall study had received integrated ethics training defined as an approach within a curriculum that systematically incorporates the topic of professional ethics into two or more graduate level courses where no single course is designated to this topic alone. It does not include informal discussion of professional ethics in a social setting or casual exchange. This group consisted of 22 (61%) women and 14 (39%) men. The mean age of these participants was 34 years ranging from 25 to 51 years old.

Less than half (44%) of the participants in the integrated training group were exposed to the topic of ethics through
undergraduate coursework in philosophy or ethics. One had majored and 3 had minored in philosophy, and the remaining 12 had taken between 1 and 8 courses in philosophy or ethics at the undergraduate level. The theoretical orientation for this group was as follows: eclectic (36%), behavioral (14%), existential, family, and "other" (feminist and interpersonal) each accounted for 11%, person-centered (8%), psychoanalytic (6%), and rational-emotive (3%). Thirty-six percent rated the overall quality of their graduate level training in professional ethics as "good," 36% as "average," 14% as "fair," 11% as "excellent," and 3% reported it as "poor." Just over half (53%) felt "confident" in their ability to handle ethical issues in counseling, 39% felt "very confident," 5.5% "extremely confident," and 3% felt they were "somewhat lacking in confidence." None reported that they were "not confident at all."

Six participants in the integrated ethics training group indicated that they had worked in only one type of setting as a counselor while the others experienced 2 to 5 different settings which included: "college" (77.8%), "community mental health center" (63.9%), "hospital" (50%), "school" (27.8%), "private practice" (11.1%), "other" consisting of counseling for the church, military, criminal justice system, and private, non-profit agencies (11.1%), and "industrial" (2.8%). Years of counseling experience ranged from one and one-quarter to 37 years with a mean of 5.76 and standard deviation of 6.02. Thirty-three participants responded to the question regarding
clinical supervision. The hours ranged from 70 to 1600 with a mean of 406.12 hours and a standard deviation of 317.63.

Six of the 91 participants in this study (7%) indicated that they had received no formal exposure to professional ethics. This group was exclusively male from a training program where no systematic attempt is made within the curriculum to present or discuss the topic of professional ethics in a classroom setting. The mean age was 35.2 years ranging from 28 to 46 years old. One-half of the no ethics training group received prior exposure to the topic of ethics through undergraduate work in philosophy or ethics; none majored or minored in philosophy. The number of undergraduate courses taken by these subjects ranged from two to three. One-third chose the "family" theoretical orientation while psychoanalytic, cognitive, gestalt and "other" (multi-modal) were equally distributed among the remaining participants. None of the participants reported the overall quality of their graduate level training in ethics as "excellent; three rated it as "fair" and the other three were equally divided among the other categories. One-third felt that they were "somewhat lacking in confidence" in handling ethical issues in counseling and the remaining participants felt "very confident." They had experienced between two and four different work settings. The group worked most frequently in "college" (100%) and "community mental health" settings (100%) followed by "hospital" (50%), "private practice" (16.7%), and "other" (military, 16.7%).
The results of a one-way ANOVA, $F(2, 88) = 2.13, p > .05$, indicate that ethics training type was found to have no statistically significant effect on EDI scores. In fact, the mean score for participants exposed to no ethics training ($M = 21.3$) was higher than for those in the ethics training group ($M = 19.1$) or the integrated training group ($M = 17.9$). The overall mean scores of these counseling psychology students are consistent with those found by Baldick (1980). The mean EDI score for all groups in the present study was about 19 out of 41 possible points. Subjects in the no ethics training group had a wider range (13-32) and a higher standard deviation (6.8) in EDI scores than the ethics (12-26, 3.8) and integrated (12.5-27, 3.9) training groups. Lipsitz states that this seems to have occurred because one participant in the no ethics training group scored 32 on the EDI. This individual had recently studied ethics in an independent study format in order to prepare for his preliminary examinations. It is hypothesized that this was responsible for his unusually high score. Without this high score in the no ethics training group, the range was 13-25 with a more compatible mean (19.2) and standard deviation (4.9) when compared to the other two groups. A one-way ANOVA calculated on this set of data, still revealed no statistically significant effect on EDI scores, $F(2, 87) = .98, p > .05$. Another check was conducted on this high score, because of the small sample size of the no ethics training group ($n = 6$); a $t$-test was computed for the means of the other two groups. No significant difference was found between the mean of the formal
ethics training group ($M = 19.1$) and that of the integrated training group ($M = 17.9$), $t (83) = .88, p > .05$. These results are consistent with the earlier findings which showed a lack of significant effect on EDI scores due to training type.

The results of Pearson’s Product Moment Correlation indicated that only self perceptions of the overall quality of graduate level training in professional ethics is significantly associated with EDI score ($r = .28, p < .01$). In other words, participants who held a more positive perception of the overall quality of their graduate level training in professional ethics, tended to score lower on the EDI than those who perceived the quality of their training as less sufficient. At .28, self-perception seems to account for only 8% of the total variance in EDI scores.

The results of a one-way ANOVA, $F(2, 87) = 4.06, p < .05$, indicate that ethics training type was found to have a statistically significant effect on self perceptions of the quality of graduate level training in professional ethics. A post hoc analysis of group differences using the Scheffe’s test at the $< .05$ level revealed significant differences between the formal training and no training groups as well as between the integrated training and no training groups. In other words, subjects who experienced an ethics course or integrated ethics training perceived their graduate level training in ethics to be of a significantly higher quality than those who received no ethics training in graduate school.
A second rater independently scored every EDI utilized in this study; a one point threshold level for agreement among the scorers was established on each dilemma of the EDI. Discrepancies beyond that level required a meeting between the scorers to come to agreement, within one point, on a set of scores for that particular dilemma. Interrater reliability was assessed by calculating a Pearson's Product Moment Correlation coefficient on these scores. The reliability coefficient was a very high and positive ($r = .89$).

An important factor in the high scores of the no ethics training group in this study relates to the fact that 50% of the group reported they had studied professional ethics in preparation for their comprehensive exams. It is suggested that this factor may be responsible for the homogeneity of ethical discriminatory skill found across training groups in this study.

Lipsitz states in his recommendations for further research that:

Perhaps more informed ideas about the variables that may affect ethical discrimination ability can be obtained by addressing specifically, the actual methods and quality of instruction in professional ethics in graduate level curricula. Current research has not addressed this approach and very little research has addressed specific training approaches for their effects on ethical awareness. However, if direct attention was paid to the actual methods and quality of instruction in professional ethics, then research on the cause and effect
relationships between ethics education and ethical discrimination ability might be more revealing (p. 117).

Haas, Malouf and Mayerson (1986) surveyed 294 experienced clinicians in Division 29 (Psychotherapy) regarding the nature of the actual situations that practitioners find ethically, legally or professionally problematic and their perceived utility of various sources of ethics education. The authors employed a five part questionnaire which included the following: (1) demographic background factors; (2) sources of training in ethics, number of hours spent in various categories of ethics training and the value of each; (3) 10 vignettes chosen to represent 5 general categories that are considered to encompass the broad range of professional dilemmas including, confidentiality problems, issues of informed consent, loyalty conflicts, exploitation, and whistle-blowing; (4) ratings of the frequency and seriousness of 17 ethical/legal issues they encounter in practice; and (5) the option of describing an ethical problem they have encountered and how they dealt with it.

Thirty percent of the respondents were female and 70% were male; the median age was 45.7 years and the mean number of years since receiving their degrees was 15.17. These respondents had substantial experience, worked largely in private clinical practice and were predominantly Ph.D. level practitioners.

The results indicate that discussions with colleagues was the major reported source of learning in terms of reported hours (M = 79.1). While it is likely that these respondents completed their
graduate training before ethics courses were common and the reported number of hours spent studying ethics in graduate school was relatively low ($M=11.5$), the courses were as highly valued as discussions with colleagues. The other main source of training was independent reading ($M=31.3$); internship supervision ($M=17.1$) and continuing education ($M=2.7$) were not highly rated. On a scale ranging from 1 (not at all serious) to 5 (extremely serious), the sexual conduct of colleagues was rated as the most serious issue (4.12), followed by confidentiality or privileged communication (3.94), appropriateness of actions by other colleagues (3.69), and conflicting interests (3.59).

Responses to forced-choice answers for the ethical dilemmas produced the following percentages of consensus regarding the appropriate choice: conflict of interest (93%), mandatory reporting of threatened violence (87%), a superior's order to refer a client to someone who is considered incompetent (79%), confidentiality (72% and 65%), alleged client-instigated sexual abuse (60%), alleged client-therapist sexual contact (57%), reporting of potentially countertherapeutic diagnoses to insurance companies (50%), treatment of problems beyond one's established expertise (49%), and others' use of professional credentials in advertising for a local business (42%).

Haas et al. (1986) note three implications of their study. The first implication is that issues surrounding competence, confidentiality, diagnoses, and whistle-blowing deserve added
scrutiny. Secondly, the results seem to confirm the appropriateness of the APA decision to require the development of formal coursework in ethics perhaps with particular attention to real-world ethical problems involving confidentiality, competence and colleagues' behavior. The findings also suggest that continuing education courses could be advantageous. Finally, the fact that these experienced clinicians concurred that certain areas of professional decision making were areas of serious concern yet failed to reach consensus as a group on these issues may be troublesome depending on how the task of professional ethics education in psychology is defined. If the task is construed to involve the training of professionals in specific behaviors that are considered ethical, then the results are troubling. The implication for ethics education is that such efforts must focus on teaching psychologists more effectively which are the right behaviors to choose in a variety of professional decision-making situations. If the task of professional ethics education is to inculcate ethical reasoning processes, the results are more encouraging. Stating that researchers in moral development have shown the same reasoning processes may lead to quite divergent behavioral outcomes, the authors stress that this issue needs further study.

**Teaching of Ethics**

Abeles (1980) has provided the only description of an approach to the teaching of ethical standards and principles to graduate psychology students in the literature. The seminar, which includes a
course outline and reading list, meets weekly for three hours for a period of ten weeks. During the first week, critical incidents are provided for dealing with ethical dilemmas for the practicing therapist and clinical researcher which provide a foundation for class discussion. Early in the seminar, it is recognized that much of the discussion of critical incidents is within the framework of normative ethics which includes a series of documents that define their ethical behavior. The ethical standards of the profession and legal codes are examples of such documents.

Other subject areas addressed in this graduate seminar include: psychological assessment and ethics, values and the concept of normality, ethical and value issues involved in therapy research, state licensing laws, entry requirements for professional practice, psychologists as experts, current relevant case law, current issues in education and credentialing, the value system of the therapist, the misrepresentation of the patient's beliefs as symptoms, models of psychotherapy as related to values, training of psychotherapists and paraprofessionals, discussion of some of the major theories of personality and psychotherapy from a value viewpoint, and ethics and values in T-groups, encounter groups, sensitivity groups and group therapy. Abeles (1980) comments that this teaching approach requires the instructor to remain current in a variety of topics and issues which impinge on ethical principles and the values connected with those principles.
Rest (1982) proposes that ethics instructors and psychological researchers collaborate to improve ethics courses, evaluate programs, and advance research. He suggests that four major components must be considered in developing a moral framework:

1. how does the person interpret the situation and how does he or she view any possible action as affecting people's welfare;
2. how does the person figure out what the morally ideal course of action would be;
3. how does he or she decide what to do;
4. does the person implement what he or she intends to do.

Insofar as a specific program or academic course contributes to proficiency in any of the four components, it contributes to moral education (p. 29).

Rest (1982) believes that professional training is so focused on the technical aspects of psychological work that students are "professionally socialized" not to look for moral conflicts. If students are properly alerted, they should quickly understand how their actions affect the welfare of others. He suggests that situations examined in class be as lifelike as possible so students will learn how a particular part of the world works and how people respond to a variety of events.

Regarding the assessment of programs, the author suggests a number of questions the ethics instructor must address including:

1. Does an ethics course make students aware that moral problems exist in professional life?
2. Are students becoming acquainted with the most recurrent types of moral problems?
3. Are courses
providing them with the opportunity to think through the consequences and ramifications of alternative courses of action under benign and relaxed conditions, before they have to face similar problems under pressure? Are students getting the chance to discuss these problems with peers and experienced professionals? Are they building up a repertoire of responses and plans so that "hard decisions" will not have to be thrown together on the spur of the moment (p. 30)?

Rest (1982) states that the most powerful and consistent correlate of moral judgment development in the research has been formal education, however this research does not indicate what specific experiences or conditions promote development. It does indicate that gains in students' moral judgment tend to be retained and are cumulative, that changes generalize to new situations and pervade the students' thinking outside the classroom, and that they are related to real-life behavior and decision making. Finally, Rest states that if an educational program can show that it has produced gains in moral judgment, even if the gains are not dramatic, then those changes are worthwhile and the program can claim to have had an effect upon life beyond the course itself.

Tymchuk (1982) states that the structure of academic curricula is heavily oriented toward preparing the scientist with the skills to be a researcher, teacher, or clinician without a great deal of emphasis on the values or ethics that transcend skill or practice areas. He presents a model for teaching graduate students to recognize and
resolve ethical dilemmas in the belief that process factors and
decision criteria are of little value unless the social scientist can
recognize value dilemmas when they arise. The recognition of these
dilemmas, as well as the process of decision making, is developed
through practice, first with vignettes specifically developed for
training purposes, and then with actual or anticipated problems
developed into practice case studies in the course of students'
fieldwork. Stating that the decision maker must first identify the
ethical issues involved, Tymchuk employs videotapes to demonstrate
issues and involve the students. He notes that social scientists who
face value dilemmas have their own values, professional codes of
ethics, laws, and current practice in their field as guides but that
none is adequate. He believes that professional organizations should
make a major effort to determine the optimal methods for teaching
ethics to ensure that the principles will be applied.

The Ethics Committee (APA, 1986) reported that the Ethics Task
Force anticipated completion of development of a graduate
curriculum in ethics in early 1986. Unfortunately, that work was
abandoned in order to give priority to revision of the 1981 Ethical
Principles of Psychologists (Sherran, 1990). In 1987, O'Donohue,
Plaud, Mowatt, and Rearon (1989) systematically analyzed the
descriptions of the curricula of 119 APA-approved doctoral training
programs in clinical psychology and found that 80 programs (67%)
offered a course in professional ethics.
Audiovisual Applications in Education

Vitz (1990) suggests that narrative material, which can be presented in oral, written or cinematic (video) form, is an essential component of effective moral education. Narratives can serve as analogues for concrete human and interpersonal situations. Ethical codes address issues in general, abstract terms whereas narratives illustrate and explain the meaning of the codes through detailed and lifelike descriptions of the moral dilemmas people actually experience. The author notes that video forms are now growing in influence.

Instructional video, in the form of cable television and related technologies, became available in the 1950's (Quigley, 1986). In psychology, the film series "Three Approaches to Psychotherapy" (Shostrom, 1966) has served the purpose of introducing different approaches to psychotherapy by portraying realistic therapeutic sessions. Students viewing the series feel that they are participating in a dialectical process involving competing approaches to personality theory (Logan, 1988).

Today's students, born when the electronic media was already a cultural force, are oriented to perceive and incorporate knowledge through video and audio means as well as print. Electronic media has expanded the classroom involving students in the participant-observer role as they vicariously identify with the client or professional on the monitor (Meltzer, 1977). This experience increases their capacity for self-awareness and empathy and gives
students the opportunity to test the applicability of abstract theoretical formulations to the practice situation. Meltzer states that videotape may be a viable resource for improving the quality of instruction without increasing the cost.

Roeske (1979) describes the accelerated rate of the application of videotapes for teaching medical students, psychiatric residents, nonpsychiatric physicians, patients and the public. The author states that:

The unique educational attributes of videotapes include the following: 1) a wide variety of educational materials is always available for immediate use, 2) the videotape may be started, stopped, or repeated if necessary, 3) it may be used individually by a student or by a teacher with a number of students, 4) later review of the material is convenient, 5) specific types of educational instruction are assured, and 6) better use of teaching time is possible, permitting the teacher to devote more time to individual student problems, particularly when the videotape instruction includes program learning (p.1391).

White and Lilly (1989) developed an instructional videotape illustrating a series of behavioral situations which they then employed to teach attribution theory. They utilized the videotape, in conjunction with a lecture and readings that describe the wide range of biases and errors in the attribution process, in the belief that the exclusive focus on concepts in the classroom creates a sense of
irrelevance and boredom in students. Their informal observation suggests that this approach is highly effective in linking the students' thinking and perception to the concepts of attribution theory.

Harper and Silvestro (1982) describe an instructional improvement project in which they produced a series of eight 30-minute videocassettes and an observation guide focusing on the child rearing strategies of parents in order to enhance understanding and provide greater empathy for the parenting role for undergraduate students in developmental psychology. They believed that the video interviews would be an effective way of educating large numbers of students about parents, would provide the greatest degree of instructional flexibility since the videos could be employed in a variety of courses related to child development, and provide a standardized stimulus for the analyses of various parenting strategies. The authors report that implementation of this instructional method directly and simply accomplished their major objectives and that there is no doubt that the project resulted in a clear benefit to students and in a general improvement of instruction in the courses in which the videocassettes were utilized.

Schoonover, Bassuk, Smith and Gaskill (1983), supported by a National Institutes of Mental Health training grant, developed a video interpersonal skills training package for prehospital psychiatric emergency personnel. They created three types of video-based sessions including live, role-played and formally scripted productions, and found that videotape productions with characters, a
story line, and action sequences can enhance learning. Although each type of video was evaluated differently by workshop participants, the responses indicated that all types of videotapes increased interest, the dramatic videotapes were generally more compelling than live or role-played interaction, and the combined elements of video-based training can produce behavior change.

Videotapes have been used for the clinical instruction of medical students in pediatrics, general practice, and psychiatry. Kaufman and Kaufman (1983) conducted a study of the effects of clinical neurology instruction supplemented by videotapes produced by the authors. Following a one-month clerkship, students were asked to identify videotapes of groups of 12 to 21 neurologic conditions. Videotapes of similar cases had been shown to the treatment group but no special videotape-supplemented instruction had been given to the control group. Overall, the subjects in the treatment group correctly identified the conditions 83% of the time whereas the subjects in the control group identified the conditions 59% of the time. The treatment group's superior performance using the chi-square test was significant (p < .01). The results show that while the videotape instruction was effective, it was useful primarily in disorders characterized by abnormal movement. The authors concede that the results may have been partially produced by the design of the study in that the instructors involved with the videotapes might have been more interested and articulate than
those who were not involved. Nevertheless, the benefit of videotape instruction, although limited, seems real.

Sturgeon (1979) assessed the effectiveness of videotapes in teaching the Mental Status Examination (MSE). The objective was to teach students to observe and to record observations accurately, using videotaped interviews whose content had been previously determined. The author taught all sessions of both the videotape and seminar methods to ensure that as far as was possible, the emphasis of the teaching was the same. Thirty-six students received videotape teaching and thirty students received seminar teaching. Results of an analysis of variance indicate that the only significant variable influencing the students' ability to observe more accurately was the use of videotape ($F = 18.4$, $df = 1, 8$, $p < 0.01$).

Pohl, Lewis, Niccolini and Rubenstein (1982) compared videotape and lecture methods of teaching the MSE to a second-year medical school class. The videotape instructor presented videotapes of actual mental status examinations and the lecturer was allowed a blackboard as an aid. The effectiveness of these methods was evaluated with the same test used in a previous study employing simulated patient interviews to teach the MSE and then the authors compared the three instruction methods. There were 109 students in the simulation group, 23 in the lecture group and 20 in the videotape group. Pretest and posttest scores were available for all subjects. Pretest means for the lecture, videotape, and simulation groups were 22.43 (S.D. = 3.14), 22.15 (S.D. = 2.99), and 22.88 (S.D. = 4.38). Analysis
of variance did not reveal an overall significant difference among pretest means \( F = 0.338, df = 2.149 \).

The posttest mean for the lecture group was 25.96 (S.D. = 3.36); for the videotape group, the mean was 28.25 (S.D. = 3.24); and the simulation group mean was 27.48 (S.D. = 3.69). ANOVA revealed no statistically significant difference among posttest scores (\( F = 2.43, df = 2.149 \)). The planned post-hoc comparisons using two-tailed \( t \)-tests indicated that the posttest mean for the video group was higher than for the lecture group, \( t = 2.27, df = 41, p < .05 \). There was a trend favoring the simulation method over the lecture but there was no significant difference between the simulation and videotape groups.

Videotape application has been utilized in an automated competency-based model for teaching skills in the administration of the Wechsler Adult Intelligence Scale-Revised (WAIS-R). Blakey, Fantuzzo and Moon (1985) assessed the overall benefits of the Mastery Model (a system for objectively ensuring and assessing knowledge pertaining to a specific skill, level of skill proficiency, and an understanding of issues related to the ethical practice of the skill) by comparing an application of the model to train graduate students in competent WAIS-R administration with more traditional training in WAIS-R administration conducted in APA-approved internship settings. The Criteria for Competent WAIS-R Administration (CCWA) was employed to assess adherence to the standardization procedures outlined by Wechsler (1981). Relative effectiveness, training cost, and training verification capability were compared.
The training package employed in this investigation included: 
(a) a 1-hr study of the WAIS-R manual prior to pretest, (b) 
pretest administration of the WAIS-R evaluated by laboratory 
assistants using the CCWA, (c) viewing a videotape of a flawless 
administration of the WAIS-R, (d) viewing a videotaped lecture 
on the major pitfalls of administration, (e) students establishing 
at least 80% reliability by noting at least 40 of the 50 errors on 
a flawed videotape WAIS-R administration, and (f) posttest 
administration of the WAIS-R evaluated by a fellow student 
using the CCWA (Blakey et al., 1985, p.643).

Twenty-two clinical psychology graduate students enrolled in a 
course in psychological tests and measurements participated in the 
study. A posttest comparison revealed that the Traditional group 
was significantly below the Mastery (video) group across all 
dependent variables (p <.0001).

Freeman (1989) has prepared a course for graduate students in 
the health professions to provide specialized training to help clients 
with sexual problems. The areas considered for the course design 
include: (a) subject matter, (b) creation of an atmosphere that allows 
free discussion, (c) incorporation of role playing, (d) the use of 
videotapes, and (e) integration of personal values with counseling 
values for both the instructor and the students. The author, noting 
that sexual involvement between therapists and clients is a serious 
issue in the mental health professions, places an emphasis on the 
ethics of sexuality and therapy in the design of this course. The
course provides an appropriate arena for discussing how therapists deal with their own sexual feelings toward clients and the implications of acting on those feelings. Freeman states that the use of videotapes led students to comment on previously unspoken or unconscious feelings.

Schultz and McGrath (1978) state that virtually every professional experiences sexual feelings in their relationship with clients at some time yet relatively little useful information is available to help students learn to understand and manage their own and clients' sexual feelings and actions. The authors developed a series of scripted, well rehearsed and acted video vignettes drawn from descriptions of highly anxiety-producing sexual approaches by clients reported by 24 out of 95 second-year graduate students enrolled in their sexual dysfunction course. All of the behaviors portrayed in the vignettes were within the range of experiences described by the students and emphasis was placed on making the situations believable.

Videotape desensitization, role playing, behavior rehearsal and coaching were employed in an effort to reduce the disabling anxieties experienced by the students. The video vignettes were played to the entire class in a three hour period with the objective being to expose students to a wide range of seductive behaviors in a safe classroom environment. Students were confronted with their values, problem identification, fears of working with certain clients and feelings related to their competence. Both instructors modeled
responses, coached groups, helped ascertain anxiety-reduction approaches, structured behavior rehearsal scenarios, and role played spontaneously moving from small group to small group. Following closure, students were offered homework assignments in problem management by a same-sex instructor if they wished, in confidence.

The results of a subjective evaluation one week later revealed predominantly positive responses regarding both the process and outcome of this instruction method in developing seduction management skills. A very small percentage of the participants voiced anxious concern regarding spontaneous role playing in the small groups following the videotapes, suggesting the need for slowing down the process (Schultz & McGrath, 1978).

**Unethical Behavior**

Sexual intimacy between therapist and client has received much attention in the profession (Holroyd & Brodsky, 1977; Bouhoutsos, Holroyd, Lerman, Forer and Greenberg, 1983; Glaser & Thorpe, 1986; Pope, Keith-Spiegel & Tabachnick, 1986; Sell, Gottlieb & Schoenfeld, 1986; Committee on Women in Psychology, APA, 1989; Borys & Pope, 1989). A result of the concern pertaining to this issue was the revision the Ethical Standards of Psychologists (1979) which explicitly states that "sexual intimacies with clients are unethical" (Principle 6a).

The Ethics Committee (APA, 1986) reported that in 1985 cases pertaining to Principle 6a posed difficulties for the committee. They
noted that, although the code is clear that sexual intimacies with clients are unethical, it is not clear regarding subsequent social or sexual contact between the psychologist and ex-patient. Results of a survey of the chairpersons and executive secretaries of the 50 state boards of psychology, the District of Columbia, Puerto Rico, British Columbia and Nova Scotia, revealed that findings of violation of the codes were higher when psychologists alleged that the therapeutic relationship had terminated before the initiation of a sexual relationship (Sell, et al., 1986).

In 1986 the Ethics Committee and Ethics Office of APA began to experience what seemed to be the first harbinger of a marked increase in the number of complaints against psychologists (APA, 1987). The committee reported that:

In 1987, the highest number of alleged violations involved either Principle 1 (Responsibility) or Principle 6 (Welfare of the Consumer). Each accounted for approximately 22% of the 251 alleged violations. In descending order of frequency, the remaining Principles were Principle 3 (Moral and Legal Standards), accounting for 16%; Principle 2 (Competence), accounting for 12%; Principle 7 (Professional Relationships), accounting for 11%; Principle 5 (Confidentiality), accounting for 8%; Principle 8 (Assessment Techniques), accounting for 6%; Principle 4 (Public Statements), accounting for 5%; and Principles 9 (Research with Human Participants) and 10 (Care and Use of Animals) accounting for 0% (APA, 1988, p.564).
The Committee reported that the most frequent dual relationship complaint (6a), involved sexual intimacy between therapist and client. Non-sexual dual relationships are also addressed by Principle 6a. "Examples of such dual relationships include, but are not limited to, research with and treatment of employees, students, supervisees, close friends, or relatives" (APA, 1990, p. 393). Bartering for services is an example of a violation of Principle 6a (APA, 1988). The committee's report also specifically addressed the need for psychologists to pay particular attention to state and federal laws and the standards and guidelines published by APA. In addition, financial arrangements with clients and especially third-party billing issues were highlighted as problem areas for the profession. Finally, it was noted that the fourth most frequently adjudicated ethical violation from 1983 to 1988 was that of Principle 5a regarding confidentiality.

Forty-eight percent of the reported instances of intentional violations of legal or ethical standards reported by Pope and Bajt (1988) involve the issue of protecting or disclosing confidential information. In their anonymous survey, which had a return rate of 60%, they sent questionnaires to 100 senior psychologists, 60 current or former members of state ethics committees (50 of whom had served as chairs), 10 current or former members of the APA Ethics Committee, 10 authors of textbooks which focus on ethical or legal aspects of psychology, and 20 diplomates of the American Board of Professional Psychology. Fifty-seven percent of the respondents
reported 34 instances of violating a law or formal ethical principle which included 7 (21%) who refused to report child abuse, 7 (21%) who illegally divulged confidential information, 3 (9%) who engaged in sex with a client, 2 (6%) who were involved in undescribed dual relationships, and 2 (6%) who refused to give legally mandated warnings regarding dangerous clients (p. 828). Seventy-three percent would take the same action again if the circumstances were the same. Pope and Bajt (1988) comment:

In light of the fact that three fourths of this select sample believed that psychologists should sometimes violate formal legal and ethical standards, and that a majority have actually done so, it is regrettable that only 18% report that the topic of conflicts between deeply held values and formal legal or ethical obligations was adequately addressed in their education, training, and supervision, and that only 22% believe that the topic is adequately addressed in the professional literature (p. 828).

**Summary**

Since the late 1940's, the APA has helped nourish and guide the development of the profession of psychology. Now it is one of the major health care disciplines which provides over 50 million hours of mental health care services per year (Fowler, 1990). With this tremendous growth in the area of human services, we know that
unethical practices occur even in areas in which the ethical codes are not ambiguous (Welfel and Lipsitz, 1984).

There is a need for a thorough, formal and systematic approach to training in ethics so that the psychology student will understand what the Ethical Principles demand of members of the profession (Bernard and Jara, 1986). The national conference on graduate education in psychology held at the University of Utah (Bickman, 1987), resolved that mechanisms should be provided to alert students to, and help them overcome, their deficiencies in meeting academic, ethical, and professional performance standards (APA, 1987). A major theme of the Mission Bay Conference was the integral importance of values, attitudes, and aptitudes which play an important and sometimes determining role in competent and ethical professional practice. Socialization into the profession, ethical, professional and legal issues, as well as an awareness of social values as they are related to professional practice are central to the educational process (Bourg, Bent, McHolland, & Strieker, 1989).

This review of the literature reveals a paucity of knowledge regarding the actual methods of instruction in professional ethics education and in the reliability of measuring ethical awareness. The purpose of the present study is threefold. First, the evaluation of the effect of an audiovisual teaching stimulus on the ability of psychology graduate students to recognize the presence of ethical issues is studied. Second, the effect of an ethics course is examined. Finally,
an attempt is made to improve the measurement of the awareness of ethical issues.
Chapter III

Methodology

This research reflects an attempt to evaluate the impact of the Recognition of Ethical Issues teaching stimulus upon the ability of participants to recognize the presence of ethical issues. An evaluation is also undertaken to assess the effectiveness of the Ethical Issues Recognition Form and the Ethical Discrimination Inventory in measuring the recognition of ethical issues.

Chapter III provides a description of the participants who participated in this study, the materials utilized in the treatment, the formal ethics course, the instruments employed to measure recognition of ethical issues and the questionnaires designed to gather demographic data and personal comments. The chapter concludes with a description of the procedure and analysis.

Participants

Class rosters of the ethics course offered in 1987 through 1990 at a large mid-western university, were reviewed with the professor to determine the number of available participants who had credit for the course but had not completed their doctoral program. Thirty-eight students in program areas including counseling psychology, clinical psychology, school psychology, counselor education, and
developmental psychology received letters (see Appendix A) requesting their participation in research to provide data regarding the efficacy of teaching methods utilized in training graduate-level psychology students to recognize ethical issues. The students responded to the requests for participation by indicating three-hour blocks of time during which they would be available for the research task. Twenty-five of the possible 38 students (68.4%) participated in the study. A roster of new graduate students from the programs in counseling, clinical, mental retardation/developmental disabilities, school psychology and developmental psychology provided the names of 29 possible participants who had not taken the course; twenty-one (72.45%) responded favorably to letters of request and participated in the research. A total of 46 students, 16 males (34.8%) and 30 females (65.2%) representing an overall response rate of 68.7%, completed the research task. Because their participation was voluntary, the sample cannot be considered random and may contain self-selection bias. No identifiers were employed in this study.

**Materials**

**Recognition of Ethical Issues Stimulus (REI)**

In preparation of the audiovisual treatment stimulus, a panel of six experts, all licensed psychologists, viewed the vignettes and noted on a checklist (Appendix B) the existence of potential ethical problems. The audiovisual stimulus portrays, in four vignettes (Appendix C), the psychotherapy process of a client, "Ann" and her
therapist, "Dr. Eugene Grayson." This dyad configuration was chosen to reflect the estimate that approximately 84% of all private psychotherapy clients are female and approximately 84% of psychologists are male (Greenspan, 1983, p. 6). The vignettes begin with the intake interview and conclude with the termination session twelve months later. The psychotherapist in this simulation is a professor of psychology whose work at the State University includes teaching and supervision of counseling and clinical psychology graduate students. While his faculty position is his primary professional focus, he does maintain a small, private psychotherapy practice. He has been married for twenty-five years and has two adult children. The client in this simulation is a forty-year-old, first-year graduate student in psychology; although in the same program area, she is not one of Dr. Grayson's students. She is separated from her husband of fifteen years and has a thirteen-year-old daughter who lives with her. Both Ann and Dr. Grayson are fictitious characters.

Commentary (Appendix C) at the beginning of the teaching video and following each vignette was derived from three sources: Ethics in psychology: Professional standards and cases (Keith-Spiegel, P. & Koocher, G.P., 1985); The casebook on ethical principles of psychologists (APA, 1987); and the Ethical Principles of Psychologists (American Psychologist, 1989, p. 390-395). The commentary addressed the potential ethical problems portrayed in the vignettes with appropriate reference to The Ethical Principles.
The introduction to the video without commentary employed in the posttest condition stated the same purpose, the facilitation of the recognition of some potential ethical issues in psychotherapy, and described the therapist and client in the same words utilized in the REI teaching stimulus. A color television monitor with video cassette recorder was employed in the teaching stimulus and the posttest conditions.

**Ethics Course**

This course, titled Ethics and Professional Issues in Psychology, considers ethical, professional, and legal issues that may arise in each of four roles that encompass the activities of psychologists. These roles include human services, research, teaching/training, and public policy. Discussion of relevant case examples and/or opportunities to hear from and question persons with expertise in the area are provided.

Course materials include outlines which identify major documents and some pertinent journal references and books. These materials are reserved for use by the students. Copies of important documents are distributed to course members.

Several 5-8 minute oral summaries relevant to items on Unit outlines are required of each student as well as a term paper. Students prepare one written hypothetical case example based on their reading and personal experience for each of the four activity areas. At least once during the term students are asked to do
something concerning professional issues they would not normally
do. Examples are: attending a legislative session or committee
hearing; attending a meeting of a human subjects review committee;
talking to a lobbyist; attending a trial or judicial hearing; or writing
their congressperson.

**Instruments**

**Ethical Discrimination Inventory (EDI)**

Baldick (1980) designed the EDI to measure the ethical discrimination
ability of clinical and counseling psychology interns. In development
of the inventory, twenty situations were written to demonstrate
ethical problems or considerations. The criteria for the scoring key
were derived from 16 of the 18 principles of the *Ethical Standards of
Psychologists* (APA, 1972) that deal specifically with psychotherapy
and counseling. The incidents were submitted to a panel of three
licensed psychologists who had taught or written about ethics. Each
independently outlined the scope of ethical problems in the incidents
and then the three separate outlines were examined and combined to
yield a final key for the 20 situations. Eight were eliminated due to
redundancy and/or ambiguity. The EDI consists of twelve ethical
problem situations; nine were created by the author, one taken from
the Tarasoff case (*Tarasoff* v. *Regents of the University of California*,
1976) and two from other sources. Subjects must recognize the
ethical issues which are embedded in the clinical situations and
produce two to five word phrases to describe them. Each correct
response produced by the subject was given a score of one; a total of 44 points was possible. Baldick (1977) reported the following results of a pilot study:

The EDI was administered to two concurrent ethics seminars being conducted in January 1977. One four-week seminar was designed for upper level undergraduate students in psychology and the other was designed for graduate students in counseling psychology N=12. A sign test was used on pre- and posttest scores to determine changes in the ability of the students to discriminate ethical problems. The resultant Z score was significant at the .001 level (p. 36).

Lipsitz (1985) conducted a pilot study to gain further knowledge about the validity and reliability of the EDI. This investigation revealed the need for a revision of the directions for test subjects, a revision of the scoring key, and creation of instructions for scoring the instrument. The 1981 Ethical Principles of Psychologists were reviewed and every ethical problem or consideration found to correspond to any one of the twelve vignettes was included as a scorable response for that vignette. The scoring key was organized to assess subjects' awareness of the Ethical Principles. The revision of the key was approved by a panel of two experts. An interrater reliability check produced a very high and positive reliability coefficient (r=.96). To lend further support to the construct validity of the EDI as well as initial support for the construct validity of the revised scoring key, a test was performed to see how well the EDI
could discriminate between training levels. A comparison was made of scores from second and fourth year students. Separate t-tests were calculated using Baldick's original scoring key as well as the revised key. The mean differences in EDI scores for the pilot study participants for the revised scoring key were $M = 14.42$ for second year students and $M = 20.33$ for fourth year students ($t = 3.54$). Means using the original scoring key were $M = 13.17$ for second year students and $M = 18.67$ for fourth year students ($t = 2.91$). Lipsitz stated that these findings lend further support to the construct validity of the EDI as well as initial support for the construct validity of the revised scoring key (p.45).

**Ethical Issues Recognition Form (EIRF)**

There were several reasons that led to the development of the EIRF. Prior to this study, the EDI was the only instrument available to measure ethical discrimination ability. The vignettes were written in 1976 and reflected a gender bias that was prevalent in that era. Although Lipsitz (1985) revised the scoring key and wrote scoring instructions, the EDI remained difficult to grade. He recognized the limitations of the instrument and at the conclusion of his dissertation recommended a number of changes to improve it. In addition, in 1989 the *Ethical Principles* were amended to comply with a Federal Trade Commission request (APA, 1990). This resulted in the need for further changes in the EDI. All of these factors led to the decision to undertake the development of a new scale in an effort
to update and improve the measurement of ethical discrimination ability but to employ the EDI as it was utilized in the Lipsitz study for comparison purposes.

Use of the EIRF (Appendix D) represents a pilot study to establish initial evidence of content validity and reliability for the instrument. A panel of four experts, defined as licensed psychologists, determined the presence of ethical issues embedded in each of twenty written vignettes. Those ethical issues the panel agreed were present in the vignettes became the basis for the EIRF scoring key. The EIRF vignettes, representative of ethical issues reported in the literature, were derived from case examples in *Ethics in psychology: Professional standards and cases* (Keith-Spiegel & Koocher, 1985) and *The casebook on ethical principles of psychologists* (APA, 1987). The *Ethical Principles of Psychologists* (1989) were utilized in establishing the scoring key.

The EIRF consists of two parts with a possible overall score of 39 points. Part I (18 points) presents 10 vignettes in which the subject is asked to indicate the behavior(s) that present the potential for ethical problems. Part II (21 points) requires subjects to indicate the ethical principle(s) which are potentially involved in the 10 vignettes. Subjects are asked to limit their responses to a maximum of three in each situation. Lacking a sufficient pool of subjects similar to those in the study, the EIRF was administered to a second panel of six different experts, 3 psychology instructors and 3 practitioners, to provide an indication of content validity for the EIRF. Reliability
analyses using coefficient alpha revealed the following:  
Part I $\alpha = .1406$; Part II $\alpha = .9327$; and overall, $\alpha = .8134$. Coefficient alpha depends on the spread of the scores in the group studied. Given the expertise and small number of participants in this trial it was thought that the small spread of scores in Part I provided further evidence for the presence of unethical behaviors in the vignettes. The decision was made not to change or omit items from the EIRF until the results of the pilot study were known.

**Demographic Questionnaire**

The demographic questionnaire (Appendix E) was derived from those employed by Lipsitz (1985) and by Welfel and Nilsson (1989) in their research-in-progress on ethical decision-making. These questionnaires are very similar in their request for background information from the subjects. The following items are included on the questionnaire to be utilized in the present study: age; gender; training in ethics; percentage of time spent in certain types of ethical training formats; highest academic degree earned; theoretical orientation; rating of overall quality of training in ethics; confidence in handling ethical issues in counseling; settings in which the subjects have had counseling experience; amount of counseling experience; hours of clinical supervision; level of graduate experience in psychology; and type of graduate psychology program.
**Request for Comments**

Participants were asked to comment on the audiovisual presentation they viewed, the EDI and the EIRF (Appendix E).

**Procedure**

The investigator-trained research assistant, a doctoral-level student in psychobiology, implemented all experimental procedures. All participants were informed that the purpose of this research was the investigation of the ability of psychology graduate students to recognize ethical issues. They were asked to refrain from making comments until the task was completed.

Participants in the treatment groups viewed the REI teaching stimulus and then responded to the EDI, EIRF, the Demographic Questionnaire and the Request for Comments. The participants in the no stimulus condition responded to the EDI, EIRF, and the Demographic Questionnaire. A break was offered to participants in this group before they were required to complete a posttest task comprised of viewing the teaching stimulus without commentary and responding again to the EDI and the EIRF. Counterbalancing of the EDI and the EIRF was used to control for carryover and order effects. Finally, after completing the second set of instruments, participants were asked for their written comments. The researcher was present at the time of completion to debrief the participants.
Both the investigator and the research assistant scored separate copies of the research protocols; all scoring was conducted so that neither scorer was aware of the level of ethics training of the participant being scored. The scorers discussed all discrepancies and reached agreement on all items in question.

**Analysis**

**Main Analyses**

This experimental study employed a 2 x 2 between groups analysis of variance. The design separately analyzed the effects of formal ethics training and the Recognition of Ethical Issues teaching stimulus on the EDI and on the EIRF. The main effects of each of the independent variables were evaluated to examine Hypothesis 1. Planned comparisons were utilized to examine Hypotheses 2 and 3 and a post-test comparison was conducted to determine whether viewing the teaching stimulus without commentary sensitized participants to ethical issues. Each of these analyses was performed using the EDI and the EIRF as separate dependent variables. Finally, to test Hypothesis 4, a 2 x 2 mixed design ANOVA was conducted to analyze the differences between the EDI and the EIRF.

**Scale Development Analyses**

Several analyses were conducted in an effort to describe the attributes of the EIRF. A Pearson's Product Moment Correlation coefficient was utilized to determine the relationship between the
older EDI and the EIRF. Coefficient alpha was employed to determine reliability of the scales. Internal measurement criteria including item difficulty and item variances were determined.
Chapter IV

Results

This chapter is divided into several sections. First, the demographic data and a description of the assignment of participants to teaching stimulus and non-stimulus groups will be presented. This section will conclude with participants' comments relative to the Recognition of Ethical Issues teaching stimulus, the Ethical Discrimination Inventory and the Ethical Issues Recognition Form. Second, results from the hypotheses presented in chapter one will be detailed. Third, the findings from the posttest will be reported, and finally the results of the scale development analyses will be summarized.

Descriptive Statistics

A total of sixteen (34.8%) males and thirty (65.2%) females ranging in age from twenty-two to fifty-five (M=30.20) participated in this study (N=46). There were seven male and eighteen female participants (54.30%) ranging in age from twenty-four to fifty-one (M=33.00) who had taken the ethics course (N=25). The twenty-one participants (45.70%) who had not taken the course were younger (M=26.80) ranging in age from twenty-two to forty-four. There were nine males and twelve females in the no-course group.
Responses revealed that most participants had some prior exposure to ethics training (Table 1). Participants reported the following undergraduate experience in ethics: Two (4.3%) had taken a separate course in ethics; four (8.7%) had a seminar in ethics; and twenty-one (45.7%) reported that ethical issues were integrated into discussions in other courses. Graduate school experience other than the formal ethics course revealed the following: Thirty-three (71.7%) reported that ethical issues were integrated into discussions in other courses; nine (19.6%) had ethical issues integrated into supervision during internship; thirty-two (69.6%) reported informal discussion with colleagues; fourteen (30.4%) were self-taught from journals, books, and other publications; and four (8.7%) reported no ethics training.

The most notable difference between the participants who had taken the ethics course and those who had not was evident in the number who reported they had discussed ethical issues with a counseling supervisor. Nineteen of those who had taken the ethics course had taken part in such discussions while only two who had not taken the course reported this kind of experience.

Thirty-four participants responded to the question regarding the percentage of time spent in specific learning activities. While they indicated the type of activities experienced, most did not estimate the amount of time spent. Therefore, the time rating results were not useable.
<table>
<thead>
<tr>
<th>Prior Training</th>
<th>Ethics Course</th>
<th>No Course</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=25</td>
<td>N=21</td>
<td>N=46</td>
</tr>
<tr>
<td>Separate course in ethics, undergraduate</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Seminar in ethics, undergraduate</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Ethical issues integrated, undergraduate</td>
<td>10</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Ethical issues integrated, graduate</td>
<td>20</td>
<td>13</td>
<td>33</td>
</tr>
<tr>
<td>Ethical issues integrated, internship supervision</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Discussion with counseling supervisor</td>
<td>19</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Informal discussion</td>
<td>20</td>
<td>12</td>
<td>32</td>
</tr>
<tr>
<td>Self taught</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>No ethics training</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
Responses to the question regarding theoretical orientation (Table 2) revealed that twenty-two (47.8%) of the participants viewed themselves as eclectic. In descending order of orientation reported: Ten (21.7%) chose person-centered, six (13%) cognitive-behavioral, and two (4.3%) chose gestalt as the single theory that guided them. Each of the following orientations were noted by one participant: family, psychoanalytic, rational-emotive, transactional analysis, and "other."

Twenty-three participants (50%) rated the overall quality of their training in professional ethics as "good." Of these, twenty had taken the ethics course. One (2.2%) participant who had taken the course rated the quality of training as "excellent." A total of nine (19.6%) reported "average" training, four of whom had taken the course and five had not. Of the remaining participants, all who had not taken the ethics course, six (13%) rated their training as "fair" and six (13%) as "poor." One subject did not respond to the question (Table 3).

Regarding confidence in their ability to handle ethical issues arising in counseling, none of the participants felt "extremely confident." Eleven (23.9%) participants felt "very confident;" eight had taken the ethics course and three had not. Of the nineteen who (41.3%) felt "confident," thirteen had taken the course. Twelve (26.1%) participants reported feeling "somewhat confident;" four of these had taken the ethics course and eight had not. Four (8.7%) who had not taken the course were "not at all" confident (Table 4).
Table 2
Theoretical Orientation
N=46

<table>
<thead>
<tr>
<th>Theoretical Orientation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adlerian</td>
<td>0</td>
</tr>
<tr>
<td>Behavioral</td>
<td>0</td>
</tr>
<tr>
<td>Cognitive behavioral</td>
<td>6</td>
</tr>
<tr>
<td>Eclectic</td>
<td>22</td>
</tr>
<tr>
<td>Existential</td>
<td>0</td>
</tr>
<tr>
<td>Family</td>
<td>1</td>
</tr>
<tr>
<td>Gestalt</td>
<td>2</td>
</tr>
<tr>
<td>Person-centered</td>
<td>10</td>
</tr>
<tr>
<td>Psychoanalytic</td>
<td>1</td>
</tr>
<tr>
<td>Reality</td>
<td>0</td>
</tr>
<tr>
<td>Rational-Emotive</td>
<td>1</td>
</tr>
<tr>
<td>Transactional Analysis</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 3
Quality of Training in Professional Ethics

<table>
<thead>
<tr>
<th>Rating</th>
<th>Ethics Course</th>
<th>No Course</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>1</td>
<td>0</td>
<td>2.2</td>
</tr>
<tr>
<td>Good</td>
<td>20</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>Average</td>
<td>4</td>
<td>5</td>
<td>19.6</td>
</tr>
<tr>
<td>Fair</td>
<td>0</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>1</td>
<td>2.2</td>
</tr>
</tbody>
</table>
Table 4
Confidence in Ability to Handle Ethical Issues in Counseling

<table>
<thead>
<tr>
<th>Rating</th>
<th>Ethics Course</th>
<th>No Course</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely confident</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Very confident</td>
<td>8</td>
<td>3</td>
<td>23.9</td>
</tr>
<tr>
<td>Confident</td>
<td>13</td>
<td>6</td>
<td>41.3</td>
</tr>
<tr>
<td>Somewhat confident</td>
<td>4</td>
<td>8</td>
<td>26.1</td>
</tr>
<tr>
<td>Not at all</td>
<td>0</td>
<td>4</td>
<td>8.7</td>
</tr>
</tbody>
</table>
Only a few participants reported the length of time and supervision hours they had experienced in work settings and some reported multiple settings experience. Twenty-four of the participants (52.2%) reported counseling experience in college settings, nine (19.6%) in hospitals, six (13%) in schools, six (13%) in community mental health centers and twelve (26.1%) in "other" settings.

Twenty-six (56.5%) participants were students in Counseling Psychology, five (10.9%) in Clinical Psychology, four (8.7%) in School Psychology, five (10.9%) in Counselor Education, four (8.7%) in Developmental Psychology, one (2.2%) in Mental Retardation/Developmental Disabilities, and one (2.2%) in Marriage and Family Therapy (Table 5). Eight (17.4%) reported they had passed their general examination and three (6.5%) had completed their pre-doctoral internship.

The participants were randomly assigned to either the Recognition of Ethical Issues teaching stimulus condition or the no stimulus condition. Twelve of the 25 who had taken the ethics course were assigned to the stimulus condition; 13 were assigned to the control condition. Ten of the 21 participants who had not taken the course were assigned to the teaching stimulus condition; the remaining 11 were assigned to the no stimulus condition. The REI teaching stimulus received twenty-eight (60.9%) positive, nine (19.6%) neutral, and six (13%) negative comments; three participants did not respond to the request for comments. In general, those who
Table 5
Graduate Program

<table>
<thead>
<tr>
<th>Program</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Psychology</td>
<td>26</td>
<td>56.5</td>
</tr>
<tr>
<td>Clinical Psychology</td>
<td>5</td>
<td>10.9</td>
</tr>
<tr>
<td>School Psychology</td>
<td>4</td>
<td>8.7</td>
</tr>
<tr>
<td>Counselor Education</td>
<td>5</td>
<td>10.9</td>
</tr>
<tr>
<td>Developmental Psychology</td>
<td>4</td>
<td>8.7</td>
</tr>
<tr>
<td>Mental Retardation/ Developmental Disabilities</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Marriage and Family Therapy</td>
<td>1</td>
<td>2.2</td>
</tr>
</tbody>
</table>
responded positively found the stimulus to be informative, concise, effective, realistic, and educational. They stated that the role playing was "great," it was a "good length," and there was "good variety" in the issues presented. One participant reported that it was more effective than reading about issues and another said that it would be effective preparation for licensure. Those negative comments included three who found the stimulus boring and two who felt the issues were too obvious. One participant, who noted the instructions to withhold comments until the task was completed, found it difficult to not react to the stimulus while viewing it.

Participants in the posttest condition who viewed the teaching stimulus without instructional commentary were frustrated by the lack of discussion about the issues presented in the video. They did not understand the rationale or purpose for being asked to watch it. These issues were addressed in the debriefing sessions immediately following the task.

The EDI received six (13%) positive, nine (19.6%) negative, and twenty-four (52.2%) neutral comments; seven (15.2%) did not respond to the question. Those who responded positively found the issues to be varied, thought provoking, and interesting. Four participants commented that the instrument is sexist and noted that there were no female therapists in the vignettes. Four found the
directions to respond in two to five word phrases limiting, and one stated the same issues seemed to appear over and over again.

The EIRF received twelve (26.1%) positive responses, ten (21.7%) negative, and 19 (41.3%) neutral comments; five (10.9%) did not answer the question. The positive responses included the statements that the instrument has better gender balance and it covers more issues than the EDI. Another respondent noted the good use of a non-heterosexual relationship problem. Others commented that it was well done and the directions were clear.

Negative comments suggested that the directions on the EIRF Part I, which asks subjects to indicate the potentially unethical behaviors, should be stated more clearly. Three stated they were not sure they had followed the directions correctly on the EIRF and several noted that the task was difficult. Two found it more difficult than the EDI. Another stated that child abuse should be an issue addressed by the instrument. Eight participants were frustrated by Part II and stated that a list of the Ethical Principles would facilitate answering the questions.

**Results of the Hypotheses Tested**

Hypothesis 1 stated that participants who viewed the Recognition of Ethical Issues teaching stimulus would score higher on the EDI and the EIRF than those participants who did not view the teaching stimulus. Results of the between groups analysis of variance indicated there was a significant effect of the teaching stimulus on
the scores for EIRF Part II $F(1, 41) = 32.02$, $p < .001$ and on the total EIRF scores $F(1, 41) = 22.68$, $p < .001$. Those participants who did view the REI teaching stimulus identified significantly more ethical issues on the total EIRF ($M = 23.98$) than those who did not view the REI teaching stimulus ($M = 17.54$). The effect on EDI scores was marginal $F(1, 41) = 3.86$, $p = .056$. Those participants who did view the REI teaching stimulus tended to identify the presence of more ethical issues on the EDI ($M = 19.28$) than than those who did not view the REI teaching stimulus ($M = 16.93$). The effect of the REI teaching stimulus on the dependent measures is depicted in Table 6.

There were no significant interaction effects of the ethics course by teaching stimulus ($p > .05$). Cell means can be found in Table 7. There was a tendency in the total EIRF and EIRF Part II for those who had viewed the teaching stimulus and had taken the ethics course to attain higher scores. It was interesting (see Figures 1 and 2) that the pattern of responses on EIRF Part I, which asked for the recognition of behaviors, closely followed the pattern on the EDI, while EIRF Part II, which required recognition of principles, closely followed the pattern on the total EIRF. It was here, on Part II and on the total EIRF, that the teaching stimulus had the largest effect on those who had taken the ethics course.

Hypothesis 2 stated that participants who had completed the ethics course and had viewed the REI teaching stimulus would score higher on the EDI and the EIRF compared to all other groups. The results of a priori planned comparisons on all dependent measures
Table 6
Means for the Effect of the REI Teaching Stimulus on the EIRF and on the EDI

<table>
<thead>
<tr>
<th>Test</th>
<th>REI Teaching Stimulus</th>
<th>No Stimulus</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIRF</td>
<td>23.98</td>
<td>17.54</td>
</tr>
<tr>
<td></td>
<td>(5.61)</td>
<td>(5.00)</td>
</tr>
<tr>
<td>EDI</td>
<td>19.28</td>
<td>16.93</td>
</tr>
<tr>
<td></td>
<td>(4.00)</td>
<td>(4.64)</td>
</tr>
</tbody>
</table>

Standard deviations appear in parentheses
Figure 1

Ethics by Teaching Stimulus on the EDI and the EIRF
Figure 2

Ethics by Teaching Stimulus on the EIRF Part I and Part II
Table 7

Cell Means of REI Teaching Stimulus
By Ethics Course

<table>
<thead>
<tr>
<th>Stimulus</th>
<th>No Stimulus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ethics Course</td>
</tr>
<tr>
<td>EDI</td>
<td>20.75</td>
</tr>
<tr>
<td></td>
<td>(3.31)</td>
</tr>
<tr>
<td>EIRF</td>
<td>27.25</td>
</tr>
<tr>
<td></td>
<td>(4.41)</td>
</tr>
<tr>
<td>EIRF:</td>
<td>14.66</td>
</tr>
<tr>
<td>Part I</td>
<td>(1.78)</td>
</tr>
<tr>
<td>EIRF:</td>
<td>12.58</td>
</tr>
<tr>
<td>Part II</td>
<td>(3.00)</td>
</tr>
</tbody>
</table>

Standard deviations appear in parentheses
indicated that, compared to all other groups, participants who had taken the ethics course and viewed the REI teaching stimulus identified significantly more ethical issues on the EDI ($M=20.75$) $F(1, 41) = 13.40, p<.01$. These participants also identified significantly more ethical issues on the EIRF ($M=27.25$) $F(1,41) = 46.06, p< .01$ (Table 7).

There was a significant effect of the formal ethics course on the EIRF Part I $F(1,41) = 7.23, p<.05$, the EIRF Part II $F(1, 41) = 19.23, p< .01$, and the total EIRF scores $F(1, 41) = 18.50, p< .01$. The effect of the ethics course was also significant on EDI scores $F(1, 41) = 9.60, p< .01$ (Table 8). Those participants who had taken the ethics course identified significantly more ethical issues on all dependent measures than did those who had not taken the course.

Hypothesis 3 stated that participants who had not taken the ethics course and had viewed the REI teaching stimulus would score higher on the EDI and the EIRF than those participants who had not taken the ethics course and had not viewed the stimulus. The results of a priori planned comparisons indicated there was a significant positive difference in the EIRF scores of participants who had not taken the ethics course and viewed the teaching stimulus ($M = 20.70$) compared to those who had not taken the ethics course and did not view the stimulus ($M = 15.00$), $F(1,41) = 8.01, p< .01$. The effect of the REI teaching stimulus on the EDI was not significant.
Table 8

EDI and EIRF Mean Test Scores by Ethics Course

<table>
<thead>
<tr>
<th>Ethics Course</th>
<th>No Ethics Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDI</td>
<td>19.95</td>
</tr>
<tr>
<td></td>
<td>(4.23)</td>
</tr>
<tr>
<td>EIRF</td>
<td>23.66</td>
</tr>
<tr>
<td></td>
<td>(5.61)</td>
</tr>
<tr>
<td>EIRF:</td>
<td>14.41</td>
</tr>
<tr>
<td>Part I</td>
<td>(1.66)</td>
</tr>
<tr>
<td>EIRF:</td>
<td>9.25</td>
</tr>
<tr>
<td>Part II</td>
<td>(4.62)</td>
</tr>
</tbody>
</table>

Standard deviations appear in parentheses
Hypothesis 4 stated that all participants would achieve higher scores on the EIRF than on the EDI. There was a significant test effect $F(1, 41) = 12.86, p < .01$. Subjects scored significantly higher on the total EIRF ($M=21.00$) than on the EDI ($M=18.29$). Even though the total possible score was greater for the EDI ($k=41$), subjects still scored higher on the EIRF ($k=39$).

In addition, there was a significant interaction between the teaching stimulus and test $F(1,41) = 7.63, p < .05$. Participants who viewed the REI teaching stimulus scored higher on the EIRF ($M=23.98$) than on the EDI ($M=19.28$). Those who viewed the vignettes without instructional commentary showed no significant difference on scores between the EIRF ($M=17.538$) and the EDI ($M=16.92$).

Results of the Posttest

A posttest was utilized to determine if viewing the teaching stimulus without the instructional commentary sensitized subjects in the no stimulus condition to ethical issues. Results of a post hoc $t$-test revealed no significant effect of the teaching stimulus without commentary. Subjects who viewed this stimulus showed no significant change in their ability to identify the presence of ethical issues on either the EDI $t(23) = 1.04, p > .05$ or the EIRF $t(23) = 1.77, p > .05$. 
Scale Development Analyses

A Pearson's Product Moment Correlation coefficient revealed a significant correlation between the EDI and the EIRF $r = .53, p < .05$. These two instruments share approximately 25% of their variance so, while there is some overlap, there is still a large portion of variance in the EIRF that is left unexplained by the EDI.

Reliability analyses using coefficient alpha revealed differences in the internal consistency of the EDI compared to the EIRF. Overall, it seems that the EIRF has higher internal consistency ($\alpha = .81$) than the EDI ($\alpha = .71$). When the EIRF is divided into two parts, Part II which required knowledge of specific principles is much more internally consistent ($\alpha = .83$) than Part I ($\alpha = .61$) which required recognition of potentially unethical behaviors. The participants seemed to find the principles of Part II more difficult to identify than the behaviors of Part I. The item difficulties on six of the twenty-one "principle" items were 0.0. No one identified the principles of Responsibility in questions 1 and 2, Competence in question 2, Moral and Legal Standards in questions 3 and 5, and Assessment Techniques in question 10. In addition, the Part II difficulties were fairly low overall with only three items showing means greater than .5. The difficulties on the behavior items were higher, with only two means less than .5. One item, IDY 1, which describes the potential for behavior that would lead to a breach of confidentiality, was identified by everyone ($M = 1.00$).
Chapter V
Discussion

This chapter will present a discussion and interpretation of the results of the hypotheses presented in Chapter IV. The limitations of this study and the implications for ethics education will be addressed and recommendations for future research will be suggested.

Discussion and Interpretation

Overall, the results of this study support the research hypotheses. In investigating the effectiveness of the REI teaching stimulus, it was found that the teaching stimulus significantly improved the subjects' ability to recognize the presence of ethical issues as measured by the EIRF.

In addition, the results showed that those participants who had taken the ethics course and had viewed the REI teaching stimulus scored significantly higher on the EDI and EIRF compared to all other groups. Although no significant interaction was found for the teaching stimulus by ethics course, there was a tendency for the REI to enhance the knowledge of principles for the group who had taken the course. One interpretation of this finding is that the emphasis on the ethical principles as well as potential unethical behaviors in the
commentary of the REI teaching stimulus reinforced previous learning.

Further evidence for the efficacy of the REI teaching stimulus was found. Participants who had not taken the ethics course but viewed the teaching stimulus identified significantly more ethical issues than those who had not taken the ethics course and did not experience the teaching stimulus. These findings support those of other studies (Schultz & McGrath, 1978; Sturgeon, 1979; Harper & Silvestro, 1982; Pohl, et al., 1982; Kauffman & Kauffman, 1983; and Blakey, et al., 1985) that have found audiovisual teaching stimuli to be effective in imparting information and enhancing awareness of important issues.

Support for the efficacy of the course in ethics and professional issues was found in this study. This interpretation is tempered by the difference in age of the participants; those who had taken the ethics course were older and more advanced in their graduate programs than those who had not. It is possible that their greater experience had some effect on their ability to recognize ethical issues. Only Baldick (1980) has reported similar findings in support of the efficacy of ethics courses.

Participants in this study who had taken the ethics course identified the presence of potentially unethical behaviors and the principles that were potentially involved in the written vignettes at a significantly higher rate than did participants who had not taken the ethics course. Welfel and Lipsitz (1984) noted the lack of information
regarding the quality and impact of ethics training. This study presents a description of two approaches to ethics education and the results provide empirical evidence for their efficacy. It also supports the need for ethics training (Tymchuk, et al., 1979) and the mandate (APA Council of Representatives, 1979) for instruction in "scientific and professional ethics and standards for all students in every doctoral program in professional psychology."

Rest (1982) stated that if students are properly alerted to important issues, they should quickly understand how their actions affect the welfare of others. He stated that "if an educational program can show that it has produced gains in moral judgment---even if the gains are not dramatic---then those changes are worthwhile and the program can claim to have had an effect upon life beyond the course"(p.33). The results in this study confirm the hypothesis that ethics coursework had a significant impact on judgment regarding the presence of ethical issues. They also show that viewing of the REI teaching stimulus significantly enhanced the ability of participants who had ethics training to recognize ethical issues more effectively than those who had taken the course but did not experience the teaching stimulus. Moreover, the REI had a significant impact on the ability of participants who had not taken the ethics course to recognize the presence of ethical issues. These results support the Schoonover, et al. (1983) conclusion that videotape productions with characters, story line, and action sequences, can enhance learning.
The results of this study indicated that the EIRF measured the ability of participants to recognize the presence of ethical issues more effectively than did the older EDI. Baldick (1977) reported that the group mean on the EDI for subjects who had taken an ethics course was 18 based on a possible score of 44. Lipsitz (1985) reported in his doctoral dissertation that the revised EDI, which was employed in this study, produced a mean of 19.1 based on a possible score of 41 for subjects who had taken an ethics course. In this study, participants scored significantly higher on the EIRF than on the EDI.

Results of the scale development analyses indicated that the reliability (internal consistency) of the EIRF Part II which requires knowledge of the *Ethical Principles of Psychologists* is much higher than that of Part I which requires recognition of potentially unethical behaviors. This may be explained by the fact that the knowledge base from which the principles are identified is far more homogeneous than that of the behaviors. Eight of the ten *Ethical Principles of Psychologists* (1989) provide the narrowly defined content that is tested by EIRF Part II. On the other hand, the responses for the EIRF Part I are much more broad because subjects were able to use their own experiences and ethical codes to identify the potentially unethical behaviors.
Limitations

The participants in this research were graduate students from a single, large mid-western university. Due to their limited number and because participation was voluntary, the sample cannot be considered random and may contain self-selection bias. Caution should be used in the interpretation of the results due to the scant evidence for the reliability of the dependent measures utilized in this study. The absence of a follow-up study leaves open the question of the lasting effects of the teaching stimulus.

Finally, while many participants who had taken the ethics course had discussed ethical issues with a counseling supervisor, few of the first year students in the no-ethics course group had supervised counseling experience. Therefore, support for the efficacy of the ethics course must be interpreted with caution.

Implications for Ethics Education

It seems reasonable to conclude from this study that an individual's personal experience and code of ethics is not sufficient to insure a foundation of knowledge that serves to inform the ethical decision-making of professional psychologists. Knowledge of the principles, standards, and issues relative to the profession of psychology is successfully imparted through formal coursework. Learning derived from courses in ethics and professional issues is
enhanced by real-life analogues like the Recognition of Ethical Issues teaching stimulus.

**Recommendations for Future Research**

Further research employing the REI teaching stimulus and the stimulus without commentary should be pursued. The REI stimulus could be utilized as a teaching module to enhance learning pertinent to the human services role of professional psychologists. The impact of this instructional tool could be further demonstrated by comparing two ethics classes where one experienced the REI teaching stimulus and the other did not. The stimulus without commentary provoked a strong desire for discussion among the subjects in the posttest condition in this study. The vignettes could be employed to stimulate interchange among peers in an ethics course leading to deeper understanding of some ethical issues in professional psychology.

It is recommended that audiovisual stimuli with a focus on ethics in research, teaching/training, and public policy be produced. These, in combination with the human services module created for this study, would provide comprehensive course materials to be utilized in conjunction with other teaching modalities in ethics courses.

Further development and testing of the EIRF is warranted. The results of the item analysis need to be studied in order to determine changes required to improve the reliability of the instrument. Research studies should be planned to test this instrument in larger,
national populations. Special attention should be given to the new format being proposed by a Task Force of the Ethics Committee charged with revising the Ethical Principles. A draft of this document published in the Monitor (1990), includes the General Preamble and six general ethical principles, each followed by ethical standards that set forth minimal behavioral expectations for upholding the principle. The Ethical Issues Recognition Form should reflect changes in the Principles approved by the Council of Representatives.

Summary

The literature is replete with reports regarding the ethical behavior of psychologists. The APA has created a comprehensive code of ethics which often has been revised in order to provide standards and principles for the profession. This national organization has emphasized the importance of ethics education in psychology.

There is no empirical research reported in the literature that compares different methods of teaching ethics in psychology. This study provided initial evidence for the efficacy of audiovisual instruction in ethics and it strengthened the support for the efficacy of a course in ethics. A pilot study of a new instrument developed in an effort to update and improve the measurement of the ability to recognize ethical issues was undertaken. The results of the analyses
indicated that the Ethical Issues Recognition Form has the potential to become an effective instrument for the measurement of the ability to recognize ethical issues. Finally, recommendations for future research were suggested.
References


Appendix A

Letter requesting participation in research
Dear

I am writing to you to request your participation in research I am conducting for my doctoral dissertation in Counseling Psychology.

As you know, many authors have addressed the lack of empirical research in the teaching of ethics in graduate education. No research has been reported regarding the effectiveness of different methods of instruction. I believe the study I am undertaking will provide valuable data regarding the efficacy of teaching methods utilized in training graduate-level psychology students to recognize ethical issues.

This study carries no risks; to protect anonymity, no identifying data will be requested. Research participants will be asked to view a video presentation and respond to several questionnaires. The task will require one block of time which will be as little as one hour and forty minutes or as much as two hours and fifteen minutes. Following completion of the questionnaires, the researcher will debrief participants. A summary of the results will be provided on request. If the results of this study are published, only group data will be reported.

Will you please indicate on the following form the times during which you would be able to participate? We will greatly appreciate your participation in making a contribution to knowledge in psychology and thank you for your consideration of our request.

Sincerely,
Appendix B
Recognition of Ethical Issues
Teaching Stimulus Checklist
Recognition of Ethical Issues Checklist

After viewing the appropriate vignette, describe that portion of the interaction which is related to the Principle.

**Intake Session:**

**Principle I. Responsibility**

Psychologists make every effort to ensure that their services are used appropriately.

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**Principle III: Moral and legal standards**

Psychologists' moral and ethical standards of behavior are a personal matter...except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists.

Psychologists are aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

---
Principle V. Confidentiality

Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

Limits of confidentiality regarding third-party payers.

Principle VI. Welfare of the consumer

Psychologists make advance financial arrangements that safeguard the best interests of and are clearly understood by their clients.

Principle VII. Professional relationships

When psychologists know of an ethical violation by another psychologist, and it seems appropriate, they informally attempt to resolve the issue by bringing the behavior to the attention of the psychologist.
Principle VIII. Assessment techniques

Psychologists make every effort to maintain the security of tests and other assessment techniques within limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others.

The public offering of an automated interpretation service is considered a professional-to-professional consultation.

Second session:

Principle II. Competence

Psychologists recognize the boundaries of their competence and the limitations of their techniques.
Principle III. Moral and legal standards

In the ordinary course of events, psychologists adhere to relevant governmental laws and institutional regulations. (Duty to warn).

Principle V. Confidentiality

Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work. They reveal such information to others only with the consent of the person...except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

Principle VI. Welfare of the consumer

Psychologists fully inform consumers.
Principle VII. Professional relationships

Psychologists understand the areas of competence of related professions. They make full use of all the professional...resources that serve the best interests of consumers.

Third session:

Principle I. Responsibility

In providing services, psychologists maintain the highest standards of their profession. They accept responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

Principle II. Competence

Psychologists recognize the boundaries of their competence and the limitation of their techniques. They only provide services and only use techniques for which they are qualified by training and experience.
Psychologists accurately represent their competence, education, training, and experience.

Psychologists recognize that personal problems and conflicts may interfere with professional effectiveness.

Principle IV. Public statements

Public statements...advertising...serve the purpose of helping the public make informed...choices. Psychologists represent accurately and objectively their professional qualifications.

Announcements...of "personal growth groups"...give a clear statement of purpose and a clear description of the experiences to be provided. The education, training, and experience of the staff members are appropriately specified.
A psychologist accepts the obligation to correct others who represent the psychologist's professional qualifications...

Principle V. Confidentiality

Information obtained in clinical or consulting relationships, or evaluative data concerning children...is discussed only for professional purposes and only with persons clearly concerned with the case.

Principle VI. Welfare of the consumer

Psychologists fully inform consumers as to the purpose and nature of an evaluative, treatment, educational, or training procedure...

Psychologists make every effort to avoid dual relationships.
Principle VII.

Psychologists do not exploit their professional relationships with clients...

Termination session:

Principle I. Responsibility

In providing services, psychologists maintain the highest standards of their profession. They accept responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

Principle II. Competence

Psychologists' recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly, they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client.
Principle III. Moral and legal standards

Psychologists' moral and ethical standards of behavior are a personal matter...except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists.

Principle VI. Welfare of the consumer

Psychologists respect the integrity and protect the welfare of the people and groups with whom they work.

Psychologists are continually cognizant of their own needs and of their potentially influential position vis-a-vis persons such as clients...They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that impair their professional judgment or increase the risk of exploitation. Sexual intimacies with clients are unethical.
Psychologists terminate a clinical or consulting relationship when it is reasonably clear that the consumer is not benefiting from it. They offer to help the consumer locate alternative sources of assistance.

Principle VII. Professional relationships

Psychologists do not exploit their professional relationships with clients...sexually or otherwise.
Appendix C

Story Line and Commentary for the Recognition of Ethical Issues Teaching Stimulus
Story Line

Intake session:

The client, Ann, reports that she is very stressed by relationship problems, single parent concerns, and the demands of her coursework. In fact sometimes she feels like she is "going crazy". She has never been in therapy but believes she needs help. She states that she has been very disillusioned by experiences in her social group which includes a therapist in private practice who is an adjunct faculty member. She reports that "when he goes drinking with us" he becomes very loud and he talks about his therapy experiences. At first she enjoyed the fun and feeling like an "insider" but now that she needs therapy herself she is afraid that what she says will not be kept in confidence.

The therapist will reassure her that "what ever happens in this room stays here;" he will be vague about his fee and how her minimal insurance will be used. He will tell her to pick up an MMPI from his secretary to complete at home explaining that, when she finishes it, his secretary will score it and run a computerized interpretation which she can discuss with the secretary at her convenience.
Second session:

The client has had trouble sleeping, is often unable to eat, and is feeling overwhelmed and panic-stricken. She reports having dreams that seem "almost real" in which she murders her husband. She states that she is beginning to think that killing him may be the best answer to her problems. She asks the therapist if he will refer her to a psychiatrist for medication that will calm her down and help her get some rest. He states that if he thought she needed medication he would say so.

Third session:

The client is relaxed and upbeat; her divorce is final and she is satisfied with the custody agreement. She states that she and her daughter are concerned about her daughter's friend, Mary Smith, who she knows is a client of his. She asks if there is anything they can do to help her. He in turn says "that is certainly a dysfunctional family," and he is concerned about Mary's potential for acting out due to the volatile situation.

She is playful with the therapist telling him she didn't realize he was a "sex expert." She shows him a flyer announcing a "growth group" weekend experience in which he is described as a member of The American Association of Sex Educators, Counselors, and Therapists. He seems somewhat embarrassed and states that his co-leader, a former client, was responsible for printing the
announcements and he guessed she thought he was a member of that association but he is not. When asked about the weekend, he states that it will focus on the problems of intimacy; he is interested in part because he is having problems in his own marriage. His co-leader, who is not a professional, has been doing a lot of reading in the area of intimacy.

**Termination session:**

It is obvious that a change has taken place in this relationship. Client and therapist are discussing their strong feelings of attraction for one another and mention is made of sexual intimacies. The therapist states that they should probably terminate their therapy relationship in order to further explore a mutually intimate relationship. She comments that she still has some unresolved personal issues but that their relationship seems more important. She is willing to end therapy with him but does not want to see another therapist.
Commentary Script

The current Ethical Principles of Psychologists, amended on June 2, 1989, consists of a preamble and ten annotated principles under the headings of: Responsibility; Competence; Moral and Legal Standards; Public Statements; Confidentiality, Welfare of the Consumer; Professional Relationships; Assessment Techniques; Research with Human Participants; and Care and Use of Animals.

This instructional video will focus on the Human Services area addressed by the first eight principles, thus omitting Research with Human Participants, and the Care and Use of Animals. Other APA guidelines regarding ethical matters include the Ethical Principles in the Conduct of Research with Human Participants, published in 1982; Standards for Educational and Psychological Tests, published in 1984; and the General Guidelines for Providers of Professional Services, published in 1987. It is also important for psychologists to be familiar with the Rules of Professional Conduct of the state in which they practice their profession.

Although some psychologists do willfully engage in acts they know to be in violation of the ethical standards of their profession, well-meaning psychologists are also vulnerable to ethical dilemmas. Becoming familiar with and committed to upholding the Ethical
Principles is one avenue to guarding against engaging in ethical misconduct.

The purpose of this instructional video is the facilitation of the recognition of some potential ethical issues in psychotherapy. You will view four vignettes of a simulated long-term psychotherapy process, beginning with the intake interview and concluding with the termination session twelve months later. The psychotherapist in this simulation is "Dr. Eugene Grayson" a professor of psychology whose work at the State University includes teaching and supervision of counseling and clinical psychology graduate students. While his faculty position is his primary professional focus, he does maintain a small, private psychotherapy practice. He has been married for twenty-five years and has two adult children.

The client in this simulation, "Ann" is a forty-year-old, first-year graduate student in psychology; although in the same program area, she is not Dr. Grayson's student. She is separated from her husband of fifteen years and has a thirteen-year-old daughter who lives with her. Both Ann and Dr. Grayson are fictitious characters.

The potential ethical issues that arise in this simulation are addressed in the first eight Ethical Principles of Responsibility; Competence; Moral and Legal Standards; Public Statements; Confidentiality; Welfare of the Consumer; Professional Relationships; and Assessment Techniques. Please attend carefully to the therapy interaction; the areas of potential ethical concern will be discussed following each vignette.
The first vignette simulates the intake interview and is presented in two parts. We join Dr. Grayson and Ann approximately ten minutes into the interview......then the video fades to the closing minutes of the session.

Intake session commentary

There are six areas in which the potential for ethical concerns arise in this vignette.

The Principle regarding CONFIDENTIALITY states in part that where appropriate, psychologists inform their clients of the legal limits of confidentiality.

As an ethical principle, confidentiality implies an explicit contract or promise not to reveal anything about a client, except under certain circumstances agreed to by both therapist and client.

Some exceptions or limitations to confidentiality include the concept of imminent danger; the "duty to warn" emanating from the Tarasoff case in (1976) that imposed a duty to use reasonable care to protect third parties against dangers posed by clients; the obligation to report child abuse; the necessary waiver of confidence in malpractice actions; and the use of third-party payment for therapeutic treatment. Clients may not realize that by signing an insurance claim form for payment of or reimbursement for psychotherapeutic fees they are authorizing the provider of services to share diagnostic and treatment information required by the
insurance company. Although it is not unethical in itself, failure to provide information regarding the limitations of confidentiality in the beginning of the therapeutic relationship may lead to later problems.

You will recall that Dr. Grayson assured Ann that "everything that happens here is totally confidential...nothing is going to leave this room." He did not inform her of the limits of confidentiality even though she specifically mentioned her insurance plan and questioned the confidentiality of the therapeutic relationship.

The second area for potential concern regards the Principle of the WELFARE OF THE CONSUMER. This principle states in part that psychologists make advance financial arrangements that safeguard the best interests of and are clearly understood by their clients.

According to Kieth-Spiegel and Koocher, clients should be informed about fees, billing, collection practices, and other financial contingencies as a routine part of initiating the professional relationship. This information should be repeated later in the relationship if necessary.

As you have seen in the intake session, Dr. Grayson was vague about his fee for service and how Ann's insurance might be utilized.

The section of the principles regarding PROFESSIONAL RELATIONSHIPS that applies to the interaction in this vignette states in part that when psychologists know of an ethical violation by another psychologist, and it seems appropriate, they informally attempt to resolve the issue by bringing the behavior to the
attention of the psychologist. If the misconduct is of a minor nature and appears to be due to a lack of sensitivity, knowledge, or experience, such an informal solution is usually appropriate. Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved.

In this vignette, Ann reported the behavior of the adjunct professor "Joe" who talked about his clients in social situations. Dr. Grayson did not specifically address Joe's behavior with Ann nor did he ask for her permission to discuss her concerns and comments with his colleague.

Another potential issue in Joe's behavior relates to MORAL AND LEGAL STANDARDS. The principle states in part that psychologists' moral and ethical standards of behavior are a personal matter...except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists. Psychologists are aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

Ann clearly stated that she is concerned, due to her experiences in Joe's company, that she cannot trust the therapy process.

The principle concerning the proper use of ASSESSMENT TECHNIQUES states in part that psychologists make every effort to maintain the security of tests and other assessment techniques within the limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others. Automated or
computerized interpretations of services are considered to be professional-to-professional consultations.

The Casebook on ethical principles of psychologists states that the value of psychological tests and other assessment devices depends in part on the naivete of the subject. A psychologist is responsible for careful judgment in making test materials available, for it is impossible to control their subsequent use.

In the intake interview, Dr. Grayson instructed Ann to take the MMPI home with her which violates the security of the test. This misuse of an assessment tool brings into question the ethical principle of RESPONSIBILITY which states in part that psychologists make every effort to ensure that their services are used appropriately. In this vignette, Dr. Grayson suggested that an unskilled person would be involved in the interpretation and sharing of test results.

To review, the issues for potential concern in the intake interview include; Confidentiality; Welfare of the Consumer; Professional Relationships; Moral and Legal Standards; Assessment Techniques; and Responsibility.

We will now return to the simulated psychotherapy vignette.

This session occurs three months into the psychotherapy relationship.
Second session commentary

There are five potential issues for ethical concern in this vignette.

The principle of COMPETENCE states in part that psychologists recognize the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience.

A portion of the principle regarding PROFESSIONAL RELATIONSHIPS states that psychologists understand the areas of competence of related professions; they make full use of all the professional, technical, and administrative resources that serve the best interests of consumers.

In this second vignette, Ann presented symptoms of depression and anxiety and made several requests for medication. Instead of making a referral to a psychiatrist or family physician for evaluation, Dr. Grayson made a medical judgment that she did not require medication.

In the area of MORAL AND LEGAL STANDARDS, the principle states in part that psychologists, in the normal course of events, adhere to relevant governmental laws and institutional regulations.

In this session which you have just viewed, Dr. Grayson may need to consider his "duty to warn" Ann's husband and law enforcement officials regarding her violent threats.
If he were to determine that her intent was to kill her husband he would need to consider the principles of Confidentiality and Welfare of the Consumer.

Psychologists have a primary obligation to respect the CONFIDENTIALITY of information obtained from persons in the course of their work. They reveal such information to others only with the consent of the person...except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

A portion of the principle regarding the WELFARE OF THE CONSUMER states that psychologists have an ethical obligation to fully inform their clients regarding their treatment and its limitations so the consumer has the freedom of choice in regard to participation.

It is possible, had Ann been fully informed of the legal limits of confidentiality, that she would have chosen not to share her thoughts of harming her husband; perhaps she might have chosen to leave therapy.

To review, the principles for potential ethical concern presented in the second vignette are Competence; Professional Relationships; Moral and Legal Standards; Confidentiality; and Welfare of the Consumer.
Now we return to the simulation and join Dr. Grayson and Ann during a session nine months into their therapy relationship. The first scene occurs at the opening of the session and the second close to the end of the hour.

**Third session commentary**

There are five potential issues for ethical concerns in the scenes which you have just viewed.

CONFIDENTIALITY became an issue in the first scene. The principle states in part that information obtained in clinical or consulting relationships, or evaluative data concerning children, students, employees, and others, is discussed only for professional purposes and only with persons clearly concerned with the case. Although Dr. Grayson and Ann’s discussion of Mary Smith and her family may have been well-intentioned, it was inappropriate.

COMPETENCE became a potential ethical issue in the second scene of this third vignette. The principle states that psychologists recognize the boundaries of their competence and the limitation of their techniques. They only provide services and only use techniques for which they are qualified by training and experience. Psychologists accurately represent their competence, education, training, and experience, and they recognize that personal problems and conflicts, may interfere with professional effectiveness. Accordingly, they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate...
performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of their personal problems, they seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional or scientific activities.

It is not clear in this vignette that Dr. Grayson is qualified to lead a growth group weekend with a focus on intimacy. His admission that he is experiencing marital problems and working on personal issues of intimacy may indicate that he should limit his professional activities in this area.

Ann's questions about the growth group weekend seem to indicate that the brochure lacks important information. The principle regarding PUBLIC STATEMENTS declares that public statements, announcements of services, advertising, and promotional activities of psychologists serve the purpose of helping the public make informed judgments and choices; therefore they accurately and objectively represent their professional qualifications.

Announcements or advertisements of "personal growth groups", clinics, and agencies give a clear statement of purpose and a clear description of the experiences to be provided. Psychologists accept the obligation to correct others who misrepresent their professional qualifications, or associations with products or services. The education, training, and experience of the staff members are appropriately specified.
The interaction in this third vignette suggests that Dr. Grayson allowed his training and experience to be misrepresented in this public notice. Ann's questions indicated that the brochure provided no data about his co-leader; we have no information regarding the co-leader's qualifications. It could be inferred from his statements that she has no professional training. RESPONSIBILITY might be a potential problem because psychologists are to make every effort to ensure that their services are used appropriately. WELFARE OF THE CONSUMER may be at issue also since consumers are to be fully informed as to the purpose and nature of an evaluative, treatment, educational, or training procedure in order to safeguard their freedom of choice with regard to participation.

Dr. Grayson's choice of a former client to be his co-leader presents several potential ethical problems related to the WELFARE OF THE CONSUMER. The principle states in part that psychologists are continually cognizant of their own needs and of their potentially influential position vis-a-vis persons such as clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Psychologists do not exploit their professional relationships with clients, supervisees, students, employees, or research participants.

The potential for a dual relationship may exist in this situation. The co-leader is a former client who may be in a subordinate role in
planning and implementing the growth group weekend. The potential for exploitation may exist.

To review, the principles for potential ethical concern in the third vignette include: Confidentiality; Competence; Public Statements, Responsibility; and Welfare of the Consumer.

Now let's return to the fourth and final vignette. Ann has been in therapy for one year; this is the termination session. We join Dr. Grayson and Ann at the beginning of the hour.

Termination session commentary

There are five potential ethical issues for concern in this simulation.

The principle regarding the WELFARE OF THE CONSUMER states in part that psychologists respect the integrity and protect the welfare of the people and groups with whom they work. In our previous discussion of dual relationships we stressed that psychologists are continuously aware of their own needs and of their potential for influence on clients; they avoid exploiting the trust and dependency of such persons. The principle states that sexual intimacies with clients are unethical.

The principle regarding PROFESSIONAL RELATIONSHIPS states that psychologists do not exploit their professional relationships with clients, supervisees, students, employees, or research participants sexually or otherwise.
It appears from the interaction in the final vignette that Dr. Grayson has not respected the integrity and protected the welfare of his client. It seems that he has allowed his own needs to influence the psychotherapy process. Exploitation may be involved in Ann's decision to terminate therapy even though she acknowledges her further need to address other therapeutic issues.

You will recall from our prior discussion regarding COMPETENCE, that psychologists are to recognize that their personal problems and conflicts may interfere with professional effectiveness and accordingly, refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client. The potential for harm to this client does exist.

The principle concerning MORAL AND LEGAL STANDARDS states that psychologists' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizens except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists.

Dr. Grayson has failed to uphold the principle of RESPONSIBILITY which states in part that in providing services, psychologists maintain the highest standards of their profession.

To review, the principles of concern presented in this final vignette include: Welfare of the Consumer; Professional
Relationships; Competence; Moral and Legal Standards; and Responsibility.

Ethical dilemmas do arise in the Human Services area of psychology. Some may simply be unforeseen, others inadequately anticipated and others due to inexperience or ignorance. The general and at times nonspecific nature of the ethical principles may cause confusion in particular situations.

This instructional video has been produced to facilitate the awareness and recognition of ethical issues related to the principles of Responsibility, Competence, Moral and Legal Standards, Public Statements, Confidentiality, Welfare of the Consumer, Professional Relationships, and Assessment Techniques.
Appendix D

The Ethical Issues Recognition Form
Part I:

This part of the questionnaire consists of 10 ethical problem situations. For each situation, please indicate the behavior(s) which present the potential for ethical problems. You may find as few as one and as many as three potential problem behaviors in each situation; please limit your responses to a maximum of three for each situation. It is not intended that you resolve the potential ethical dilemma, or make judgments about whether the behavior(s) presented in each dilemma are right or wrong. Your task is to recognize and indicate by listing the potential problem(s) or consideration(s) in each situation. The example below illustrates the test procedure.

EXAMPLE:

Adam Donne, Ph.D., told Melissa Urban, after she requested assistance with problems she was having understanding the course content, that women did not belong in this particular course because they were not suited to the field. He refused to respond to her specific questions. Rather, he continued to refer to the unsuitability of women in general in his course and cited her difficulties in comprehension as evidence.

BEHAVIOR:

Harassment of student (gender)

1. The local school principle often refers students and their families to psychologists in the community for evaluation and family therapy. Ann Ames, Ph.D., a private practitioner, receives a call from the principal requesting information he can use to justify allocations of funds for a mental health program in the school district. He asks her to identify specific students and their families and to provide a general description of the issues they confront in therapy.
2. Phillip James, a new Ph.D. in social psychology, applied for and received state licensure. He joined Janet Stevens Ph.D. and Associates in their busy private psychotherapy practice. His new colleagues invited their friends, families, clients and influential members of the community to an "open house" to be introduced to Dr. James. Their newly printed brochure stated that his primary focus would be therapy with groups and drug and alcohol-dependent adolescents.

3. Paul Brown, a clinical psychologist who recently completed his training in Los Angeles, California, accepted a position on the staff of a small mental health agency in Pennsylvania in a predominantly Amish area. Soon after his arrival, the director of the agency began to receive complaints from the community and staff regarding Dr. Brown's use of "vulgar" language and his confrontive behavior in group therapy. One client from the group reported that she felt belittled by Dr. Brown for her "traditional" views of sexuality. She wanted to leave the group but admitted she was intimidated by what she thought Dr. Brown's reaction would be to her decision.

4. Edward Fielder, Ph.D. just completed his post-doctoral internship in counseling psychology and is eligible to sit for the state board licensing exam which will be offered later in the year. His wife, Gloria, wrote the announcements for the local papers and radio station describing the opening of his free-standing private practice. They have been received with enthusiasm by old friends and neighbors.
5. Susan Weeks entered therapy with Dr. Blissfield because she feared the break-up of her marriage. Following several sessions, Dr. Blissfield told Susan that she was a fool to stay in such an unhealthy relationship and he advised her to file for divorce. Susan was devastated by this experience. Her pastor referred her to a second psychologist, Dr. Davis, who effectively intervened in the crisis. Susan decided to stay in therapy with Dr. Davis and signed an authorization for release information to obtain her records from Dr. Blissfield. Several weeks later, Dr. Blissfield’s secretary reported that Susan’s records had been lost.

6. Elizabeth Black, Ph.D., a psychotherapist, leads workshops on pain control to supplement her private practice. Her brochure goes into great detail in describing her method which she says is endorsed by individuals and groups as well as the American Psychological Association. In an effort to increase her visibility in the community, she became acquainted with a local television personality who hosts a TV talk show. After several discussions he agreed to interview her on his show in exchange for six free therapy sessions. When she appeared, he introduced her as a “well-known expert in pain management.”

7. Dr. Jason Waverly, an acknowledged expert in the use of projective tests, met a young writer at a party who seemed fascinated by his knowledge of "those ink blots and things." They agreed to meet for lunch the following day so she could see some examples of the test materials he employs in his work. To his dismay, several weeks later there was an article in the local paper recounting their conversation about several of the projectives they discussed including the pertinent details he had shown her.
8. Trisha Carlton sought therapy for help in dealing with the end of a committed relationship with her mate of six years, Gina. She was sometimes uncertain that Dr. Banes took her feelings seriously since he admitted he had little experience working with lesbian couples but she had quickly become dependent on their sessions. Over the course of several weeks, she reported increasing vegetative symptoms of depression, and often talked of suicide. During this time Dr. Banes continued to assure her that all that was required was a change in lifestyle and she would "come out of this funk."

9. Dr. Greg Nunnley has been treating Sally Gibbs for depression within the context of marital problems for 18 months. For approximately 3 months, Dr. Nunnley and Sally were sexually intimate with each other. Much of the therapy time since they ceased being intimate has been spent in "working through" her feelings about their relationship. At times she has threatened to leave therapy and seek help elsewhere but Dr. Nunnley has always been able to convince her to "stay the course" in this important aspect of her therapy.

10. Gail Pepper asked her psychologist, Dr. Dan Evans, to bill her insurance company for two sessions per week rather than for the one they actually had because her plan paid only 50% of the fee for service. Dr. Evans, stunned by her request, informed her of the fraudulent and unethical nature of her suggestion. She stated that her former therapist, Dr. Mattie Harris, had been quite willing to help her clients with such financial matters.
Part II:

This part of the questionnaire consists of 10 ethical problem situations. For each situation(s) please indicate the Ethical Principle(s) which are potentially involved. You will find that as few as one and as many as three ethical principles could possibly be of concern. Please limit your responses to a maximum of three in each situation. It is not intended that you resolve the potential ethical dilemma, or make judgments about whether the situations presented in each dilemma are right or wrong. You are asked to recognize which of the Ethical Principles of Psychologists should be considered in each situation. The example below illustrates the test procedure.

EXAMPLE:

Adam Donne, Ph.D., told Melissa Urban, after she requested assistance with problems she was having understanding the course content, that women did not belong in this particular course because they were not suited to the field. He refused to respond to her specific questions. Rather, he continued to refer to the unsuitability of women in general in his course and cited her difficulties in comprehension as evidence.

ETHICAL PRINCIPLE:

Professional Relationships

1. Judson Moore, Ph.D., a highly regarded psychotherapist specializing in marital problems, accepted the referral of a Middle Eastern couple who were in the second year of a four year educational assignment by their government. The couple was in bitter conflict due to the wife's changing values regarding the place of women in society vis-a-vis her marital role. Dr. Moore found himself continually confronting the husband about his "insensitive, archaic views" explaining that women have been liberated and he would "just have to accept that."
2. Larry Adams sought therapy for help in dealing with feelings of rejection and loss resulting from his wife's decision to leave him for another relationship. He has been in treatment with Dr. Ann Jones for six months. Larry has made good progress but is beginning to experience confusion regarding his feelings toward Dr. Jones. He felt truly understood and affirmed because she too had experienced rejection through divorce and she was openly affectionate with him in his need to be held. When he discussed his feelings of love for her she reminded him that their relationship was professional, not personal.

3. Roberta Case, Ph.D., completed her internship in the southwestern United States; her principle caseload came from the Native American population of the region. Several years later, she was employed by a satellite community mental health agency in remote Arizona, where she was the only licensed psychologist within a 100 mile radius. When approached by potential clients from the Native American community in the area, she refused to see them, saying only that she preferred not to work with persons from that ethnic group.

4. Dr. Gladstone, a counseling psychologist with fifteen years experience in psychotherapy, became very interested in neuropsychology. After substantial independent reading and attendance at two intensive one-day workshops he changed the listing of his professional title in the yellow pages to "counseling and neuropsychologist."
5. Dr. Mark Gant was interrupted in the middle of a psychotherapy session by a loud knock on his door. He excused himself and stepped into the waiting room to find a sheriff's deputy with a subpoena for the surrender of all records pertaining to one of his clients. The deputy was so aggressive that Dr. Gant did as requested. He later called the client in question to inform him of the court request and his compliance.

6. Dr. Sarah Brown agreed to teach a course in group process for a professor who would be gone on sabbatical. She followed the existing course outline and assigned the same text and supplemental reading materials for the class. Following the didactic portion of each class, open discussion often included Dr. Brown's comments on her personal experiences as a psychotherapy group leader. She described in detail the process of a group she was currently leading, always careful not to disclose the names of the members. Mid-way through the semester, one of the students told her that she was sure, due to Dr. Brown's descriptions, that one of the group members was her next-door neighbor.

7. Jamie York was referred to Wanda Taylor, Ph.D. whose fee for psychotherapy was $100 a session. Jamie stated her concern regarding the fee and requested a referral to a therapist with a sliding scale. Dr. Taylor told her not to worry about the fee and to pay what she could. Jamie's anxiety regarding the fee increased with each session until therapeutic work reached an impasse due to the issue. At that point they reached an agreement that Jamie would use her secretarial skills to help defray the cost of her therapy.
8. Dr. Maggie McGill accepted Jan Strong into individual therapy because her client, Debbie Ball, was concerned about her best friend, Jan. Dr. McGill knew there were undercurrents of resentment in their friendship but believed she was capable of dealing with those issues without divulging personal confidences. She thought these two women would benefit from the fact that she knew both of them.

9. Marcie Daily has worked as receptionist and secretary for Chester Gray, Ph.D., a private practitioner, for eighteen months; she is very unhappy in her job. Depending on his mood, he may be insulting and demanding or inappropriately affectionate and sexually suggestive. She would leave his employment but she is supporting herself and her three-year-old daughter while completing her degree in night school. He has suggested that if she were "nicer" to him he would give her a substantial raise.

10. Sheila Rosemont, Ph.D., was trained in clinical child psychology; the focus of her coursework and private practice had always been on school-age children and their families. When offered the opportunity to supplement her practice by assessing developmentally delayed infants and children under age four, she familiarized herself with several developmental instruments and their manuals and began using them in her practice.
Appendix E
Demographic Questionnaire
and Request for Comments
DEMOGRAPHIC QUESTIONNAIRE

Please complete the following by placing an (X) in the appropriate box or filling in the blank.

1. Male ( ) Female ( ) Age_____

2. Check all that apply to your training in ethics:

( ) separate course in professional ethics in undergraduate school.
( ) seminar in ethics in undergraduate school.
( ) ethical issues were integrated into discussions in other courses in undergraduate school.
( ) separate course in professional ethics in graduate school.
Course number/title ____________________________________________________________
Date completed ________________________________________________________________
( ) seminar in ethics in graduate school.
( ) ethical issues were integrated into discussions in other courses in graduate school.
( ) ethical issues were integrated into supervision during internship.
( ) discussion of ethical issues with counseling supervisor.
( ) informal discussion with colleagues.
( ) self-taught from journals, books, and other publications.
( ) no ethics training.

3. If you have had any ethics training, please indicate the percentage of time spent in the following activities:

<table>
<thead>
<tr>
<th>% Time</th>
<th>% Time</th>
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<tbody>
<tr>
<td>Lecture</td>
<td>Discussion of general topics</td>
</tr>
<tr>
<td>Case Study</td>
<td>Values clarification exercises</td>
</tr>
<tr>
<td>Role Play</td>
<td>Read/discuss professional codes</td>
</tr>
<tr>
<td>Legal cases</td>
<td>Other, please specify</td>
</tr>
</tbody>
</table>

4. What is the highest degree you have earned?

M.A. _____ M.Ed._____ B.A._____ B.S._____ Other_____
5. If you had to select one single theoretical orientation that provides the major guide to your counseling practice, which would it be? Please check only one.

( ) Adlerian
( ) Behavioral
( ) Cognitive behavioral
( ) Eclectic
( ) Existential
( ) Family
( ) Other, please specify ____________________________

6. Please rate the overall quality of your training in professional ethics:

( ) Excellent ( ) Good ( ) Average ( ) Fair ( ) Poor

7. How confident do you feel about your ability to handle ethical issues that arise in counseling?

( ) Extremely confident ( ) Very confident ( ) Confident
( ) Somewhat confident ( ) Not at all

8. Please indicate the type of setting (s) in which you have worked as a counselor:

<table>
<thead>
<tr>
<th>SETTING</th>
<th>LENGTH OF TIME</th>
<th>SUPERVISION HOURS</th>
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<td>( ) School</td>
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<td>( ) College</td>
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<td>( ) Community</td>
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<td>( ) Hospital</td>
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<td>( ) Industrial</td>
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<tr>
<td>( ) Other, please specify</td>
<td>_____________</td>
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</table>
9. Please specify your experience:

( ) First year graduate student
( ) Beginning practicum in counseling
( ) Advanced practicum in counseling
( ) Masters thesis
( ) General (comprehensive) examination
( ) Pre-doctoral internship
( ) dissertation-in-progress

10. Please specify your graduate program:

( ) Counseling Psychology
( ) Clinical Psychology
( ) School Psychology
( ) Other ________________________________
Request for Comments

Please comment on the following:

The audiovisual presentation

The Ethical Discrimination Inventory

The Ethical Issues Recognition Form

THANK YOU VERY MUCH FOR YOUR PARTICIPATION