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Ethics education and its influences on rehabilitation counseling master's students

Yi-Hua Tsai
University of Iowa

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ETHICS EDUCATION AND ITS INFLUENCES ON REHABILITATION

COUNSELING MASTER'S STUDENTS

by

Yi-Hua Tsai

An Abstract

Of a thesis submitted in partial fulfillment
of the requirements for the Doctor of
Philosophy degree in Rehabilitation and Counselor Education
in the Graduate College of
The University of Iowa

May 2013

Thesis Supervisor: Associate Professor Noel Estrada Hernandez

ABSTRACT

The importance of ethics in helping professions and ethics education in counselor preparation programs have been stressed and discussed greatly. In order to foster helping professionals' ethical behaviors to ensure clients' rights and welfare, professional organizations have developed codes of ethics to serve as guidelines for helping professionals in ethical decision making; accreditation bodies for counselor education programs also have included standards of including ethics into curriculum. Studies regarding ethics-related issues and ethics education have been broadly explored and discussed within the counseling profession. Research regarding ethics education has emphasized the goals of ethics education, teaching in an ethical manner, using ethical instructional materials, and other general elements in ethics education, and was mainly focused on the perspectives of counselor educators. However, there has been a lack of studies to examine the outcome and influence ethics education has had on students' ability and practice. The purposes of the present study are to: (a) discover the current status of ethics education in master's rehabilitation counseling programs across the United States; (b) identify the general profiles of ethical orientations among a sample of master's students in rehabilitation counseling programs; (c) determine whether ethics education would impact future counselors' ethical reasoning and decision-making skills in terms of ethical orientation; and (d) explore rehabilitation counseling master's students' satisfaction towards ethics education and training received in the programs and their self-perceived confidence and competence level in making ethical decisions.

The study surveyed a total of 47 master's students in rehabilitation counseling programs. The results showed that a majority of programs offered ethics education in a combination method of a separate course and infused ethics-related topics throughout the curriculum, and 48 and 60 credit hours were the commonly adopted graduation requirements. *ACA Codes of Ethics* and *Code of Professional Ethics for Rehabilitation*

Counselors by Commissions on Rehabilitation Counselor Certification (CRCC) were the commonly used materials in ethics education. Dual relationships on non-sexual nature, confidentiality, informed consent, duty to warn, and scope of practice were the five topics that were indicated to be important concepts to be covered in ethics education. In addition, lecture and whole class discussion were the common adopted methods in teaching ethics, while students' preparation was usually evaluated by examinations, assigned case studies, and term papers. Examination was not perceived as the most helpful evaluation method by master's students. On the other hand, practicum supervision and case studies were perceived to be more helpful in evaluating students' competence to practice ethically.

The ethical reasoning level of all participants as a whole exhibited a primary emphasis on individuals' needs, while societal regulations, norms, and laws are recognized but are considered as secondary concerns in ethical decision making. The results of data analyses also showed that students who received varied formats of ethics education and in different demographic information groups did not demonstrate significant differences on the degree of their moral development and sophistication of ethical reasoning. Moreover, on a 6-point Likert scale, participants reported to have a mean of 4.48 on their satisfaction about their current ethics education and have an overall mean of 4.39 on the confidence level and an overall mean of 4.53 on self-reported competence level in approaching and handling an ethical situation.

Abstract Approved: _____
                    Thesis Supervisor

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                    Title and Department

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                    Date

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Iowa City, Iowa

CERTIFICATE OF APPROVAL

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PH.D. THESIS

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This is to certify that the Ph.D. thesis of

Yi-Hua Tsai

has been approved by the Examining Committee
for the thesis requirement for the Doctor of Philosophy
degree in Rehabilitation and Counselor Education at the May 2013
graduation.

Thesis Committee: _____
                    Noel Estrada Hernandez, Thesis Supervisor

                  _____
                    Vilia M. Tarvydas

                  _____
                    John S. Wadsworth

                  _____
                    Dennis C. Harper

                  _____
                    Timothy N. Ansley

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Ethics, in counseling, pertains to counselors' professional conduct, which directly relates to both counselors' and clients' rights and welfare. Thus, ethics is considered an important issue in the counseling profession, both in practice and in counselor preparation (Hill, 2004; Herlihy & Dufrene, 2011). Ethics can be referred to as the common responsibilities held by professionals or the "agreed-on rules or standards established by a profession that define what is acceptable or 'good' practice" (Cottone & Tarvydas, 2007, p. 500). Mental health professionals are obligated to practice under the ethical standards required by the governing professional organizations to ensure clients' welfare. In other words, counselors should acquire ethics-related knowledge and skills to practice ethically. Therefore, it is essential to equip future counselors with ethical knowledge in areas like ethical principles, virtue ethics, identification of ethical dilemmas, and decision-making processes and models while they are in educational programs (Cottone & Tarvydas, 2007; Stadler & Paul, 1986). Although scholars suggest that a strong ethics curriculum can strengthen counselors' abilities to handle ethical issues (Kitchener, 1986), research shows that counselors in practice reported that they did not feel prepared for handling ethical dilemmas (Stadler & Paul, 1986). Since ethics education research pertaining to rehabilitation counseling is limited, no clear conclusions about the outcome of ethics education in terms of rehabilitation counselors' abilities to handle ethical dilemmas could be made based on research findings.

Chapter I presents an overview of why ethics education in the field of rehabilitation counseling should be further explored. This chapter will also describe a brief introduction to Kitchener's (1986) work in teaching ethics in counselor preparation programs, how moral development was integrated into the process, and how Kitchener's (1986) framework relates to the problem investigated in this study. Finally, this chapter

concludes with a statement of purpose, definitions of relevant terms, and the guiding research questions.

Overview

In mental health professions, practitioners have the main responsibility to promote and foster the clients' welfare (Kitchener, 1984b); the rule of doing no harm to consumers has been emphasized in clinical practice (Wilson, Rubin & Millard, 1991). To achieve this goal, mental health professionals need knowledge about ethics to maintain their professional behavior, not only to ensure the quality of services offered to clients, but also to protect counselors' rights and counseling as a profession (American Counseling Association [ACA], 2005; Stadler & Paul, 1986).

Ethical decision making and ethics education have received considerable attention with an increased emphasis on the importance of ethics in pre-service training. Rest (1984) described the four components that mental health professionals utilize to make a moral decision: analyzing the situation, formulating a course of action, choosing the preferred decision, and implementing the ethical course of action. Based on this framework, Kitchener (1986) then proposed the four goals of ethics education curriculum for mental health professional preparation programs, which included: (a) to increase ethical sensitivity, (b) to improve ethical reasoning, (c) to develop ethical responsibility, and (d) to tolerate ambiguity. In other words, the ethics education curriculum should prepare students to be aware of possible ethical dilemmas and teach them to analyze the complex ethical concerns and take responsibility for clients. Furthermore, students should also be able to understand that the preferred decision in an ethical dilemma may not be the best solution for the specific situation (Kitchener, 1986; Rest, 1984). Additionally, ethics education provides future counselors and psychologists the opportunity to experience ethical issues, improve ethical reasoning, and learn skills in ethical decision making, which are considered essential parts of being ethically competent (Baldick, 1980; Downs, 2003; Hill, 2004; Kitchener, 1986; Stadler & Paul, 1986; Wilson et al.,

1991). Studies have suggested that counselors-in-training benefit from their training in ethics (De las Fuentes, Willmuth, & Yarrow, 2005). Results showed that counselors become more sensitive and capable in determining ethical dilemmas (Baldick, 1980; Dinger, 1997) and were reported to be more competent and confident in handling ethical concerns and making proper decisions with ethics education (Hill, 2004; Stadler & Paul, 1986). In addition, the literature also suggested that students may function at a higher level of ethical reasoning with more training in ethics (Dufrene & Glosoff, 2004).

Various aspects in ethics are well-studied and discussed in both the general counseling and psychology fields such as multicultural competency (Arredondo & Toporek, 2004; Sue, Arredondo & McDavis, 1992), informed consent (Somberg, Stone, & Claiborn, 1993), dual/multiple relationships (Cottone, 2005; Gutheil & Gabbard, 1993), and teaching and supervision (Kurpius, Gibson, Lewis, & Corbet, 1991; Tabachnick, Keith-Spiegel, & Pope, 1991). Ethics education, however, falls short compared to these well researched areas, even with the studies that have been conducted over the decades (Hill, 2004).

Ethics Education Research

One of the few studies related to ethics education was conducted by Vanek in 1990. In this study, the researcher surveyed the status of ethics education within the clinical and counseling psychology fields. Results of Vanek's (1990) national survey confirmed the importance of integrating ethics in the curriculum of mental health professional preparation programs. Similarly, Kitchener (1986) stated that it is required and essential to integrate ethics in the curriculum of counselor training programs to prepare future counselors to have a better understanding of appropriate and professional conduct. Considering the importance and yet the lack of information regarding ethics education within the counseling field, Hill (2004) researched counselor preparation programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and interviewed a number of ethics educators to gather

information regarding ethics education within the counseling field. Hill (2004) summarized the two main course designs and various materials that were commonly utilized and adopted in ethics education among these programs. The main course structures in ethics education were divided into two types: (a) a separate course and (b) ethics-related issues infused across various courses that were offered in the programs. In addition to the different course structures, several instructional methods were adopted when counselor educators taught ethics, such as lectures, various forms of class discussion and role plays. The material and the content covered and discussed in ethics education included ethical codes of various professional organizations, a range of textbooks, research/journal articles, and other resources, such as videos (Hill, 2004).

Considering that the majority of studies in ethics education were conducted within the fields of general counseling and psychology, research is even more necessary in the field of rehabilitation counseling, especially research on how ethics classes can be constructed to be most efficient. In the field of rehabilitation counseling, reviews and studies have been presented in various areas: ethical issues that rehabilitation educators encounter in teaching ethics (Falvo & Parker, 2000; Malaski & Tarvydas, 2002), ethical orientation of master's students (Ong, 2005; Tarvydas, 1994), ethical issues in rehabilitation counseling (Pape & Klein, 1986), implementation of code of ethics in curriculum (Shaw & Tarvydas, 2001), training needs of certified rehabilitation counselors (Chan et al., 2002), and ethics education materials (Rollins & Rubin, 1993; Rollins, Rubin, & Fischer, 1993). Moreover, ethics education in rehabilitation counseling in general (Patterson, 1989) and educators' perceptions toward the topics in ethics education (Fischer & Rubin, 1993) have also been explored. Literature in ethics education has presented on the ethics course curriculum and strategies used in teaching ethics, and suggested that experiential and active learning seem to be helpful in improving understanding of materials and influential in developing decision making attitudes and skills (Corey, Corey, & Callanan, 2005; Jordan & Steven, 2001; Kaczmarek, 2001).

There remains a lack of research on how ethics courses can be constructed and taught in order to more efficiently foster students' ethical development, as well as on the quality and outcomes of ethics education (Welfel, 1992). Because of the dearth of research on ethics education pedagogy and students' perceptions about their preparation in ethical practice, it is worthwhile to explore the influences of ethics education by analyzing its different aspects.

In order to add to the existing literature, the present study examines the influences of course structure, materials used, and employed instructional methods on students' ethical orientation in terms of their ethical decision-making skills, as well as students' satisfaction with their ethics education, self-reported competence, and confidence levels in approaching an ethical dilemma. The results of the study will provide an overview of existing ethics education and the implications for adjustment to better facilitate students' overall professional education and development.

Problem Statement and Rationale

Counselors in practice should obtain ethics-related knowledge and skills to handle various ethical concerns (ACA, 2005; Lambie, Hagedorn, & Ieva, 2010). Kitchener (1986) and Stadler and Paul (1986) suggested that ethics education would help future counselors develop abilities in handling ethical situations; therefore, it was worthwhile to evaluate how ethics education influences future counselors' ethical behavior. Furthermore, the accreditation standards from the Council on Rehabilitation Education (CORE) and CACREP for counselor preparation programs and various codes of ethics for counselors and rehabilitation counselors have been revised within the past decade. *Rehabilitation Counseling Bulletin* (RCB) published a special issue to correspond to the new *Code of Professional Ethics for Rehabilitation Counselors* published by Commission on Rehabilitation Counselor Certification (CRCC) and discussed the key changes of the CRCC Codes that went into effect in 2010. Although this special issue of RCB discussed the new changes and how they could be integrated into the counselor preparation

curriculum, the possible impact of those changes in ethics education on rehabilitation counseling students was not addressed. Therefore, the present study explores how counselors-in-training are being prepared in the areas of ethics and ethical decision making in light of revisions of accreditation and ethical standards and whether ethics education reflects these most recent changes. Equally important is the exploration of the students' perceptions regarding the ethics education they received in their counselor preparation programs as well as their self-reported confidence and competence in ethical decision-making skills.

Theoretical Framework

Ethics-related issues have been broadly explored and discussed, and studies have been conducted to examine whether people can make the "right" decisions when they encounter an ethical situation. Ethical theory provides a systematic way to describe and interpret an individual's rules that lead the person to behave in a certain way. Principle ethics, virtue ethics, relational ethics, and ethics of care are common theoretical frameworks discussed in ethics education. Principle ethics is the traditional ethical reasoning model derived from medicine and bioethics, and ethical principles are the objectives to determine the right decision for an ethical dilemma. The ethical principles are applied in the rational, logical, and objective analysis of the ethical reasoning process and are considered the obligations for helping professionals to follow (Cottone & Tarvydas, 2007). Virtue ethics, on the contrary, focuses on the ideal conducts of morality and the development of virtue or traits of character, which serves as the foundation of professional behavior and judgment. From the virtue ethics perspective, professionals should develop and obtain virtues, such as prudence, integrity, respectfulness, and benevolence to achieve the ideals and maintain professional competency (Cottone & Tarvydas, 2007; Meara, Schmidt, & Day, 1996). Relational ethics emphasizes ethical reasoning from the relational, contextual, and cultural perspectives, and suggests the development of character traits and virtue. Ethics of care emphasizes the social

construction of understanding, knowledge, and the connection and communication between individuals. The latter two perspectives seem to reflect the social constructivism model proposed by Cottone (2001) which values the relationships between all parties involved in the ethical dilemma and suggests that an ethical decision is made with the consensus of all individuals at stake. The virtue ethics, relational ethics, and ethics of care can complement and broaden the traditional principle ethics in ethical reasoning and decision making (Cottone & Tarvydas, 2007).

Moral developmentalism is another approach in ethics theory proposed to describe human conduct (Van Hoose & Paradise, 1979). Both ethics and morals are concepts that describe the appropriateness of human behavior. The definitions of ethics and morals may seem confusing and are used interchangeably in studies regarding ethics. Ethics is defined as "a branch of study in philosophy concerning how people ought to act toward each other, pronouncing judgments of value about those actions" (Kitchener, 1984a, p.18). While morals are described as concepts in regard to the determination of right or wrong and good or bad in human behavior or character in the professional literature, ethics relates to the reason and objectivity regarding the appropriateness of human actions (Cottone & Tarvydas, 2007). In order to differentiate between ethics and morals, Kitchener (1984a) indicated that morals are a part of the human belief structure, whereas ethics is the study that evaluates the belief structure from a philosophical perspective. In addition, Rest (1984) indicated that there are psychological processes underlying the moral behaviors, and suggested that moral development is related to the four major components in formulating moral actions, which include: (a) integrating the situation as a moral one, (b) formulating a moral course of action, (c) deciding what to do, and (d) implementing a plan of action. Kitchener (1986) then proposed the four ethical education goals in relation to those components. After these considerations, and one of the goals of the present study is to evaluate the influences of ethics education on future

counselors' ethical behavior, moral developmentalism is used as the guiding theoretical framework.

Kohlberg (1984) proposed a theoretical framework of moral development stages, which was based on Piaget's cognitive development theory, with the focus on the development of individuals' moral reasoning. Moral development is considered the movement toward a higher stage of moral reasoning. According to Kohlberg's theory, moral stages are structured systems of thoughts pertaining to moral reasoning, and the basic principle of moral choices is justice or the concept of equality. Justice is assumed to be the universal core value of morality and serves as a guideline for individuals to make moral decisions on the basis of equal respect for all parties. Kohlberg (1984) suggested that individuals tend to develop into higher moral stages of development in terms of moral reasoning as they mature; however, individuals' moral reasoning may be influenced by surrounding contextual factors, such as interactions within social and educational environments as well as life experience. Kohlberg (1984) also indicated the reasons individuals make moral judgments may include: (a) to avoid punishment, (b) to fulfill personal needs or interests, (c) to maintain rules which support good behaviors, (d) to maintain social orders and avoid damage of the system, (e) to seek approval from others, and (f) to abide by personal values and ethical standards (Kohlberg, 1984).

Ethical Orientation Model

Van Hoose and Paradise (1979) adopted Kohlberg's model of moral development as the basis for their proposed framework of ethical orientation that reflected the viewpoint of moral development and described how counselors' decision-making strategies were influenced by their ethical orientations. The five following stages represent a developmental continuum of counselors' ethical reasoning and describe the factors that influence the counselors' ethical judgments. These five stages were:

> *Stage I.* **Punishment Orientation**: Counselor decisions, suggestions and course of action are based on a strict adherence to prevailing rules and standards; i.e., one must be punished for bad

behavior and rewarded for good behavior. The primary concern is the strict attention to the physical consequences of the decision.

Stage II. **Institutional Orientation**: Counselor decisions, suggestions and course of action are based on a strict adherence to the rules and policies of the institution or agency. The correct posture is based upon the expectations of higher authorities.

Stage III. **Societal Orientation**: The maintenance of standards, approval of others, and the laws of society and the general public characterize this stage of ethical behavior. Concern is for duty and societal welfare.

Stage IV. **Individual Orientation**: The primary concern of the counselor is for the needs of the individual while avoiding the violation of laws and the rights of others. Concern for law and societal welfare is recognized, but is secondary to the needs of the individual.

Stage V. **Principle or Conscience Orientation**: Concern is not for the legal, professional, or societal consequences. What is right, in accord with self-chosen principles of conscience and internal ethical formulations, determines counselor behavior. (p. 117)

This framework describes the rationale and the external and internal factors that impact counselors' conduct under different circumstances.

Furthermore, Kohlberg (1984) proposed that an individual's maturation and other factors in the environment, such as supervisor, colleagues, and previous training, would impact the person's moral reasoning and judgment. Therefore, it was also suggested that counselors' ethical orientations would be influenced by their training, contextual factors, and other variables (Van Hoose & Paradise, 1979). In other words, the stages of ethical orientation stress and reflect the importance of the contextual influences, as well as ethics education. Ethics education offers information about values, virtue ethics, ethical principles, decision-making models, and other ethics-related knowledge that may be influential factors in moral and ethical reasoning. With the knowledge and skills learned in ethics education, future counselors may be fostered into a higher stage of moral reasoning and function on a higher level of ethical orientation.

Moral Development and Ethics Education

Rest (1984) proposed a framework consisting of four psychological processes and their interactions regarding ethical decision making, and suggested that ethics education should facilitate students' awareness and skills regarding these four components in order to foster moral development. The first component in Rest's (1984) model was to analyze the situation and determine how others were affected by the various courses of action. The second component was to integrate various considerations related to the specific situation in order to determine which course of action is morally ideal for the ethical situation. The third component was to choose an action after examining values, and the final component was to execute the course of action that had been chosen for the particular ethical situation.

There are several key points worth mentioning within this framework. Rest (1984) suggested that students should be trained more for being prepared to handle ethics-related situations instead of focusing only on counseling techniques in the professional preparation programs. Ethics education should not only focus on increasing students' familiarity with codes of ethics but also take the students' moral development into consideration and promote the understanding of moral reasoning and judgment. Based on this moral decision-making model, Kitchener (1986) proposed the goals of ethics education for students in the mental health profession which included: (a) to increase ethical sensitivity, (b) to improve ethical reasoning, (c) to develop ethical responsibility, and (d) to tolerate ambiguity.

Although there were studies that emphasized the importance of training in ethics and provided the goals and structures of ethics education, only a few studies had been done to explore the outcome of ethics education (e.g., Baldick, 1980; Dinger, 1997; Lambie, Hagedorn, & Ieva, 2010); Linstrum, 2009) and on students' satisfaction and confidence in their preparation in ethics decision making (e.g., Stadler & Paul, 1986; Downs, 2003). In order to examine the influences of current ethics education in the

presence of new accreditation and ethical standards for counselor preparation curriculum, there is a necessity to explore the recent status of ethics education in rehabilitation counselor preparation programs, which leads to the current study.

Purpose of Study and Needs

According to the standards of CACREP and CORE, which are the two main accreditation bodies of counselor education programs, ethics-related issues are key elements in the counselor preparation curriculum. Professional counseling organizations (e.g., ACA and CRCC) have also included standards that require teaching ethics in counselor preparation programs to help future counselors become more prepared in ethical practice (ACA, 2005; CRCC, 2001, 2010). Stadler and Paul (1986) also showed that more counselor education programs had included ethics as a separate course or as a discussion topic throughout the curriculum. However, even though ethics-related issues have been studied widely, only a few studies have been conducted in ethics education and its influences on future counselors' ethical reasoning and decision-making skills (CACREP, 2009; CORE, 2008; Hill, 2004; Kitchener, 1986). Scholars and professional organizations in the counseling field recognize the relationship between ethics education and future counselors' ethical competence and confidence, and studies regarding this relationship indicated that professional preparation may impact students' ethical sensitivity and may influence students' competence toward approaching ethical concerns. However, these studies were unclear about future counselors' confidence level or readiness to practice ethically (Hill, 2004; Kitchener, 1986; Stadler & Paul, 1986). Another aspect that still remains uncertain is how different types of course design, various materials, and instructional methods in ethics education may impact students' preparation and eventually influence their ethical sensitivity, ethical reasoning, and decision-making skills. More importantly, the lack of research in rehabilitation counseling evaluating the impact of ethics education on future counselors' ethical sensitivity and decision-making skills is of concern for rehabilitation educators.

The purpose of this study was to explore whether different formats of ethics education influence future counselors' reasoning and decision-making skills when encountering ethical situations. This study focused on master's students in rehabilitation counseling programs. A survey was used to collect the participants' demographic information, to explore their ethical decision-making skills by examining the students' ethical orientations, and to record students' self-reported satisfaction, confidence, and their perceived levels of competence about their ethical preparation and ethical decision making.

Students in graduate rehabilitation counseling programs were asked to complete a four-part survey specifically designed for the present study. The four sections of the survey included: (a) demographic information, (b) overview of the status of ethics education, (c) Ethical Decision-Making Scales-Revised (EDMS-R), and (d) Satisfaction, Confidence, and Competence Scale. In the demographic section of the survey participants were asked to provide background information such as gender, age, progress in academic programs, required graduation credit hours, and previous experiences as helping professionals. The second section of the survey asked participants to report the course structure, materials, instructional methods, basic ethical topics, and evaluation formats employed in their ethics education. The third section asked participants to answer the EDMS-R. Lastly, they were asked to provide a self-report of their satisfaction level regarding the ethics education they had received as well as their confidence and their perceived competence level when encountering ethical dilemmas.

Analyses of this data were used to report on the current ethics education within the rehabilitation counseling field and to determine which factors may contribute to facilitate students' ethical development in terms of ethical reasoning and level of orientation in ethical decision making. The results of this study also provide suggestions to adjust current ethics education in order for counselor educators to further help students

in overall professional education and development, as well as to improve the satisfaction level regarding ethics education.

Definition of Terms

This present study was designed to explore the current status of ethics education within the rehabilitation counseling field, to examine whether different ethics education formats affect the levels of ethics orientation of master's students in rehabilitation counseling programs, and to provide an overview of students' perceptions regarding ethics education they received as well as their preparation in ethical decision-making. Several variables of interest were identified, including course structure, instructional methods, and materials included in ethics education. The previous sections have discussed the importance of ethics education and its potential influences on future counselors' ethical decision-making skills, as well as the developmental theory that can be used to describe the development in relation to ethics of students in counselor preparation programs. The following section will present the conceptual and operational definitions of terms relevant to the conduction of the present study. These terms are presented as a reference that will help clarify the purpose of the study. In addition, the presentation of these terms will facilitate understanding of the dependent and independent factors and their relation to the underlying theoretical framework in the present study. These terms are: ethics education, course structure, instructional methods, ethical decision-making skill, ethical orientation, confidence and competence level.

Ethics Education

Ethics education involves activities and communications in a classroom setting that offer basic knowledge of ethics to students in counselor education programs. The basic knowledge of ethics may include moral, value, virtue ethics, professional ethics, ethical principles, ethical standards in counseling, ethical judgment, ethical reasoning, decision-making models, decision-making skills, and codes of ethics. For the present study, ethics education was presented as the formats of course structure, materials utilized,

instructional methods, basic ethical topics addressed, and the evaluation methods in the classroom setting.

Course Structure

Course structure is considered to be the format of ethics education. As reported by previous studies, ethics education is mainly offered in two course structures: a separate course and the other in which the topics of ethics are infused in other courses throughout the curriculum (Hill, 2004; Vanek, 1990). A formal and stand-alone course provides all necessary information of ethics to students including codes of ethics, ethical principles, decision-making strategies, and other related knowledge. An infused ethics education structure occurs across courses with other focuses when discussion of ethics-related topics is appropriate and essential.

Considering the possibility of the combination of the two structures presented above, participants in the present study were asked to choose from a separate course, an infused ethics education, and the combination of the two methods in order to better cover all possible structures of ethics education in the rehabilitation counseling field.

Instructional Methods

Instructional methods are the formats that educators employ to convey information on ethics. Previous studies have indicated that lectures, discussions, case studies and role play were the instructional methods used more frequently in ethics education (Hill, 2004; Vanek, 1990). Educators who mainly lecture in class provide detailed information pertaining to ethics, and students are presented with scenarios or cases in discussion-related formats which allows the exchange of opinions with peers to promote their understanding of the topics and reasoning of the cases.

For the purpose of the study, instructional methods are categorized into three groups: class lecture, all forms of discussion, and other instructional elements in data analysis.

Ethical Decision-Making Skill

Ethical decision-making skill is the ability of counselors to make appropriate and informed decisions based on a higher level of understanding in ethics. Counselors have the ability to interpret an ethical situation, identify possible ethical concerns or dilemmas, research relevant information, and be guided by a framework to make the decision that is appropriate for the situation (Cottone & Tarvydas, 2007). Ethical decision-making skill also represents the strategies that counselors adopt to formulate an ethical course of action and provide a preferred solution for a dilemma (Rest, 1984).

For the present study, ethical decision-making skill is presented as ethical reasoning which describes the ability and rationale used to interpret an ethical situation, identify dilemmas, recognize all parties involved, and explore appropriate decisions for the situation.

Ethical Orientation

Ethical orientation is defined as the underlying principles, both internal and external, that counselors use to behave in an ethical manner and make ethical decisions for a situation. The five levels of ethical orientation (Punishment, Institutional, Societal, Individual, and Principle) in relation to ethical decision-making and ethical reasoning are conceptualized on a developmental continuum. Counselors' ethical orientation and decisions also can be influenced externally by environmental factors, societal factors, individual factors, contextual factors, laws, and institutional policies (Van Hoose & Paradise, 1979).

For the purpose of the study, ethical orientation is measured by Ethical Decision-Making Scale-Revised, which is developed to specifically measure ethical orientations (Dufrene, 2000, Dufrene & Glosoff, 2004).

Confidence and Competence Level

The confidence level in the present study is considered how comfortable students feel about handling an ethical dilemma in practice (Stadler & Paul, 1986). Competence,

on the other hand, is defined as the ability to perform within the counselor's scope of practice and offer a minimum quality of service (Cottone & Tarvydas, 2007).

For the purpose of the study, questions were formulated regarding participants' confidence and perceived competence level in ethical decision-making. For example, "How confident are you in identifying an ethical dilemma from a case scenario?" and "How competent are you in reasoning about an ethical dilemma?" are two sample questions to evaluate participants' confidence and self-reported competence level. Participants were asked to rate each statement on a six-point Likert scale based on their perceptions of their confidence and competence.

Research Questions and Hypotheses

The purpose statement and the conceptual and operational definitions related to the study have been presented in the previous sections. In this section the hypotheses and research questions will be addressed.

According to Kitchener (1986), Stadler and Paul (1986) and Vanek (1990), ethics education facilitates the development of future counselors' ethical decision-making skills. Furthermore, counselors with previous ethics education in their preparation seem to obtain more skills in ethical reasoning and feel more confident in handling situations pertaining to ethics (Kitchener, 1986; Stadler & Paul, 1986). Therefore, it is proposed that students with more ethics education tend to feel more competent and confident when encountering ethical situations and exhibit a higher level of ethical orientation. This study, with the emphasis on different course structures (a separate course in ethics, infused ethical discussions throughout the curriculum, or a combination of the two methods), hypothesized that students who have the combination method in ethics education and/or have more time to experience and practice handling various ethical dilemmas may respond on a higher level of ethical orientation when facing ethical concerns than those who have fewer opportunities to experience ethics-related considerations. Furthermore, students who use supplemental materials in addition to

professional codes of ethics and experience more discussion-type instruction will exhibit a higher level of ethical orientation. To explore these hypotheses, several research questions were formulated and tested.

The present study examined the different aspects of ethics education within the rehabilitation counseling area. To explore this topic in depth, the foremost question asked was to obtain a better understanding of the general background information of the master's students in rehabilitation counseling programs, as well as which format of ethics education they received in the program. Therefore, the first research question was proposed:

Question 1: What is the current status of ethics education in rehabilitation counseling in terms of course structure, instructional methods, materials covered, basic ethical topics, and evaluation methods used by instructors to assess students' preparation in ethics decision making?

Another part of the study designed to explore students' decision-making skills was conducted by examining their ethical orientation. Students' ethical orientation can help researchers understand students' moral development and provide information about the influential factors that impact their decision when encountering an ethical dilemma. The second research question was proposed to guide this part of the study:

Question 2: What are the students' ethical orientations in terms of their ethical reasoning as measured by Ethical Decision-Making Scale-Revised?

The third part of the study was to understand students' perceptions toward the ethics education they received in academic programs. This part of the study explored students' satisfaction level and self-perceived competence regarding their decision-making skills and their confidence level when approaching an ethical dilemma. To examine these aspects, the third question was proposed:

Question 3: How satisfied, competent, and confident do masters' students in rehabilitation counseling feel in relation to their ethics education and in ethical decision making?

The last part of the study looked at the different effects of various structured approaches in ethics education on students' ethical reasoning and orientation. According to Hill (2004) and Vanek (1990), a formal stand-alone ethics course and infused ethics topics throughout the curriculum were the two most common course structures in ethics education. Different approaches have also been adopted in classrooms to teach ethics such as lectures and discussions. Furthermore, ethical materials might be another influential factor on students' decision-making skills. To explore these aspects in ethics education and the effects on students' ethical orientations, the following questions were asked:

Question 4: What course structure (a separate course, infused topics across other content areas, or the combined method) would help improve students' ethical decision-making skills in terms of reasoning on a higher level of ethical orientation?

Question 5: Which instructional methods and materials covered would help improve students' ethical decision-making skills in terms of reasoning on a higher level of ethical orientation?

Summary

This chapter provided an overview of ethics education as well as the rationale of this study. The model of ethical orientation, which served as the underlying theoretical framework, and the goals of ethics education and implications of moral development in ethics curriculum were also reviewed. This chapter concluded with the purpose statement, definition of terms, and statement of the research questions. Chapter II will provide a review of the literature supporting the present study.

CHAPTER II

LITERATURE REVIEW

Overview

Chapter II presents a literature review pertinent to ethics education in graduate programs in both the fields of general counseling and rehabilitation counseling. A more detailed overview of ethics education and a brief description of the needs of ethics education in counseling-related programs are included. In addition, research on various aspects in ethics education, such as course structure and educational materials, are reviewed as well. It is important to note that the search for supportive literature was conducted mainly within the counselor education fields. Studies regarding ethics in general, training in ethics, ethical decision-making skills, ethical decision-making models, and supervision which can also be found within the areas of applied ethics, bioethics, nursing, accounting, psychology, business, and other professional fields are not discussed in Chapter II.

The Needs of Ethics Education

Ethics is considered to be an important aspect in counseling practice and in counselor preparation. Helping professionals learn the proper actions they need in order to solve an ethical concern by improving their moral reasoning skills through ethics and moral education. Kitchener (1984b) has introduced the five principles that are paramount in ethical conducts in the field of psychology and other helping professions. These five principles are: (a) autonomy (freedom of action and choice), (b) nonmaleficence (doing no harm to individual and others), (c) beneficence (doing good or contributing to others' welfare), (d) justice (fairness), and (e) fidelity (loyalty). Kitchener (1984b) also proposed the intuitive and critical-evaluative model of moral reasoning that psychologists utilize to solve situations that have ethical conflicts, such as the conflict between two or more ethical principles. It is important that helping professionals are prepared and obtain the

basic knowledge of ethical decision-making skills to practice in an ethical manner so they can promote and ensure their clients' welfare. Kitchener (1986) reported that professionals need ethics education in addition to their personal virtues, beliefs, and experiences to make an ethical decision. However, Kitchener (1986) also stressed that teaching only the ethical codes and their applications was not sufficient for ethics education. Even though the ethical codes serve as the guidelines to solve ethical dilemmas, these codes may not be adequate for the variety of ethical concerns that helping professionals encounter in practice. Additionally, ethical codes can be ambiguous for professionals because they may be affiliated with more than one association. Since professional organizations provide different sets of ethical codes to protect their members, any possible discrepancies may lead to contradictory courses of action being formulated. Therefore, Kitchener (1986) suggested the necessity of including other important issues, such as moral behaviors and thinking in applied ethics, into the ethics education curriculum (Kitchener, 1984b, 1986).

Kitchener (1986) adopted Rest's (1984) model of processing moral behaviors to describe the goals in ethics education. Rest (1984) suggested that moral education should integrate issues regarding the complexity of moral reasoning and decision making because graduates from professional preparation programs tended to be well-trained in technical skills, but seemed to lacking in awareness of ethical and moral issues in reality and practice. As a result, they were not prepared with the proper strategies to approach ethical and moral concerns. Therefore, Rest (1984) proposed an educational framework for moral development that contains four components: (a) interpret the situation, (b) formulate moral actions and identify the ideal moral action, (c) select a preferred action among competing personal values, and (d) execute and implement the course of action that has been chosen. These four components are interactive with each other, and how decisions made at every processing stage will impact other components. The model provides professionals with a sequence to follow in identifying the ethical dilemma of the

situation and formulating an appropriate solution for the specific situation (Rest, 1984), and Kitchener suggested that an ethics education curriculum should be developed to reflect these four components in making moral decisions.

Kitchener (1986) proposed the four goals of ethics education. First, ethics educators should assist future counselors to be sensitive to ethical issues by stimulating their ability to have moral empathy in a situation. Second, students' ethical reasoning should be improved so they would be able to integrate various thoughts and responsibilities into generating moral judgment. The ethical codes and the five ethical principles of autonomy, beneficence, nonmaleficence, fidelity, and justice should be introduced to students to promote their ethical reasoning. Third, students should develop moral responsibilities to determine the preferred course of action, as well as to take the moral action. Lastly, the ambiguity of making ethical decisions and the associated negative emotions, such as frustration, should also be emphasized to future counselors. As stated above, even though the ethical codes provide the guidelines to solve ethical dilemmas, they can be imperfect due to the variety of ethical concerns. A set of ethical codes is difficult to address every subtle ethical concern. Helping professionals are also likely to affiliate with more than one association, and codes of ethics can possibly lead to disagreements in the final decision. An ethical decision made within the regulations of one professional organization may be considered unethical by another set of ethical codes. Furthermore, as proposed by Kitchener (1984b), the concept of "harm" is unclear and can be subjective, which makes reasoning and evaluating an ethical situation more difficult. The preferred course of action chosen in the final step may also conflict with counselors' personal beliefs and can eventually result in disappointment and frustration. In general, both Kitchener (1984b, 1986) and Rest (1984) stressed the importance of incorporating ethical decision-making skills in ethics education, and the concept has been readdressed and discussed in later studies and reviews within the counseling profession.

De las Fuentes, Willmuth, and Yarrow (2005) suggested that counselors-in-training should obtain ethical knowledge (ethical codes, practice guidelines, and ethical principles), be aware of ethical concerns/dilemmas, develop moral/ethical reasoning skills, recognize personal morals and values, and establish ethical decision-making skills in their academic programs. Furthermore, Chan et al. (2002) examined the knowledge and skills that are essential for certified rehabilitation counselors (CRC) with the purpose of exploring the areas in which practitioners across settings were perceived as having limited preparation and competency. Ethical decision-making models and processes were identified as examples of critical training needs of CRCs in counselor preparation programs. In addition, Herlihy and Dufrene (2011) conducted a Delphi study to obtain the consensus from 18 expert panelists regarding important current issues, future issues, and counselor preparations in the counseling profession. The results showed that ensuring ethical practice and counselors' abidance to the codes of ethics were identified as the most important current issues regarding ethics in the counseling profession, and teaching ethical decision making was indicated as the most important issue for counselor preparation. Cottone and Claus (2000) also suggested that ethics is an important and critical issue in counseling, and training in ethical decision-making skills should be integrated into curriculum. In summary, it is important for counselor educators to acknowledge the necessity of integrating ethics education into counselor preparation programs and to encourage students to develop moral responsibilities as well as to facilitate ethical behaviors for future counselors.

In addition to literature support for ethics education, professional organizations in the counseling realm, such as American Counseling Association (ACA) and Commission on Rehabilitation Counselor Education (CRCC), have also included ethical codes as part of the ethics education (ACA, 2005; CRCC, 2001, 2010). Moreover, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the Council on Rehabilitation Education (CORE), two main accreditation bodies in the

counseling profession, also require their accredited educational programs to integrate ethics in the curriculum (CACREP, 2009; CORE, 2008). Therefore, future counselors must obtain essential knowledge of ethics, such as moral responsibilities, virtue/professional ethics, ethical principles, and ethical decision-making models from their training. They must be prepared to handle situations pertaining to ethics in an appropriate manner in order to foster and ensure their clients' welfare.

Research in Ethics Education

Future counselors should realize they may encounter ethical-related issues in practice and they should gain the skills to handle these issues. Patterson (1989) surveyed 55 rehabilitation counseling programs to investigate the ethics education offered. The survey contained questions on course structure of ethics education (a separate course or courses which included ethics), hours spent on ethics, major topics covered, adequacy of teaching materials, necessity of a casebook on ethics, criticality of ethics education, and ethical dilemmas facing rehabilitation professionals. The results showed that only 25% of the programs offered ethics education. Codes of ethics, confidentiality, relationships, ethical dilemmas, and legal standards were the most frequently covered topics in the ethics education. In terms of the need of ethics education, 71% of the participants considered ethics education critical in rehabilitation counseling and 77% believed the number of ethical dilemmas facing rehabilitation counseling was increasing. Results also indicated that rehabilitation counselor educators believed that ethics education should be infused in other courses. However, the questions of perceived quality of ethics education, the degree of how ethics was integrated into other courses, and the quality and amount of time of educators' training in ethics still remained unanswered (Patterson, 1989).

Vanek (1990) conducted a study within the clinical and counseling psychology programs accredited by American Psychological Association (APA) to identify the difference between ethics education from clinical psychology and counseling sites, as well as the direction of ethics education. A total of 158 clinical and 51 counseling

psychology educational programs were initially identified and program directors were contacted. The results were obtained from 129 responses to the *Survey on the Current and Future of Ethics Education for Clinical and Counseling Psychologists* that was created and included seven sections: (a) general information, (b) structures for ethics education, (c) instructional practices, (d) instructional materials, (e) goals for ethics education, (f) content areas, and (g) evaluation measures. The majority of programs considered ethics education as being a positive influence in ethical decision-making. Thirty-seven percent of the programs surveyed offered ethics education through formal structure (a separate course), while 31.8% of the programs combined a separate course and also infused ethics-related topics into other content areas. Overall, among the 129 responses, approximately two-thirds of the respondents reported that formal-structured ethics education was offered, and 96% of the responses indicated that ethics education was a program requirement. In terms of instructional methods, lectures (86%), discussions (98%), and case studies (90%) were the three major strategies in teaching ethics. Lectures were considered to be a source that provided essential information to students while students could experience various methods of ethical reasoning and ways to respond to ethical concerns through discussions and case studies. Results also showed that textbooks, journal articles, ethical principles, and ethical codes were the most commonly adopted materials in ethics education offered by more experienced professionals. The results regarding the goal of ethics training was to increase students' ethical sensitivity, develop ethical behaviors, and promote ethical decision-making, which reflected the four goals of ethics education suggested by Kitchener (1986). Vanek (1990) reported that ethical behaviors have to be developed and fostered in future counselors. Integrating ethical experiences, such as lecturing on a basic knowledge of ethics, case studies, and discussion in the professional preparation programs helped students to be better prepared to practice ethically (Vanek, 1990).

In 2004, Hill recognized the lack of research and information in ethics education in counselor education programs and conducted a thorough study to gather information in ethics education from the counselor educators' perspectives, utilizing the results to provide an insight of the framework and purpose of ethics education in counselor education programs. Hill (2004) developed The *Survey of Philosophy and Practices of Professional Ethics Education in CACREP-Accredited Counselor Education Programs* and surveyed counselor educators in CACREP-accredited programs in eight aspects in ethics education: (a) the material used, (b) methods used in teaching, (c) time spent on certain content areas, (d) basic ethical topics, (e) populations that are a focus of instruction, (f) theoretical models, (g) evaluation strategies, and (h) goals for students' ethical competence. Follow-up interviews with selected participants were also conducted in terms of clarifying responses regarding goals for ethics education (Hill, 2004).

Participants were asked to answer questions based on their teaching experience in the past five years at the time the study was conducted. Twenty-seven percent of the educators taught a separate ethics course, 25.7% taught ethics through infusion into other content areas, and 44.6% combined both methods. In addition, among all 74 participants and regardless of how ethics education was delivered in their educational programs, 62.2% of the respondents reported that ethics education was required in their programs, with 66.2% among these responses indicating that a separate course in ethics was required. Hill (2004) reported that textbooks (62%) and related useful materials, such as *ACA Ethical Standards Casebook* (Herlihy & Corey, 1996) were commonly used among counselor educators, and most of the educators preferred to lecture about ethics-related materials or to lead small group class discussions in ethics education. Results also showed that over 70% of the respondents ranked the issues of confidentiality, duty to warn, informed consent, and dual relationships as part of the top five basic topics to cover in ethics education. Furthermore, the category of ethical decision-making models was ranked by 90% of the participants as one of the five theoretical models that should be

focused on in ethics education. Other areas explored in the survey pertaining to ethics education were the amount of time spent in ethics-related discussion, focused population, goals for ethics education, and the evaluation of student performance (Hill, 2004).

These studies showed the status of ethics education in academic programs within the helping profession. However, these studies focused on educators' perspectives and did not evaluate students' point of view regarding ethics education and how they felt toward their preparation in resolving an ethical concern in practice. Considering the scope of the practice of rehabilitation counseling and the clientele that rehabilitation counselors will work with (Riggar & Maki, 2004), students in rehabilitation counseling programs will also face a variety of ethical dilemmas in practice while working with people with disabilities. In addition, the study within the rehabilitation profession was conducted more than 20 years ago; therefore, exploring the current ethics education in rehabilitation counseling and from the master's students' points of view is important and useful for future curriculum planning.

Course Structure

Even though ethics education is required in counselor training programs by the main accreditation bodies, it is not specified how ethics education should be taught. Currently, there are two main course structures commonly adopted in ethics education: separate ethics courses and infusing ethics-related topics into other content. Studies regarding the status of ethics education (Hill, 2004; Vanek, 1990) did not specify which course structure in ethics education will yield better results in future counselors' performance in practice. However, Vanek's and Hill's studies showed that the combination of a separate ethics course and infusing ethics-related topics into other content areas was more prevalent at the time of the studies. Kitchener (1986, 1992) recognized the significance of ethics education in psychology preparation programs in addition to the importance of ethics educators being good mentors and role models for students. Kitchener (1992) adopted the five ethical principles (autonomy, beneficence,

nonmaleficence, justice, and fidelity) to further describe psychologists' roles as teachers and mentors in asserting ethical values across various courses and extracurricular activities. In Kitchener's previous study (1986), goals for ethics education were discussed; one of the goals was to improve students' ethical sensibility. In 1992, Kitchener suggested that one single course to foster ethical sensitivity and teach ethical decision-making skills might be inadequate to train ethical professionals. Indeed, future psychologists would be better prepared to practice ethically if faculty members were able to consistently address ethical values in various aspects of the preparation program so that ethics education would go throughout and beyond the curriculum.

Downs (2003) also recognized the importance of ethics education and the lack of empirical support for the outcomes of ethical training in counselor preparation programs in both practice and teaching. He surveyed 72 counselor educators in order to determine the status of ethical education in counselor preparation programs as well as counselor educators' responses while facing ethical dilemmas, especially dilemmas regarding sexuality in counseling (Downs, 2003). A third of the participants reported to have a separate ethics course in graduate education and most of the participants reported to have received their ethics training through supervision. Participants reported a higher comfort level to deal with or address ethical concerns regarding sexuality in their teaching when they learned related ethical information or had practiced with similar situations in their preparation program than those who had not received formal ethics education. In addition, the respondents trained in ethics also reported having more flexibility in choosing from a wider array of pedagogy, such as lecture and role play, in teaching ethics. Even with the regulations of ethics education by professional organizations, results showed the inconsistency of ethics education at the time of the study. Therefore, Downs (2003) suggested integrating practices of handling potential ethical dilemmas in counselor education and teaching ethical information throughout counselor preparation programs.

Similar perspectives of integrating ethics education into other content areas in counselor education curricula were reported by De las Fuentes, Willmuth, and Yarrow (2005) in their summaries of the Competencies Conference, held in 2002. De las Fuentes et al. (2005) summarized the issues of psychologists' training in ethics education and practice discussed at the Competencies Conference. The authors and participants in the conference indicated that ethics education could foster ethical behaviors, and students would develop the ability to identify and recognize ethical dilemmas through their education and learn the appropriate strategies to solve these conflicts. Moreover, the participants of the discussion suggested that ethics education should be infused throughout the curricula of counselor education and that ethics education should progress with students' professional development (De las Fuentes et al., 2005).

Based on these reports, infusing ethics-related topics and discussions into other content areas in curricula is suggested in ethics education. However, there are training programs within mental health professions that still offer ethics education as a separate course in their training curricula (Hill, 2004; Vanek, 1990), and it is also difficult to find supportive studies that can prove that the infused ethics education model will yield better results in students' preparation in ethical decision-making and other skills. As a result, it will be interesting to explore how the different course structures impact the trainees' perception of their preparation in ethics.

Ethical Decision-Making Skills

As reported by Kitchener (1984b, 1986, 1992) and Rest (1984), one of the goals of ethics education is to foster students' ethical sensitivity, moral reasoning, and ethical decision-making skills. Moral reasoning plays an important part in ethical decision making. Helping professionals or counselors may reason ethical situations differently based on the decision-making models of their choice and the ethical theoretical frameworks that guide their practice. Principle ethics is the traditional ethical reasoning model and ethical principles serve as the objectives in determining the right or wrong

conduct. The reasoning process that is guided by principle ethics includes specifying and balancing the ethical principles in order to find the ethical solution for the dilemma. Counselors have to identify the ethical principles involved in the dilemma and weigh the identified principles to determine which principle or principles are more important and applicable for the ethical situation (Cottone & Tarvydas, 2007). On the other hand, virtue ethics focuses on seeking the ideals and the development of virtues or traits of characters that enable the individuals to achieve the ideals and provide the basis for their professional judgments and actions (Cottone & Tarvydas, 2007; Meara, Schmidt, & Day, 1996). Meara, Schmidt, and Day (1996) proposed that the understanding and integration of virtue ethics can help improve the character of the profession, address multicultural concerns in helping professions, and result in better ethical decisions. From the virtue ethics perspective, professionals should develop and obtain virtues (e.g., prudence, integrity, respectfulness, and benevolence) to do what is good, determine what is at stake and what needs to be done, and deliberate on the moral action to take in order to achieve the ideals and maintain professional competency (Cottone & Tarvydas, 2007; Meara et al., 1996). In terms of ethical decision making, Kitchener (1996) suggested that there may be corresponding virtuous characters to every ethical principle, and indicated that principle ethics is needed in addition to virtue ethics in difficult and complex ethical situations in order to provide guidance in deciding the appropriate moral actions.

Social constructivism is another decision-making model that was proposed by Cottone (2001), which values the relationships between all parties involved in the ethical dilemma. Social constructivism is defined as "an intellectual movement in the mental health field that directs a social consensual interpretation of reality" (Cottone, 2001, p. 39). Differentiating from the traditional ethical decision-making stand point that counselors reason and resolve the ethical dilemmas internally, the social constructivism approach of ethical decision making is a process that involves the interaction between one or more individuals who are at stake in the ethical situation. The ethical decision is

made in a social context through negotiating, consensualizing, and, when consensus

cannot be reached, arbitrating. When there is an ethical sensitive conflict, counselors who

adopt the social constructivism model of ethical decision making will: (a) obtain

information from those involved in the situation, (b) assess the nature of relationships, (c)

consult with valued colleagues/experts for professional opinions, (d) negotiate if there is

disagreement, and (e) respond in an acceptable way in order to establish consensus

among all parties involved. In addition, social constructivism model is sensitive to

cultural issues because of the basis on relational theory that suggests the recognition and

understanding of every individual involved in the situation (Cottone & Tarvydas, 2007).

Cottone (2004) stressed that current legal and ethical standards limit the acceptability of

certain behaviors in different cultural traditions, and social constructivism model of

ethical decision making allows the full acknowledgement of different perspectives

deriving from diverse cultural traditions. In short, counselors' reasoning and practices are

guided by factors in the social context, and an ethical decision is formed when all parties

have reached a consensus toward the ethical situation.

According to Rest's (1984) model of processing moral behavior and Tarvydas'

Integrative Ethical Decision-Making Model (Cottone & Tarvydas, 2007), the first step in

resolving an ethical dilemma is to be aware of and to identify the ethical dilemma in the

conflict situation. Studies have been conducted to examine students' ability at identifying

ethical dilemmas from the scenarios. Baldick (1980) conducted the study on intern

psychologists to examine relationships between ethics education and the ability to

identify possible ethical concerns and dilemmas from created ethical scenarios. He

suggested that psychology interns with previous training in ethics would be able to

discriminate ethical considerations better than those without ethics education. Badick

(1980) created the Ethical Discrimination Inventory (EDI) for the purpose of the study.

The inventory was developed with 12 scenarios with various ethical considerations and

problems in each case. 234 psychology intern students from 64 programs were surveyed

and asked to provide short answers regarding each scenario. The results showed that students with formal ethical training were able to more often correctly identify ethical dilemmas and concerns than those without formal training. Students who received at least five formal discussions in ethics also scored higher than those without formal training. Even though the difference between students with fewer than five discussions and students without formal training was not significant, the results of this study supported the necessity to provide ethics education to students in mental health professions and teach ethical decision-making models in order to promote clients' welfare (Baldick, 1980).

A later study done by Dinger (1997) also focused on ethical decision-making skills of students in counselor education programs and whether or not students could identify ethical dilemmas from scenarios after receiving training on decision-making models and strategies. Students' perception of ethical therapeutic behavior was also evaluated. A total of 52 participants of the study were divided into three groups and assigned to receive training on one ethical decision-making model, including the Ethical Justification (EJ) model, A-B-C-D-E Worksheet model, and placebo model. Participants were asked to complete the Ethical Discrimination Inventory (EDI) and the Therapeutic Practice Survey after training. The results showed that participants who studied the Ethical Justification Model were able to identify significantly more ethical concerns from the scenarios than the group trained with the A-B-C-D-E Worksheet and placebo model. However, the three groups did not show significant difference when they rated their ethical therapeutic behaviors. Dinger interpreted the data as support for the EJ model and suggested that counselors would make a more comprehensive decision based on both intuitive and critical values compared to A-B-C-D-E Worksheet which focused on client welfare. Therefore, the training of EJ model may have better prepared counselors to discriminate and recognize possible ethical dilemmas from ethical situations as compared

to counselors who were trained with the A-B-C-D-E Worksheet and placebo model (Dinger).

Linstrum (2009) investigated the effects of training in the use of an ethical decision-making model on ethical decision-making skills of 67 master's counseling students who enrolled in an introductory counseling course. Participants received a lecture discussing basic information on ethics after being given the Defining Issues Test-Two (DIT-2) and were randomly assigned to the control group or the experimental group. While control group discussed the ACA Codes of Ethics in the following session, the experimental group was trained with Cohen and Cohen's integrative ethical decision model. The Ethical Dilemmas, the second instrument for the study, were given to the participants one week after the training. The results showed that students who scored high on the DIT-2, which represented a higher level of moral reasoning, also exhibited a higher confidence level when responding to an ethical dilemma regardless of training. However, the results did not support the assumption that training in ethical decision-making models would improve student's ethical decision-making skills (Linstrum).

Lambie, Hagedorn, and Ieva (2010) examined the effects of two counseling ethics courses on counseling master's students' social-cognitive development, ethical and legal knowledge, and ethical decision making. The authors surveyed 64 master's students, and the instrument was administered before and after the ethics courses. A similar study by Lambie, Ieva, and Ohrt (2012) investigated the effect of a professional school counseling ethics course by examining the social-cognitive development and ethical and legal knowledge of 28 school counseling students. The results of the two studies showed that master's students' ethical and legal knowledge base (e.g., ethical and legal terms, confidentiality, ethical decision-making principles, abuse, professional identity, etc.) increased after receiving ethics education. Counseling students who scored a higher level of social-cognitive development prior to ethical training scored higher on ethical and legal knowledge after completing the ethics course than students who demonstrated a

lower social-cognitive level at the beginning. However, the result in Lambie et al. (2010) did not support the relationship of ethics education and ethical decision making and showed that students' ethical decision making abilities may not be impacted by ethics education.

Results of Baldick's (1980) and Dinger's (1997) studies suggested that students with training in ethical decision-making skills tend to perform better in identifying possible ethical dilemmas from scenarios than students without the training. However, studies by Linstrum (2009) and Lambie et al. (2010) did not support the assumption that training in ethics would improve ethical decision-making skills, but only supported the relationship of moral reasoning and confidence level in ethical decision making and the improvement on ethical and legal knowledge after receiving counseling ethics courses. Even though inconsistent results were found regarding the effects of training in decision-making models, as mentioned earlier, Chan et al. (2002) identified ethical decision-making models and process as a critical training component for CRCs. Moreover, the importance of ethical decision-making skills in practice and the importance of integrating ethical decision making skills in professional training programs have been supported in the literature (Cottone & Claus, 2000; Fischer & Rubin, 1993; Wilson, Rubin, & Millard, 1991). Considering one of the goals in ethics education is to foster students' sensitivity toward ethical concerns, teaching ethical decision-making skills and models are important in ethics education, and students may be able to practice more in an ethical manner with ethical reasoning and decision-making skills. The next section presents several studies regarding the instructional methods in ethics education.

Instructional Strategies

According to Vanek's (1990) study on ethics education within counseling psychology programs and clinical sites, the most adopted instructional methods included lectures, discussions, and case studies. Vanek (1990) reported that lecturing was adopted to cover main concepts, terms, theories, and ethical decision-making models. Discussion

was used for students to experience others' reasoning process and articulate an ethical case. In Hill's (2004) study on ethics education in CACREP-accredited programs, lecture was reported by educators as the most preferred method of pedagogy followed by various forms of in-class discussions, such as whole class discussion, small group discussion, and role play. Other methods reported included guest speakers, group presentations, and student debate (Hill, 2004; Vanek, 1990).

Jordan and Steven (2001) discussed the ethics education curriculum in marriage and family counseling programs and suggested integrating active learning experiences in teaching ethics. They suggested that students learn better when given opportunities to apply what they have learned in class. In addition, using videotapes and role play to illustrate ethical dilemmas and working with colleagues in ethical decision making may facilitate the understanding of ethical knowledge and the collaborative decision-making process. For example, small and large group discussion may be adopted in case studies for students to work together, exchange opinions in resolving an ethical dilemma, and obtain feedbacks from other peers. Class discussion also offers the opportunity for educators to examine the degree of students' understanding in terms of ethical knowledge and decision-making skills and provide feedbacks on students' performance. Corey, Corey, and Callanan (2005) presented an approach to teach ethics in human services and counseling programs. They proposed that ethics educators can encourage students' development in ethics by modeling ethical behaviors and being open to discussion regarding their ethical beliefs. In addition, Corey et al. (2005) suggested their approach in teaching ethics, which involves the integration of lecturing conceptual issues, ethical principles and general principles in ethical reasoning, and experiential interactive exercises (e.g., small group discussion, role play, and case vignettes) in the application of ethical principles and decision-making models.

The studies on instructional strategies in ethics education within the counseling profession are difficult to locate. Most of the studies center on methods to teach ethically

in general, and focus on multiple relationships, educators as gatekeepers, and confidentiality issues. The literature does not focus on how counselor educators actually teach an ethics course. One possible reason may be is that there are fewer counselor education programs that offer ethics education as a separate required course (Welfel, 1992). Shaw and Tarvydas' (2001) point out that before the Council on Rehabilitation Education (CORE) developed the standards of rehabilitation counselor education, there were no specific regulations involving ethics education in the counselor preparation program. After CORE (2008) included standards of teaching ethics in the master's rehabilitation counseling program, the Commission on Rehabilitation Counselor Certification (CRCC) included the integration of ethical issues in the curriculum to the CRCC Codes of Ethics. Although CORE mandated ethics education, effective instructional strategies and evaluation methods were not specified (CRCC, 2001, 2010; CORE, 2008; Shaw & Tarvydas, 2001).

Ethics Education Materials

Regarding the ethics-related topics that should be covered in ethics education, Kitchener (1984b, 1986) suggested that teaching only ethical codes to students in training programs is not sufficient for preparing them to practice ethically. Kitchener pointed out that ethics education should include ethical theories, ethical decision-making models and codes of ethics, which are the three components that constitute the critical-evaluative level in moral reasoning. Later, Rollins and Rubin (1993) recognized the needs for ethical instructional materials and conducted a study on rehabilitation educators' perceptions on adopting the instructional materials from *Ethical Practice in Rehabilitation*. *Ethical Practice in Rehabilitation* is an instructional material package consisted of seven modules that are recommended to include in ethics education in order to increase rehabilitation counseling students' ability to identify the ethical dilemmas encountered, understand the strengths and limitations of the Codes of Professional Ethics for Rehabilitation Counselors, and formulate courses of action for ethical dilemmas (Rollins,

Rubin, & Fischer, 1993). The seven instructional modules include: (a) introducing the five ethical principles, (b) being aware of the potential conflicts between values in rehabilitation service delivery system, (c) introducing the Code of Professional Ethics for Rehabilitation Counselors and its relationships with ethical principles, (d) processing the content of the code of ethics, (e) consulting the code of ethics for resolutions for ethical dilemmas and increasing students' understanding of the code's limitations, (f) introducing an ethical decision-making model, and (g) additional practice in applying the ethical decision-making model to ethical dilemmas (Rollins & Rubin, 1993; Rollins et al., 1993).

In order to explore the relevancy and compatibility between the ethics educators' needs and the instructional modules, Rollins and Rubin (1993) surveyed 284 educators that were members of National Council on Rehabilitation Education (NCRE). Eighty-nine percent of the respondents reported not having a separate ethics course in their educational background, and 41% of the respondents felt less than adequately prepared for teaching ethics and ethical decision-making strategies. In terms of perceived need for ethical instructional materials regarding professional responsibility, confidentiality, dual-relationships, and assessment were the areas rated as needed for instructional materials. In addition, instructional materials pertaining to the dilemmas between autonomy and beneficence, autonomy and nonmaleficence, and beneficence and justice received the highest mean rating on a 5-point Likert-type scale among other conflicts between principles. Overall, rehabilitation educators indicated that the instructional materials of *Ethical Practice in Rehabilitation* helped prepare students to analyze ethical dilemmas and showed a willingness to integrate these instructional materials into courses across other content areas in the curriculum, instead of utilizing the material package in a separate ethics-focused course (Rollins & Rubin, 1993; Rollins et al., 1993).

On the other hand, Vanek (1990) and Hill (2004) concluded the formats of ethical instructional materials that educators commonly adopted in teaching ethics were

textbooks, codes of ethics from various professional organizations, and case scenarios. However, the results did not specify particular textbooks, journal articles, or case scenarios that were used in ethics courses besides the ethical codes of professional organizations. It would be interesting to explore what specific ethical education materials are commonly adopted by educators and what format of educational materials would help better prepare students in ethics decision-making skills.

Ethical Orientation

Van Hoose and Paradise (1979) conceptualized a developmental continuum of counselors' ethical behavior and reasoning based on Kohlberg's moral development model. They proposed the framework of ethical orientation that reflected moral development stages to describe and examine counselors' decision-making strategies. Ethical orientation is referred to as the external and internal underlying principles that counselors use to behave in an ethical manner and make appropriate ethical decisions. Five qualitative and discrete levels of ethical orientation, Punishment, Institutional, Societal, Individual, and Principle, represent a developmental continuum of counselors' ethical reasoning and describe the influential factors on counselors' ethical judgments (Van Hoose & Paradise, 1979).

The Punishment orientation refers to a counselor's decisions that are based on the strict adherence to rules and standards. A counselor's primary concern is the physical consequences of the behavior, and the beliefs that one should be punished for bad behaviors (Van Hoose & Paradise, 1979).

The Institutional orientation refers to a counselor's ethical decision-making rationale that is based on the expectations of higher authorities, such as institutional or agency's rules and policies (Van Hoose & Paradise, 1979).

In Societal orientation, a counselor's reasoning is derived from norms and laws set by the society to maintain the standards, approval of other, and the welfare of society

and the general public. Individuals' needs and welfare are considered as secondary concerns (Van Hoose & Paradise, 1979).

A counselor functioning at Individual orientation reasons primarily based on the needs and rights of the individual. While law and societal welfare is recognized as secondary concerns, the violation of laws and others' rights are avoided (Van Hoose & Paradise, 1979).

In Principle orientation, the ethical decision is based on a counselor's self-chosen principles of ethics and morality. Right is defined by the counselor's conscience and justice. Legal, societal, and professional consequences are less of a concern in ethical reasoning (Van Hoose & Paradise, 1979).

It is suggested that counselors functioning at a higher level of ethical orientation (Individual or Principle) tend to be more flexible in ethical reasoning, and may be more contextually sensitive to the situation. On the other hand, counselors who are functioning at a lower level of ethical orientation (Punishment, Institutional, and Societal) may tend to be more rigid in decision making. Standards, laws, or policies may be considered as the sources for definite answers to a situation (Van Hoose & Paradise, 1979). It is also important to note that it is assumed that counselors do not function solely at one given level of ethical orientation. Counselors' judgments may vary by the influences of situational, educational, and other contextual factors that may cause discrepancies between levels of reasoning and actual actions.

In order to assess counselors' ethical orientation, Van Hoose and Paradise (1979) developed the Ethical Judgment Scale (EJS) which consisted of 25 ethical dilemmas that counselors may encounter in practice, such as child abuse, sexual seduction, confidentiality, and couples as clients issues. Responders were asked to choose a course of action among the five given responses and provide their rationale for the decision. The instrument has been utilized in several studies of ethical orientation.

Welfel and Lipsitz (1983) examined the relationships between moral reasoning, levels of training, and the ethical orientations of 63 students at four levels of training (senior undergraduate students, beginning master's students, master's students at a more advanced stage, and doctoral students) in counseling profession. The results indicated that students' level of ethical orientation correlated with the levels of training received, and supported that the levels of ethical orientation represented a developmental continuum. In addition, the results demonstrated that moral reasoning and ethical orientations were correlated with each other, and there was a positive association between work experience in counseling and levels of ethical orientation. May and Sowa (1992) investigated the relationships between counselors' ethical orientation and the stress they experienced in resolving ethical dilemmas. Eighty-eight counselors completed the EJS and a measure of perceived stress. The results indicated that counselors functioning at the Societal orientation reported to be more stressed in resolving ethical dilemmas than counselors who functioned at other levels of ethical orientation.

Tarvydas (1994) examined the ethical orientations of advanced master's students from rehabilitation counselor education programs throughout the United States by administering the Ethical Judgment Scale (EJS), which was developed to primarily examine counselors' ethical orientations (Van Hoose & Paradise, 1979). The 58 master's students who completed the research instrument had registered in or finished an internship within nine months of the time of the study. Results showed that 31% of participants exhibited the conscience level of ethical orientation, which suggested that these participants would utilize their internal personal principles to solve ethical dilemmas and were more concerned with individuals' needs. This group of participants was considered to have the most sophisticated level of decision-making skills. More than a third (36.2%) of the participants showed the individual level of orientation, which indicated that they focused on clients' personal needs and viewed societal welfare as secondary while avoiding the violation of legal regulations and others' welfare. The

remaining 32.8% of participants exhibited the societal level of ethical orientation, which suggested that these participants were more concerned with their duty and standards. Overall, the participants showed the individual level of ethical orientation; however, external regulations and secondary concerns seem to influence the respondents' ethical reasoning and decision-making (Tarvydas, 1994).

Dufrene (2000) revised and validated the Ethical Decision Making Scale-Revised (EDMS-R) to measure ethical orientations of counselors. It is based on the Van Hoose and Paradise (1979) model of ethical orientation, and consists of dilemmas with six client types which included: (a) a client who is suicidal and terminally ill, (b) a couple as clients, (c) a client who has AIDS, (d) a counselor who is a client and has sexual relationship with his clients, (e) a client requesting services in a rural area, and (f) a child who is suspected to have been abused. Respondents to the scale were asked to select one among the four to eight different decisions regarding the specific dilemma. In addition, respondents had to rate the importance of item statements in making decisions in terms of what a counselor should do, and to rank the four most important items in their ethical reasoning for each of the six dilemmas. During the revision and revalidation of EDMS-R, Dufrene and Glosoff (2004) examined the relationship between ethical orientation and level of education. Results showed that doctoral students scored higher on the EDMS-R than master's students who are at the pre-internship stage, which supported the authors' assumption that an individual would demonstrate a higher level of ethical decision-making ability with more education and individual experience (Dufrene, 2000; Dufrene & Glosoff, 2004).

In 2005, Ong conducted a study on ethical orientation and personality type of students in rehabilitation counseling and services: (a) to explore the relationship between ethical orientation and personality types, (b) to understand ethical orientation among doctoral, master's and undergraduate students within the rehabilitation counseling profession, (c) to assess the influences of level of training on students ethical orientation,

and (d) to help provide potential improvement in ethics education at the time. Ong adopted Ethical Decision-Making Skills-Revised (EDMS-R) and NEO Five-Factor Inventory (NEO-FFI) and 147 students in total from four programs in rehabilitation counseling and services had participated in the study and completed the surveys. Among all the participants, 17% were doctoral students, 34.7% were master's students in rehabilitation counseling, and 48.3% were undergraduate students. Ong's (2005) results showed that the participants exhibited a range of all five levels of ethical orientations levels (Punishment, Institutional, Societal, Individual, and Principle). Overall, the participants as a whole presented an ethical orientation at the Individual level, which indicated that their ethical decisions were mostly influenced by the needs and rights of individual clients. The cluster that exhibited the most advanced level of ethical orientation included a greater number of doctoral students, and the cluster that exhibited the ethical orientation at the Institutional Level, the second least advanced level of ethical orientation, consisted of the lowest percentage of doctoral students. No significant association was found on the relationships between the ethical orientation and participants' personality types (Ong, 2005).

It is important to address some potential limitations of the scales. Both EJS and EDMS-R were developed based on the ethical orientation model (Van Hoose & Paradise, 1979) from the perspective of moral development. The concern with stage theory is that a strict stage theory is not accommodating to individuals who are at the movement between stages, since the theory implies that an individual functions on one stage at any given stage of development (Cottone & Tarvydas, 2007; Rest, 1979). Even though Van Hoose and Paradise (1979) assumed that an individual does not function at one given level of ethical orientation and the five levels are conceptualized among a developmental continuum, the interpretations of the results of EDMS-R should be made with caution. Additional limitations regarding measurement include indirect measures and the reliability of self-reported responses. Considering that ethics is a complex and socially-

sensitive concept, results of the measurement may be biased due to social desirability. Nevertheless, the model of ethical orientations still provides a useful framework for counselors to better understand their moral development, and the measurements of ethical orientation can also serve as instructional tools in ethics education.

Even though studies concerned with ethical orientation had been conducted in various professions, such as business, medicine, nursing, or accounting, more research is difficult to locate regarding ethical orientation and ethical decision-making skills and the relationship between these two aspects within the counseling field or rehabilitation counseling profession. Therefore, it is worthwhile to explore ethics education in rehabilitation counseling programs and examine the relationships between students' decision-making abilities in terms of ethical orientation and their ethics education.

Competency and Confidence

Stadler and Paul (1986) conducted a national survey on 115 department chairs of counseling and counseling psychology programs regarding how counselors perceived the adequacy of ethics education in their preparation of counselor educators, and identified the relationships between counselor educators' prior training in ethics and the most reported ethical dilemmas. Twenty-three percent of the respondents indicated that they had no previous training in ethics, and 76% of those with prior training in ethics indicated that ethics education was not offered as a formal course but had been discussed in different courses in the program. Even though Stadler and Paul (1986) did not examine the participants' ability in discriminating ethical dilemmas from ethical scenarios, they suggested that training in ethics may assist in identifying certain ethical dilemmas, such as confidentiality concerns, testing issues, and dual-relationship issues. Furthermore, results also showed that participants with prior ethics training perceived themselves as more effective and competent in responding to ethical dilemmas, and respondents with formal ethics coursework also rated higher than those without formal preparation in ethics in terms of competency in handling ethical dilemmas (Stadler & Paul, 1986).

Welfel (1992) recognized the lack of study on the outcome of ethics education and students' competency after ethical training, and conducted a study to explore the question regarding the effectiveness of ethics education and the competency of psychology intern students in ethical decision making. A total of 101 directors from internship sites approved by American Psychological Association (APA) were surveyed and asked to evaluate interns' preparation in ethics. The results showed that the directors reported the psychology interns had high understanding in ethics and were highly competent in the area of confidentiality, but performed more weakly in areas pertaining to *Human immunodeficiency virus (*HIV), fee setting, and cultural diversity (Welfel, 1992).

Overall, the importance of ethics education has been recognized by researchers, educators, counselors, and professional organizations. Studies have been conducted to explore different aspects in ethics education, and in general, they indicated that ethics education helps prepare mental health professionals in handling ethical dilemmas that they may encounter in practice and supported the improvement of students' ethical competency in terms of ethical decision making after receiving ethical education (Baldick, 1980; Dinger, 1997). Equally significant is that De las Fuentes et al. (2005) indicated the importance of including assessment of students' ethical competency by evaluating knowledge and skills in various areas, as well as in different settings. Studies regarding internship students' ethics abilities have been conducted and supported the assumption that ethics training helps improve students' ethical competence, though inconsistent outcomes of ethics education were also reported (Welfel, 1992).

Research showed that ethics education should increase students' sensibility in identifying ethical concerns in practice, improve ethical reasoning, and help students recognize the ambiguity in ethical decision making (Kitchener, 1986, 1992). In terms of the content areas, ethical theories, ethical principles, codes of ethics, and decision-making models are considered the main materials/topics to be discussed in ethics education

(Cottone & Claus, 2000; Chan et al., 2002; De las Fuentes et al., 2005; Kitchener, 1986, 1992; Rollins & Rubin, 1993; Rollins et al., 1993). Empirical studies regarding ethics education have been conducted in order to explore the status of ethics education, and the results provided a general picture of the course structures, pedagogical methods, instructional materials, and the evaluation methods of students' performance that have been adopted by ethics educators (Hill, 2004; Vanek, 1990).

Studies of ethical orientation showed that in general, students in preparation programs exhibited a moderate sophisticated level of ethical orientation in terms of their reasoning (Ong, 2005; Tarvydas, 1994). In addition, studies also examined the relationship of moral reasoning and level of training, and the results supported the assumption that students in a more advanced stage of education, doctoral students for example, demonstrated a higher level of ethical orientation than beginning graduate students or students with less training in the programs (Dufrene & Glosoff, 2004; Ong, 2005; Tarvydays, 1994; Welfel & Lipsitz, 1983).

Although topics regarding ethics education were recognized and broadly studied, most studies focused on general counseling or counseling psychology programs. Only a few studies have been conducted within the field of rehabilitation counseling. Additionally, the majority of studies regarding ethics education has been conducted on educators rather than students and was published 10 to 15 years ago. Therefore, it would be crucial to re-explore and examine ethics education at the current time. The results of the present study would help educators gain a better understanding of the status of ethics education within the rehabilitation counseling and may help refine the current curriculum.

Summary

Chapter II described an overall review of research in ethics education in both general counseling and rehabilitation counseling areas. This chapter also presented a historic and more detailed overview of studies that were focused on different aspects in ethics training, including the necessity of ethics education, decision-making skills, course

structure, and educational materials. In addition, research pertaining to course contents was reviewed as well. Chapter III will describe the methods, research design, and procedures used to conduct the present study in exploring master's students' points of view on the effectiveness of the ethics education they received.

CHAPTER III

METHODOLOGY

Overview

Chapter III describes the methods and procedures that were used to execute the present study. This chapter will provide more details in regard to the participants of this study, instruments used to collect information about the dependent and independent measures, method and procedures of collecting the data, and statistical analysis of the data regarding the ethics education of master's students in rehabilitation counseling programs. This study focused on how ethics content was taught and its influences on the decision-making skills of the participants. This study was designed to explore the relationships between ethics education, students' decision-making skills in terms of ethical orientation, their satisfaction with their ethics education, and their self-reported competence and confidence when encountering ethical dilemmas.

Research Method

Participants

The participants of this present study consisted of master's students who are currently enrolled in rehabilitation counseling programs throughout the United States. Considering the small number of master's students in rehabilitation counseling programs and the assumption of the general distribution of gender and age, demographic characteristics such as progress in academic programs, required graduation credit hours, and previous experience were not used as screening criteria for the sample selection in order to obtain sufficient data to achieve a certain level of statistical power in the data analysis.

Participant Recruitment Criteria

Due to the various course sequences and the format of ethics education in the targeted rehabilitation counseling training programs, it was difficult to define a criterion

for the targeted participants. For the purpose of this present study, it would have been preferred that participants had previous training in ethics or been exposed to ethics during the time of the study. However, since academic programs have different course sequences and focuses in ethics education, it was harder for the researcher to define and limit the recruiting criteria for either first-year or second-year students. As a result, the targeted participants were all master's students enrolled in CORE-accredited rehabilitation counseling programs in which ethics is required in the curricula. Participation was voluntary; in other words, the participants of the study were self-selected and not screened by the researcher. Participants' demographic information reported in survey was then used as independent variables in data analyses of the present study.

Power Analysis

In order to predict the required sample size for the present study, a power analysis was conducted by using G*Power program, a software designed to perform power analysis. Power refers to "the probability of rejecting a false null hypothesis" (Kirk, 2007, p. 277), and it was suggested that a larger sample size would increase the statistical power to reject a false null hypothesis. Power analysis can help the researcher to predict the sample size required for the statistical tests at a given power value and effect size (Hays, 1994; Kirk, 2007), and it was conducted to obtain the potential required participants of the present study. The statistical power was set to be .70 with a large effect size when conducting the power analysis for the present study. The minimal required number of participants in order to achieve a .70 of the statistical power to reject the null hypotheses on the basis of the factorial design was 48 for the present study.

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Data Collection

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Instruments

A four-part survey was used to collect essential information for the purposes of this present study. The four sections were: (a) demographic information, (b) ethics education status and content, (c) ethical orientation, and (d) satisfaction, confidence and

self-reported competence scale. The following sections discussed the content of each section of the survey.

Demographic Data

A statement describing the purpose of the study, freedom of participation, and a confidential statement addressing the anonymity of participants was presented before the demographic data section in the online format. Basic and general personal information regarding the participants was asked in this section. Questions in this section included age, gender, progress in academic program, required graduation credit hours, and previous experiences in practice or current practice as helping professionals. Participants were asked to specify short answers regarding required graduation credit hours if their answers were not listed as an option and to specify job title and the length of work if they had previous experience as helping professionals. The demographic information was used to describe the composition of the participants, assign participants to different groups, and used as the independent variables in data analyses. See appendix for the structure of the demographic information section of the survey.

Ethics Education

In addition to demographic data, information about various aspects of the participants' ethics education was collected, including the primary course structure of their ethics education, materials used in ethics education, instructional methods, basic topics covered, and the evaluation methods. Hill (2004) created a questionnaire, *The Questionnaire of Philosophy and Practices of Professional Ethics Education in CACREP-Accredited Counselor Education Programs*, to conduct his research in exploring ethics education among the programs accredited by Council for Accreditation of Counseling and Related Educational Programs (CACREP). The goal of Hill's questionnaire was similar to the purposes of the present study. However, Hill's questionnaire was created specifically for counselor educators who taught ethics in counselor education programs; therefore, with Hill's permission, the questionnaire of this

study was modified and curtailed to be compatible with the online format and emphasis on students' perspectives (Hill, 2004).

Ethics education, in the present study, is defined as activities and communications happening in a classroom setting which offer information of basic knowledge of ethics to students in counselor education programs, including moral, virtue ethics, professional ethics, decision-making models, and codes of ethics for the purpose of the present study. General information regarding ethics education, such as materials used in ethics education, instructional methods, basic topics, and evaluation formats was collected. Participants were also asked to identify the structure of their ethics education: a formal and separate ethics course, ethics-infused discussion topics throughout the curriculum, or a combined method of both. Another section of the questionnaire asked how ethics knowledge was conveyed in participants' ethics education, which was considered the instructional methods employed in ethics education. Choices of instructional methods included lecture, whole class discussion on cases, small group discussion on cases, case studies, role plays, and other elements that were reported in Hill's (2004) study. Participants were asked to rank the five most important basic topics addressed in ethics education, including dual relationship of non-sexual nature, sexual harassment, confidentiality, informed consent, duty to warn, scope of practice, and other areas. Lastly, participants were asked to report on the evaluation methods used by instructors to evaluate their performance in ethics from a list in the survey consisting of various methods (e.g., examinations, term papers, practicum supervisions, and assigned case studies). Participants were also asked to rate each evaluation method by using a 7-point Likert-type scale in terms of the helpfulness in measuring their preparation and skills in ethics. For the detailed overview and the structure of questions regarding the status of ethics education, see Section II in the appendix.

Ethical Orientation

Ethical orientation is defined as the underlying principles, both external and internal, that counselors use to behave in an ethical manner and make appropriate ethical decisions (Van Hoose & Paradise, 1979). Kohlberg (1984) proposed a developmental continuum in ethical behavior and ethical reasoning, and it was conceptualized into ethical orientation by Van Hoose and Paradise (1979). In the present study, ethical orientation was measured by Ethical Decision-Making Scale-Revised (EDMS-R) (Dufrene, 2000; Dufrene & Glosoff, 2004). EDMS-R was constructed by Dufrene (2000) based on the five levels of ethical orientation model proposed by Van Hoose and Paradise (1979). The scale was developed specifically to examine counselors' ethical orientations, which are the reasoning processes in ethical decision-making for ethical dilemmas (Dufrene & Glosoff, 2004).

The EDMS-R consisted of six ethical dilemmas, which were created based on dilemmas discussed in Van Hoose and Paradise (1979) as well as the most reported ethical violations to American Counseling Association (ACA) (Dufrene & Glosoff, 2004). The first dilemma described a situation with a husband/wife as the client, the second dilemma involved a situation with a suicidal client who is terminally ill, the third dilemma described a situation with a client who has AIDS, the fourth dilemma was about a client who is a colleague and is sexually involved with his client, the fifth dilemma involved a client requesting services in an isolated area with few resources available, and the last dilemma was a child client who is suspected to have been abused. There were three sections on the scale, and participants were asked: (a) to choose one of the given responses in section A, (b) to rate 12 statements which were created based on different levels of ethical orientation about the importance of each statement in section B, and (c) to rank the four most important statements presented in section B regarding the specific dilemma in making ethical decisions in section C. Section C was the section that was used mainly for the scoring of the EDMS-R. There were two scores in EDMS-R: Level

Scores and P Index Score. Both Level Scores and P Index score were based on how the participants ranked the importance of 12 item statements which represented each of the five levels (Level 1 = Punishment Level, Level 2 = Institutional Level, Level 3 = Societal Level, Level 4 = Individual Level, Level 5 = Principle Level) of ethical orientation regarding the ethical dilemma across all six dilemmas. The item statement that was ranked the most important was given four points, the item ranked the second was given three points, the item ranked the third was given two points, and the item ranked the fourth important was given one point. A total of ten points was assigned to each dilemma for each of the five ethical orientation levels, and the scores distributed on each level of ethical orientation were tabulated across the six ethical dilemmas with a total overall score of 60. In other words, each participant would have one score for each of the five ethical orientations, and the highest score on a certain level represented the ethical orientation that the participant used more frequently in ethical decision-making (Dufrene & Glosoff, 2004).

P Index score was the proportion score of the level five score (Principle level) to the total scores. The P Index score was interpreted as the degree of importance to which the participant thought that principled considerations had in ethical reasoning and in making ethical decision. For instance, when individuals receive a higher P Index score on EDMS-R, it means that they reason the ethical situation based on their self-chosen principles of conscience and internal ethical rationale more frequently than those scoring a lower P Index score. If there was missing data in a dilemma, the base of the calculation for P Index was adjusted on the basis of the total scores across the six dilemmas. For example, the P Index score was calculated by taking the level five score and dividing it by .60 without missing data. However, if the participant failed to rank the fourth important statement in Dilemma 4, the total score for the participant was 59, instead of 60, and the denominator of the P Index score calculation would be changed to .59 instead

of .60 (Dufrene & Glosoff, 2004). See Section III in the appendix for the detailed overview and the structure of questions of EDMS-R.

Dufrene (2000) conducted a series of revisions on the statements regarding each dilemma and validation procedures for the EDMS-R. Dufrene concluded that "the EDMS-R provides acceptable reliability and is a valid measure of ethical decision-making of graduate counseling students" (p. 111). In addition, Dufrene and Glosoff (2004) reported the EDMS-R to be reliable with the Cronbach's alpha of .90, and test-retest reliability on the consistency of students' scores also showed a moderate reliability (r = .65). The evidence of construct validity of the EDMS-R was reported by the results of factor analysis, which indicated that students' responses to ratings were able to be categorized into eight factors which could be merged into the five levels of ethical orientation as proposed in the Van Hoose and Paradise (1979) model. It was also reported that the results of construct validity analysis were consistent with Kohlberg's (1984) developmental theories.

Satisfaction, Confidence, and Competence Scale

In the last part of the questionnaire for the present study, participants were asked to evaluate their satisfaction toward the ethics education they received, as well as their confidence and self-reported competence when encountering an ethical situation. Statements addressing general understanding of ethics and handling ethical-related issues were formulated by the researcher and listed in three subsections of satisfaction, confidence level, and perceived competence level. In order to ensure the validity of the scale, the statements were reviewed by several professors with experience in rehabilitation counseling or counselor education fields to obtain the experts' consensus on the face validity of the scale. The statements were then revised based on the feedback provided by the professors. Participants were asked to rate each statement by using the 6-point Likert Scale (Heppner, Wampold, & Kivlighan, 2008), with the rating system of 1 = *very satisfied/ confident/ competent*, 2 = *satisfied/ confident/ competent*, 3 = *somewhat*

satisfied/ confident/ competent, 4 = *somewhat unsatisfied/ unconfident/ incompetent*, 5 = *unsatisfied/ unconfident/ incompetent*, and 6 = *very unsatisfied/ unconfident/ incompetent*.

The Satisfaction, Confidence, and Competence Scale was divided into three subsections. The first section included nine questions that asked participants to evaluate how satisfied they were with their knowledge of ethics and ethics education in general. Example questions include:

1. How satisfied are you about the ethics education you received in general?
2. How satisfied are you about your understanding of ethical principles?
3. How satisfied are you about the teaching methods used to discuss ethics in your academic program?

The second subsection included six questions and asked participants to evaluate how confident they were when encountering an ethical dilemma. Example questions include:

1. How confident are you in identifying an ethical dilemma from a case scenario?
2. How confident are you when using the knowledge you learned from your ethics training in real situations?
3. How confident are you when applying a decision-making model of your choice to formulate a course of action for an ethical situation?

The last subsection contained six questions focused on the competence level that the participants perceived individually when approaching an ethical dilemma. Example questions include:

1. How competent are you in identifying an ethical dilemma in a scenario?
2. How competent are you in reasoning about an ethical dilemma?
3. How competent are you at being able to take appropriate actions and/or approach an ethical dilemma?

For the full overview of questions in the Satisfaction, Confidence, and Competence Scale, see Section IV in the appendix.

Design Considerations

Before providing the procedure of the present study, considerations regarding data collection and ethical standards for conducting research on human subjects should be addressed. The participants were recruited from rehabilitation counseling programs, and this group of samples fell into the category of a *convenience sample*. Even though convenience samples are easier to recruit, they may not fully represent the targeted population and the results may be biased. For example, participants had varied levels of experience in ethics and the heterogeneity among participants may be salient in the responses; therefore, the individual differences might confound the data analysis. It was essential to obtain a larger sample size in order to reduce the statistical errors caused by these variations, and moreover, a larger sample size would increase the statistical power of the study (Heppner et al., 2008). As a result, reaching out to the maximum amount of rehabilitation counseling programs was a crucial consideration of the present study.

In addition, in Section H of the Commission on Rehabilitation Counselor Certification's (CRCC) *Code of Professional Ethics for Rehabilitation Counselors* it states that rehabilitation counselors have the responsibility to avoid injury, use appropriate language, recognize cultural differences, and ensure participants' welfare throughout the research procedure (CRCC, 2010). Therefore, participants' rights, such as confidentiality and freedom to participate, were addressed formally in the informed consent information on the first page of the online survey, which was presented before participants could access the survey. Students who did not want to participate in the study had the choice to close the window before completing the survey or to leave the survey during the process of completing it.

Procedure

First, 38 CORE-accredited rehabilitation counseling programs were identified with program coordinators having a professional connection or personal contact with the researcher, study supervisor, or faculty member. The program coordinators or faculty members were then contacted with the purpose of the study. Program coordinators or faculty members who agreed to distribute the invitation to their master's students received another email with the purpose of the study, informed consent and confidentiality information that were specifically addressed to master's students, and the survey link. Program coordinators or faculty members were asked to distribute the email to master's students in the programs in order to invite students to participate in the study. A follow-up reminder was sent to program coordinators or faculty members a week later asking them to distribute to students in order to increase the potential pool of participants. Participants' responses were downloaded from the online survey site after receiving the required number for data analyses. The next section will describe the research design and data analyses of this study.

Research Design and Data Analysis

The present study employed factorial design to analyze the collected data in order to answer the research questions. Factorial design is usually adopted when there are two or more independent variables in a study. The effects of independent variables on dependent variables can be evaluated through factorial design and analysis of variance. The analysis of variance allows researchers to examine the interaction effect between independent variables, which suggests the effects on the dependent variable may be caused by two or more variables simultaneously (Heppner et al., 2008; Kirk, 2007). In the context of the present study, researchers were able to determine the level of effect of various aspects in ethics education on participants' ethical decision-making skills

The first part of the present study was to explore the current status of ethics education, the ethical orientation of rehabilitation counseling master's students, students'

satisfaction with the ethics education they received, and their self-reported confidence and competence in ethical decision making. Three research questions were formed for the purposes.

- Question 1: What is the current status of ethics education in rehabilitation counseling in terms of course structure, instructional methods, materials covered, basic ethical topics, and evaluation methods used by instructors to assess students' preparation in ethics decision-making?

- Question 2: What are the students' ethical orientations in terms of their ethical reasoning as measured by Ethical Decision-Making Scale-Revised?

- Question 3: How satisfied, competent, and confident do master's students in rehabilitation counseling feel in relation to their ethics education and in ethical decision-making?

Descriptive Statistics

Descriptive statistics were used to answer the research questions listed above. Descriptive statistics are commonly employed to provide general information about the participants in a study. For the present study, the information included composition of gender and age groups of the samples, participants' progress in academic programs, graduation requirements in their academic programs, and previous experience in practicing. In addition, descriptive statistics also revealed the score distribution of participants' ethical orientation, satisfaction, self-reported competence, and confidence level.

The second part of the study was planned to examine the influences of various aspects in ethics education on master's students' ethical orientation. Two research questions were presented for this purpose.

- Question 4: What course structure (a separate course, infused topics across other content areas, or the combined method) would help improve students' ethical

decision-making skills in terms of reasoning on a higher level of ethical

orientation?

- Question 5: Which instructional methods and materials covered would help

  improve students' ethical decision-making skills in terms of reasoning on a higher

  level of ethical orientation?

Factorial Design

The two questions above were designed to evaluate the influences of course

structures, instructional methods, and ethics materials on participants' ethical decision-

making skills, and can be examined through factorial design. In the present study,

students' P Index scores on *Ethical Decision-Making Scale-Revised* (EDMS-R) were

used as the dependent variable, and were compared and analyzed in terms of the effects

caused by several independent variables including course structures, instructional

methods, and ethical materials. Participants' ethical orientation was measured by EDMS-

R (Dufrene & Glosoff, 2004)*,* which was specifically developed to examine respondents'

ethical orientations. The P Index scores were calculated according to participants'

responses. The first factor of research interest to be examined was course structure, the

second factor was instructional strategies that were utilized in teaching ethics, and the last

factor was the materials used in ethics class.

In Hill's (2004) study of exploring the ethics education in CACREP-accredited

programs, he concluded that there were three main course structures in ethics education: a

separate ethics course, infusing ethical topics and issues throughout the curriculum, and a

combination of the two methods. The study also revealed that lecture and in-class

discussion were the two preferred strategies in teaching ethics, and materials commonly

used in ethics education included textbooks, journal articles, and case scenarios. The

results of Hill's study were used as references in categorizing the levels of factors in the

present study. In the context of the present study, items under the materials commonly

used in ethics education and the common instructional methods were recoded into

different levels based on the frequency of participants' responses in the data analysis stage. Considering the complexity of data analysis and sample recruiting concerns in a three-variable factorial design, three two-way analyses of variance (ANOVA) (course structure x instructional methods, course structure x ethical materials, and ethical materials x instructional methods) were conducted to answer the research question evaluating effects of course structures, instructional methods, and ethical materials on students' ethical decision-making skills in terms of their ethical orientation. Participants' ethical orientation scores were obtained by EDMS-R, and the self-reported general information on their ethics education was used to assign participants into groups for the purpose of the study in data analysis. In addition, supplemental one-way ANOVAs using gender, age, progress in academic programs, required graduation credit hours, and previous experience as independent variables were also conducted to examine the potential effects on students' ethical orientations.

Summary

Chapter III presented an overview of the research methods that structured the present study. Ethical considerations were presented in order to frame the data collection process within the guidelines of professional practice. In addition, this chapter provided a description of the research participants, instruments utilized for data collection, research design and procedures, and the statistical analysis that was used to test the research hypothesis. Chapter IV will present the results of the data collection process of this study.

CHAPTER IV

RESULTS

The purposes of the present study were to: (a) discover the current status of ethics education in master's rehabilitation counseling programs across the United States, (b) identify the general profiles of ethical orientations among a sample of master's students in rehabilitation counseling programs, (c) determine whether ethics education would impact future counselors' ethical reasoning and decision-making skills in terms of ethical orientation, and (d) explore rehabilitation counseling master's students' satisfaction with the ethics education and training received in the programs and their self-perceived confidence and competence level in making ethical decisions.

This chapter will present the results of the statistical analyses of the data including: (a) demographic information to describe the sample of master's students in rehabilitation counseling programs, (b) description of the current status of ethics education, including course structures, main instructional methods/formats utilized in teaching, materials, basic topics, and evaluation formats, (c) general profiles of ethical orientations among the sample of master's students in rehabilitation counseling programs, (d) level of master's students' satisfaction with the ethics education received in rehabilitation counseling programs, as well as their self-perceived confidence and competence level in approaching an ethical situation and resolving an ethical dilemma, (e) analysis of variance on the effects of course structure, materials, and methods on students' ethical orientation development, and (f) a summary of the overall results of the present study.

Demographic Information

The present study utilized an online survey to collect data from master's students in rehabilitation counseling programs. The survey for the present study included four sections: (a) demographic information, (b) ethics education status, (c) Ethical Decision-

Making Scale-Revised (EDMS-R), and (d) satisfaction, confidence, and competence scale. In order to facilitate participation and assist in the participant recruitment procedure, 38 rehabilitation counseling programs were identified where the program coordinators had professional connections or personal contacts with the researcher or study supervisor, or a faculty member with a previous association with The University of Iowa, such as a former Ph.D. student. The 38 programs identified at this stage were all accredited by Council on Rehabilitation Education (CORE). The first email with the purpose of the study was sent to 38 program coordinators or faculty members. Program coordinators or faculty members who agreed to distribute the invitation received another email with the online survey link, informed consent and confidentiality information, and the purpose of study that addressed to the master's students specifically, and Program coordinators and faculty members were asked to distribute the second email to their master's students. A follow-up reminder was then sent a week later to the 17 programs where the program coordinators or faculty members of the respective programs had responded to the first email invitation.

These 17 programs were located in various geographical regions across the United States. In all, 116 attempts were made to access the survey of the present study, and 53 participants submitted a completed survey. However, after eliminating participants with missing data or mistakes on the EDMS-R, 47 participants remained with complete and usable data for statistical analyses for the present study. When examining the incomplete data, the distribution and composition of gender, age, and previous experience of the participant with incomplete data was similar to those participants that finished the survey. However, it was interesting to note that participants in the 30-39 years of age group exhibited a lower completion rate than other age groups.

Information reported in the demographic information section included gender, age, progress in academic program, required graduation credit hours, and previous

experience, as well as a self-evaluation on ethical knowledge in general. The results are presented in the following sections based on the 47 participants' completed data.

Gender and Age Distribution

Among the 47 participants, 13 (27.7%) were male and 34 (72.3%) were female. The reported age ranges were: 25 (53.2%) in 20-29 years old, 7 (14.9%) in 30-39 years old, 9 (19.1%) in 40-49 years old, and 6 (12.8%) in 50 and above years old. The modal age range fell in the 20-29-year-old group and represented half of the participants.

Progress in Academic Program

Participants were asked to choose their academic progress from three choices: (a) less than half way, (b) half way, and (c) more than half way. Thirteen (27.7%) participants were under the "less than half way" group, 6 (12.8%) were "half way," and 28 (59.6%) were "more than half way." Based on the data reported, approximately 60% of the participants ($n = 28$) were at a more advanced stage in their preparation programs and may have had more chances to be exposed to and experience ethics-related instruction and potential issues (as they participate in their clinical experiences) than students at the beginning stage or half way point in the programs.

Required Graduation Credit Hours

Participants were asked to provide the required graduation credit hours for their academic programs. There were three choices provided: (a) 48 credit hours, (b) 60 credit hours, and (c) other. Participants were asked to specify the required hours in programs when they chose the third option. Among 47 participants, 8 (17%) reported a required 48 credit hours for graduation, 16 (34%) reported a required 60 credit hours for graduation, and 23 (48.9%) were under the group of other, which reported required credit hours for graduation as 30 ($n = 1$), 51 ($n = 1$), 52 ($n = 2$), 53 ($n = 1$), 54 ($n = 5$), 55 ($n = 5$), 77 ($n = 1$), 80 ($n = 1$), 81 ($n = 1$), and 90 ($n = 1$) credit hours. The results showed that 48 credit hours and 60 credit hours were the two prevalent requirements adopted for programs in rehabilitation counseling.

Previous Experience

Twenty-one out of 47 participants (44.7%) reported having previous experience or were currently practicing as helping professionals at the time of the survey. Twenty-six participants (55.3%) reported having no experience before or at the time of the study. Participants were asked to specify the job title and years of practice if they reported to have previous experience or were currently practicing as helping professionals. The job titles that were reported included correction counselor, vocational rehabilitation counselor, marriage and family therapist, social worker, and instructor/facilitator in fields related to employment and independent living. Based on the limited information of previous job titles specified ($n = 19$), rehabilitation counselor ($n = 3$) and instructor/facilitator in fields related to employment and independent living ($n = 5$) were more commonly reported occupations in participants' previous experience, and were reported by at least three participants. Years of previous experience ranged from one to 15 years; however, the mean years of previous experience was unable to be calculated due to incomplete reports. A clearer summary of demographic information of the participants is presented in Table 1.

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Current Status of Ethics Education

in Rehabilitation Counseling

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One of the purposes of the present study was to explore the status of ethics education in the field of rehabilitation counseling, and that was the goal of the first research question: What is the current status of ethics education in rehabilitation in terms of course structure, instructional methods, materials used by the instructors, basic topics, and evaluation formats? The results were reported on course structure, materials used in ethics education, instructional methods, basic ethical topics, and evaluation methods.

Course Structure

Participants were asked to identify the primary methods of ethics education they received in their program. Three choices were provided: (a) The ethics education I

received is a designated ethics course; (b) The ethics education I received is not a designated ethics course, but in which ethics is infused into other content areas throughout my curriculum; and (c) The ethics education I received is both a designated ethics course and ethics is infused into other content areas throughout my curriculum. Five among the 47 participants reported having a designated ethics course, 13 had infused ethical topics throughout the curriculum, and 29 participants had the combination of a designated ethics course with infused topics throughout the curriculum. The results showed that more than half of the participants who responded to this section of the survey had both a designated ethics course and infused ethical discussions throughout the curriculum, and about 70% of the 47 participants had received a structured ethics course in their academic programs. For a summary of the results of various course structures adapted in academic programs, see Table 2.

Materials Used

A checklist of professional literature including codes of ethics and textbooks was presented in this section, and participants were asked to identify which materials were adopted in their ethics education. A total of 32 (68.1%) participants among the 47 participants reported that The *Code of Professional Ethics for Rehabilitation Counselors* by the Commission of Rehabilitation Counselor Certification (CRCC) had been covered in ethics education, 40 (85.1%) reported the coverage of *ACA Code of Ethics* by American Counseling Association (ACA), three (6.4%) had other codes of ethics under the ACA aegis, and three (6.4%) had other codes of ethics not under the ACA aegis. The CRCC code of ethics and the *ACA Code of Ethics* were the two most frequently adopted materials in ethics education. In terms of textbooks used in ethics education, seven (14.9%) reported the coverage of *Counseling Ethics and Decision Making* (Cottone & Tarvydas, 2007), 16 (34.0%) used *Issues and Ethics in Helping Professions* (Corey, Corey, & Callanan, 2011), which were the two frequently reported textbooks among the choices provided, three (6.4%) reported on *Ethical and Legal Issues in Counseling and*

Psychology (Van Hoose & Kottler, 1985), one (2.1%) on *ACA Ethical Standards Casebook* (Herlihy & Corey, 2006; Herlihy & Corey, 2006), and one (2.1%) on *Foundations of Ethical Counseling* (Biggs & Blocher, 1987). In addition, participants were asked to provide citations of the materials used in ethics education if not listed on the survey. *Ethical, Legal, and Professional Issues in Counseling* (Remley & Herlihy, 2009) was reported by three participants, and *The Professional Practice of Rehabilitation Counseling* (Maki & Tarvydas, 2011) was reported by two participants. Only two participants reported the use of articles in ethics education, but the citations of the articles were not accessible from the information provided. It is worth to note that 28 participants reported the use of both professional codes and textbooks at the same time in their ethics education, which is about 60% of the total 47 participants. Table 3 provides a summary of the overall reported frequencies and the percentage of ethical materials used in ethics education.

Instructional Methods

In this section, participants were asked to rank five instructional methods that the instructors employed most frequently in ethics education, one being the most frequently employed and five being the least frequently used method. Options were listed as followed: (a) Class lecture, (b) Discussion of real case (whole class format), (c) Discussion of real case (small group format), (d) Discussion of hypothetical case (whole class format), (e) Discussion of hypothetical case (small group format), (f) Role Play, (g) Mock trial, (h) Mentorship activities, and (i) Other methodological elements and please specify. Among the nine choices provided, class lecture was ranked the most frequently employed instructional method by 33 participants, and a total of 45 participants had ranked lecture as one of the methods that were used in ethics education. Discussion of real cases and hypothetical cases as a whole class was ranked as the second most frequently adopted method in ethics education, with a total of 36 responses for whole class discussion on real cases and 38 responses for whole class discussion on hypothetical

cases. In addition, 10 among the 36 participants ranked whole class discussion on real cases and 22 among the 38 participants ranked whole class discussion on hypothetical cases as the second frequently used method in their ethics education. Small group discussion on real cases were reported by 19 participant, hypothetical cases were reported by 25 participants, and 24 reported on the use of role play, 16 on mentorship activities, and seven on mock trial. The choice of other elements used in ethics education was reported by seven participants, which included conferences, online discussion boards, and video recordings. Conferences were the most reported instructional elements by participants who chose the "Other methodological elements" on the survey. Overall, class lecture was the most common instructional method chosen by educators in ethics courses among the nine instructional methods, followed by whole class discussion on cases, and small group discussions. Table 4 provides a summary of the overall reported frequencies and the percentage of instructional methods used in ethics education.

Basic Ethical Topics

This subsection asked participants to rank the five most important basic ethical topics that were addressed in ethics education, with 1 being the most important topic. Among the 16 topics, nine topics were identified by at least 20% of 47 participants. Dual relationships of non-sexual nature, confidentiality, informed consent, duty to warn, and scope of practice were the five topics that were indicated to be important more recurrently than other items listed. Confidentiality was the most frequently ranked topic in ethics education, by a total of 43 participants, and was ranked as the most important by 26 participants. Dual relationships of non-sexual nature was the next most indicated topic, with a response rate of 72.3% ($n = 34$). Informed consent ($n = 32$), duty to warn ($n = 21$), and scope of practice ($n = 19$) were the third to fifth repeatedly ranked topics, while fee setting, consultation, internet counseling, and involuntary commitment were the least chosen topics. It is important to note that even though dual relationship was indicated to be important by two more participants than informed consent, informed

consent was ranked as the second most important topic by more participants ($n = 17$) than dual relationship ($n = 11$). Table 5 provides a summary of the overall reported frequencies and the percentage of basic ethical topics addressed in ethics education.

Evaluation Methods

This subsection asked participants to indicate any evaluation methods that were adopted by instructors in ethics education, as well as to provide their perceived level of helpfulness of each method in evaluating their preparation in ethics. Choices of evaluation methods listed on the survey included practicum supervision, examinations, review of term papers, review of personal position papers, review of personal journals, assigned case studies, observation by colleagues, portfolio evaluation, feedback from community, and other methods of evaluation. Examinations ($n = 42$) and assigned case studies ($n = 41$) were the two most indicated methods that were used by instructors to evaluate students' preparation, followed by term papers ($n = 36$), personal position paper ($n = 33$), practicum supervision ($n = 32$), and observation by colleagues ($n = 32$). Other reported evaluation methods included class projects, code of ethics comparison and analysis, internship supervision, opportunity to supervise peers, role play, and study of ethical codes comparison. Table 6 provides a summary of the overall reported frequencies and the percentage of the evaluation methods that were indicated by the participants.

Participants were also asked to evaluate the helpfulness of each method used to evaluate their preparation in ethics by using a 7-point Likert scale (1= *no help*, and 7 = *maximal help*). The item rated as no help was given a score of zero, and the item rated as maximal help was given a score of 6. The mean value of each evaluation method was then calculated. The mean score was 4.41 for practicum supervision, 3.64 for examinations, 3.61 for term papers, 3.91 for personal position paper, 3.45 for personal journal, 4.46 for assigned case studies, 4.34 for observation, 3.78 for portfolio evaluation, and 3.88 for feedback. Overall, the results showed that participants rated most evaluation

methods as moderately helpful in assessing their preparation in ethics. Among the nine evaluation methods listed, assigned case studies, observation by colleagues, and practicum supervision had higher scores than other evaluation methods. Table 7 provides a summary of the overall reported frequencies and percentage of students' perceived helpfulness of evaluation methods used to evaluate their preparation in ethics.

General Ethics Knowledge

Participants were asked to provide a self-evaluation of their general ethics knowledge by using an 8-point Likert scale in the last part of the survey. The scale ranked from poor to excellent. When the participants rated their ethical knowledge in general as poor, a score of 1 was given to the participants; when the participants rated their ethical knowledge as excellent, a score of 8 was given to the participants. The result showed a modal value of 5 and a mean score of 5.76. For a summary of the overall reported frequencies and the percentage of students' reported self-evaluation on their ethics knowledge in general, see Table 8.

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Ethical Orientations

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The second research question of the present study was to explore the current ethical orientation of master's students in rehabilitation counseling and services programs. The ethical orientations were measured by Ethical Decision-Making Scale-Revised (EDMS-R). Only 47 participants among the total 116 responses had provided usable responses for this analysis. Five EDMS-R level scores (Punishment, Institutional, Societal, Individual, and Principle) and the P Index score or Principle score were required and calculated for each participant with a complete data set.

The EDMS-R Level scores were calculated based on how the participants ranked the 12 statements, which represented various courses of action for each of the five ethical orientations across six dilemmas. Participants were asked to rank only four of 12 statements that were related to each ethical dilemma based on the importance (1 = *most important*, 2 = *second important*, 3 = *third important*, and 4 = *fourth important*) of each

statement in making ethical decisions. The scoring procedure was conducted following these steps: the item ranked as the most important was given 4 points, the item ranked second was given 3 points, the item ranked third was given 2 points, and the item ranked as the fourth important was given 1 point. A total of 10 points were given for the four ranks distributed among the five ethical orientation levels for each dilemma, and the total points were computed across the six dilemmas and the Level scores for each of the five ethical orientation levels (level 1 – Punishment, level 2 – Institution, level 3 – Societal, level 4 – Individual, and level 5 – Principle). The scores of the five levels showed to what degree of importance a participant considered each ethical orientation level when making an ethical decision. For instance, a participant with the highest score on level 4 among all five levels of ethical orientation means that he/she considers the individual's needs more important than other factors in ethical reasoning (Dufrene, 2000; Dufrene & Glosoff, 2004).

The P Index score or Principle score was also calculated based on how participants ranked the four most important statements representing each of the five levels of ethical orientation across the six dilemmas. The P Index score was different from the Level score because it represented the proportion of the sum of weighted points given to principle level statements across the six dilemmas to the total points. This proportion score was computed by taking the total points assigned to level five (Principle level) and dividing by .60. If the participants had omitted any rankings on any dilemma, the base of this calculation was adjusted based on the total point's summation across all six dilemmas. The P Index score was interpreted as the extent of how important the principle considerations were when a participant made ethical decisions. A higher P Index score means that the individual considers his/her internal principles more important and uses his/her internal rationale to determine right or wrong conduct more frequently than using other contextual factors for the determination in ethical reasoning. This

demonstrates more complex ethical decision making. (Dufrene, 2000; Dufrene & Glosoff, 2004).

A summary of the mean and standard deviation of the EDMS-R Level scores and the P Index score of this present study is presented in Table 9. Figure 1 presents the distribution of mean level scores. The highest level score represented the modal ethical orientation that the participants used most frequently in making ethical decisions. The results of the present study showed the modal group responses at level 4 (M = 20.49), the individual level of ethical orientation, and the next highest mean score fell on level 3 (M = 16.70), the societal level of ethical orientation. As a result, the sample of the present study as a group exhibits the Individual level of ethical orientation, which means that the individual's needs and worth are the primary concerns of the counselor. The societal welfare, others' rights, laws, and institutional regulations are also recognized and would be considered the secondary focus, though any violation of laws or regulations would still be avoided in making ethical decisions.

Satisfaction and Self-Perceived

Confidence and Competence

The third research question of this study was intended to explore the self-reported satisfaction level toward ethics education received and the self-perceived confidence and competence level of master's students in rehabilitation counseling programs. The analysis regarding the average satisfaction level, self-perceived confidence, and competence level was based on the 47 participants who had completed the EDMS-R. Participants were asked to rate how satisfied they felt regarding the training received in ethics, and how they perceived their preparation level for approaching ethical dilemmas. Nine items were listed under the satisfaction section, and six items were listed under both the confidence and competence sections. Participants of the present study were asked to rate each statement using the 6-point Likert Scale (1 = *very satisfied* to 6 = *very unsatisfied*; 1 = *very confident* to 6 = *very unconfident*; and 1 = *very competent* to 6 = *very incompetent*).

Items that rated 1 (*very satisfied/ very confident/ very competent*) were given six points while items that rated 6 (*very unsatisfied/ very unconfident/ very incompetent*) were given one point in the scoring process. The mean score of each statement regarding satisfaction level toward ethics education, self-reported confidence level and self-reported competence level toward ethical decision making was computed after scoring. In summary, the sample of the present study reported a moderate satisfaction level with ethics preparation, while the mean score of each of the nine statements ranged from 4.28 to 4.74, with an overall satisfaction mean score of 4.48. The mean score of each of the six statements on the self-perceived confidence level ranged from 4.26 to 4.64, with an overall confidence level of 4.39. Furthermore, the mean score of each of the six statements regarding the self-reported competence level toward handling an ethical situation ranged from 4.36 to 4.72, with an overall mean score of 4.53. Overall, the mean scores of self-reported confidence and self-reported competence level fell between very confident/ very competent and somewhat confident/competent. A summary of the results on participants' self-reported satisfaction, confidence, and competence level is presented in Table 10.

Effects of Course Structure,
Instructional Methods, and Materials

The last part of the study explored the effects of various perspectives in ethics education on how to help master's students make progress or develop into a higher level of ethical orientation. Considering the limited number of participants used and the complexity of a three-way Analysis of Variance (ANOVA), three two-way ANOVAs were performed. These analyses were intended to examine the main effects of course structure, instructional methods, and materials used in ethics education, as well as their potential interaction with the dependent variable, which was the P Index score of the EDMS-R. This score represented how important that participants think the principled considerations were in making ethical decisions. The three independent variables were

course structure, materials used in ethics education, and instructional methods. The materials used in ethics education were recoded into two groups: using both professional codes and textbooks, and using only either professional codes, textbooks, or other materials. The instructional methods were also recoded into three groups: lecture, all kinds of discussion, and other methodological elements. These variables were recoded based on the frequency analysis of the course structure descriptions presented earlier in this chapter.

The first analysis of variance (ANOVA) was the test on course structure x materials. Levene's test for homogeneity of variance was not statistically significant ($p = .062$) and suggested that the error variance of the dependent variable was equal across groups. The null hypotheses for the analysis were that there were no statistically significant differences among the mean P Index scores for participants who received different structured ethics education and used different materials. In addition, the interaction between course structure and materials used was examined. Results of the ANOVA indicated that there were no statistically significant main effects of different course structures, $F(2,41) = 1.069$, $p = .353$, and materials used in ethics education, $F(1, 41) = 2.383$, $p = .130$. Another aspect of this analysis was to look at whether there were interaction effects between the two independent variables in this test. The test result on the interaction effects was not statistically significant with $F(2,41) = .170$, p = .844. In summary, different course structures and materials would not yield a statistically significant higher P Index score in EDMS-R. Master's students in rehabilitation counseling programs would not rank the importance of principled considerations differently due to the varied ethics education formats and materials used. A summary of the means, standard deviations, and the ANOVA on the effects of course structure and materials is presented in Table 11 and 12.

The second analysis of variance was conducted on the effects of course structure and instructional methods on students' ethical orientation and looked at whether there

was interaction effect between course structure and instructional methods. The assumption was that a structured ethics course and discussion on cases would yield a higher P Index score. Levene's test for homogeneity of variance was not statistically significant ($p = .578$) and suggested that the error variance of the dependent variable was equal across groups. The null hypothesis was that the P Index scores for participants who received ethics education in different course structures and instructional formats would not show statistically significant difference. A two-way ANOVA was performed on course structure x instructional methods. Analysis indicated that there were no statistically significant effects on course structures, $F(2, 38) = 1.093$, $p = .346$, instructional methods, $F(2, 38) = 1.356$, $p = .270$, and there was no statistically significant interaction effect between course structures and methods used in ethics education, $F(4, 38) = .891$, $p = .478$. In summary, different course structures and instructional methods did not influence master's students in rehabilitation to think that principled considerations were more important than the other considerations of individual, society, or institution in making ethical decisions. A summary of the means, standard deviations, and the ANOVA on the effects of course structure and instructional methods is presented in Table 13 and 14.

The last two-way analysis of variance was on the effects of materials used and instructional methods employed in ethics education. A third two-way ANOVA was performed on materials x instructional methods. Levene's test for homogeneity of variance was not statistically significant ($p = .379$) and suggested that the error variance of the dependent variable was equal across groups. The results showed that both the main effects and interaction effect of the analysis were not statistically significant. The main effect results for materials used was $F(1, 41) = .002$, $p = .965$, and for instructional methods employed was $F(2, 41) = .353$, $p = .705$; both were statistically insignificant. The result for the interaction effects between materials used and instructional methods employed was also statistically insignificant with $F(2, 41) = 1.345$ and $p = .272$. In

summary, the materials used and instructional methods employed in ethics education did not influence master's students in rehabilitation counseling programs to rank principled considerations more important or use more frequently in making ethical decisions than considerations of individual, society, or institution. For a summary of the means, standard deviations, and the ANOVA on the effects of ethical materials and instructional methods on students' ethical orientation, see Table 15 and 16.

Six additional one-way ANOVAs were conducted. Gender, age, progress in academic program, and previous experience were used as independent variables in the first four one-way ANOVAs to explore whether these four variables would have potential relationships to students' ethical orientations in ethical decision making. The result of the first one-way ANOVA of using gender as a variable was not statistically significant with $F(1, 45) = 1.661$, $p = .204$, and indicated that the gender factor had no relationship to ethical orientation in the present study. The second analysis was the one-way ANOVA taking age groups as a variable to examine whether the length of life experience would have impact on participants' ethical orientation. The one-way ANOVA analysis did not show statistical significance with $F(3, 43) = 1.266$, $p = .298$, and indicated that students in different age groups did not respond differently in terms of ethical reasoning and ethical orientations. The third one-way ANOVA analysis used progress in academic programs as the independent variable. The result showed that progress in academic programs did not have significant impact on master's students' ethical orientation in ethical decision making with $F(2, 44) = .655$, $p = .525$. The next one-way ANOVA was conducted to examine whether students with previous experience as helping professionals would respond differently regarding ethical reasoning. The one-way ANOVA result of $F(1, 45) = .302$, $p = .585$ did not show statistical significance and showed that having previous experience as helping professionals did not help students to weigh principled considerations more importantly in ethical decision making.

Another one-way ANOVA was conducted using required graduation credit hours as the independent variable. The purpose of the analysis was to see whether students in programs with different graduation requirements would see principled considerations differently in ethical decision making since programs requiring more graduation credit hours may be able to provide more opportunities for students to experience and practice ethics. The result of this one-way ANOVA of $F (2, 44) = 1.971$, $p = .151$, was not statistically significant and showed that students in programs with different graduation requirements did not respond differently on weighing principled considerations in ethical decision making.

The last one-way ANOVA was conducted by using the format of received ethics education as the independent variable. The primary course structure in ethics education was recoded into a new variable with two levels: received ethics education including a stand-alone course and received ethics education without a stand-alone course. The purpose of this analysis was to examine whether students who received a stand-alone ethics course would respond differently to principled considerations in terms of ethical reasoning. The result of this one-way ANOVA of $F (1, 45) = .788$, $p = .379$ was not statistically significant and showed no relationship between students' ethical orientation and whether or not they received a stand-alone course in ethics education. In other words, there was no statistical evidence to support the gender or age factors having significant impact on students' ethical orientation in making ethical decisions. Nor did the factors of students being at a more advanced stage in program, having previous experience as helping professionals, or being in programs that required more graduation credit hours showed significant influences on students' ethical orientation in ethical decision making. . Tables 17 through 28 present the means, standard deviations, and the results of one-way ANOVAs that were conducted and discussed in this section.

Summary

Chapter IV presented an overview of the statistical results of the present study. Demographic information of the participants was described, and the current status of ethics education in graduate rehabilitation counseling programs was reported based on the course structures, materials, instructional methods, basic ethical topics, and methods of evaluation. In addition, participants as a whole group exhibited an Individual level of ethical orientation. However, results of the analyses of variance indicated that varied course structures, materials, and instructional methods did not yield statistically significant differences on the degree of development and sophistication of students' ethical orientations.

Participants reported being moderately satisfied with the ethics education they had currently received, as well as having a moderate level of confidence and self-perceived competence in approaching and handling ethical situations. Chapter V will present a discussion of the results of the analyses of this study, as well as limitations, implications, and directions for future research.

Table 1. Demographic Information

	N		n	%
Gender	47			
		Male	13	27.7
		Female	34	72.3
Age	47			
		20-29	25	53.2
		30-39	7	14.9
		40-49	9	19.1
		50+	6	12.8
Progress in Academic Programs	47			
		Less than half way	13	27.7
		Half way	6	12.8
		More than half way	28	59.6
Required Graduation Credit Hours	47			
		48 credit hours	8	17.0
		60 credit hours	16	34.0
		Other	23	48.9
Previous experience	47			
		Yes	21	44.7
		No	26	55.3

Table 2. Frequencies and Percentages of Primary Course Structure in Ethics Education

Variable	Frequency	Percent
A formal, stand-along course: The ethics education I received is a designated ethics course.	5	10.6
Infused ethical topics throughout curriculum: The ethics education I received is not a designated ethics course-but in which ethics is infused into other content areas throughout my curriculum.	13	27.7
A combination of previous two methods: The ethics education I received is both a designated ethics course and ethics is infused into other content areas throughout my curriculum.	29	61.7
Total	47	100.0

Table 3. Frequencies and Percentage of Ethical Materials Used

Variable	Frequency	Percent
ACA Codes	32	68.1
CRCC Codes	40	85.1
Other Codes under ACA	3	6.4
Other Codes not under ACA	3	6.4
Van Hoose & Kottler	3	6.4
ACA Casebook	1	2.1
Cottone & Tarvydas	7	14.9
Welfel	0	0
Corey, Corey, & Callanan	16	34.0
Biggs & Blocher	1	2.1
Other Textbooks	7	14.9
Articles	2	4.3
Total N = 47		

Note: ACA Codes = ACA Codes of Ethics (ACA, 2005); CRCC Codes = Code of Professional Ethics for Rehabilitation Counselors (CRCC, 2010); Other Codes under ACA = Other professional codes of ethics under the ACA aegis (e.g., the International Association of Marriage and Family Counselors [IAMFC] and Association for Specialists in Group Work [ASGW] codes of ethics); Other Codes not under ACA = Other codes of ethics not under the ACA aegis (e.g., the American Association for Marriage and Family Therapy [AAMFT] codes of ethics); Van Hoose & Kottler = Ethical and Legal Issues in Counseling and Psychology (VanHoose & Kottler, 1985); ACA Casebook = ACA Ethical Standards Casebook (Herlihy & Corey, 2006); Cottone & Tarvydas = Counseling Ethics and Decision Making (Cottone & Tarvydas, 2007); Welfel = Ethics in Counseling and Psychotherapy (Welfel, 2009); Corey, Corey, & Callanan = Issues and Ethics in Helping Professions (Corey, Corey & Callanan, 2011); Biggs & Blocher = Foundations of Ethical Counseling (Biggs & Blocher, 1987).

Table 4. Frequencies and Percentage of Instructional Methods

Variable	Frequency	Percent
Lecture	45	95.7
Discussion of real cases (whole class)	36	76.6
Discussion of real cases (small group)	19	40.4
Discussion of hypothetical cases (whole class)	38	80.9
Discussion of hypothetical cases (small group)	25	53.2
Role Play	24	51.1
Mock Trials	7	14.9
Mentorship Activities	16	34.0
Other Element	7	14.9
Total N = 47		

Table 5. Frequencies and Percentage of Basic Ethical Topics Addressed

Variable	Frequencies						Overall Percent
	1	2	3	4	5	Total	
Dual Relationship on non-sex Nature	4	11	7	5	7	34	72.3
Sex Harassment	3	1	2	3	3	12	25.5
Confidentiality	26	4	7	3	3	43	91.5
Assessment Testing	0	3	6	3	2	14	29.8
Diagnosis	2	2	3	2	1	10	21.3
Informed Consent	5	17	5	3	2	32	68.1
Right to Treatment	2	0	1	2	4	9	19.1
Involuntary Commitment	0	0	0	1	1	2	4.3
Duty to Warn	2	3	5	9	2	21	44.7
Counseling Supervision	0	1	0	3	7	11	23.4
Record Keeping	0	1	4	0	4	9	19.1
Consultation	0	1	0	1	0	2	4.3
Scope of Practice	2	1	2	9	5	19	40.4
Research	0	0	3	1	2	6	12.8
Internet Counseling	0	1	1	0	1	3	6.4
Fee Setting	0	0	0	0	1	1	2.1
Other Element	0	0	0	0	0	0	0
Total N = 47							

Table 6. Frequencies and Percentage of Evaluation Methods

Variable	Frequency	Percent
Practicum Supervision	32	71.1
Examinations	42	93.3
Term Paper	36	81.8
Personal Position Paper	33	73.3
Personal Journal	29	65.9
Assigned Case Studies	41	89.1
Observation by Colleagues	32	74.4
Portfolio Evaluation	23	53.5
Feedback	25	56.8
Other Evaluation Methods	4	8.5
Total N = 47		

Table 7. Frequencies and Mean Scores of Students' Perceived Helpfulness of Evaluation Methods

| Variable | Frequencies | | | | | | | | |
	No Help	2	3	4	5	6	Max. Help	N/A	Mean
Practicum Supervision	2	0	2	6	2	9	11	13	4.41
Examinations	0	4	3	13	10	8	4	3	3.64
Term Paper	1	3	4	6	12	7	3	8	3.61
Personal Position Paper	0	1	2	9	11	7	3	12	3.91
Personal Journal	1	1	5	9	6	4	3	15	3.45
Assigned Case Studies	1	0	0	6	12	15	7	51	4.46
Observation by Colleagues	1	1	3	4	4	10	9	11	4.34
Portfolio Evaluation	1	1	3	6	4	2	6	20	3.78
Feedback	2	0	2	6	5	5	5	19	3.88
Other Evaluation Methods	1	0	0	0	0	0	3	17	4.50
Total N = 47									

Table 8. Participants' Self-evaluation on Ethics Knowledge in General

Variable	Frequency	Percent
Poor	1	2.2
2	2	4.3
3	4	8.7
4	10	21.7
5	16	34.8
6	8	17.4
Excellent	5	10.9
Total N = 46		

Note: There is one missing data and reduced the total number of participants to N = 46.

Table 9. Mean and Standard Deviations of EDMS-R Orientation Level Scores and P Index Score

Level	Mean	Standard Deviation
Level 1 – Punishment	3.94	4.66
Level 2 – Institutional	9.72	5.11
Level 3 – Societal	16.70	4.26
Level 4 – Individual	20.49	7.07
Level 5 – Principle	7.51	3.83
P Index score	12.59	6.37
Total	59.55	1.60

Mean

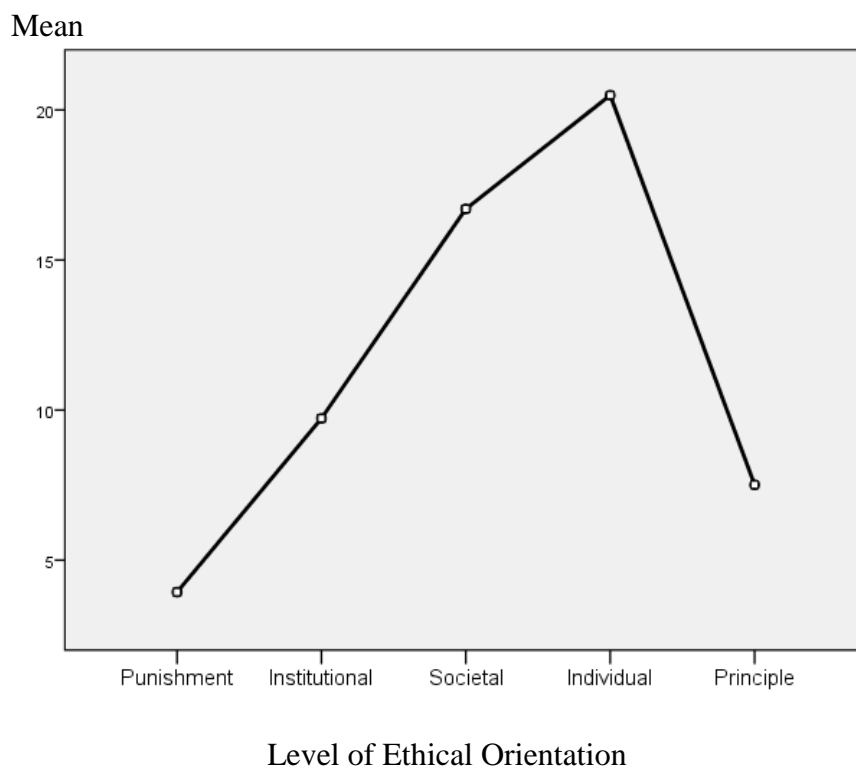

Level of Ethical Orientation

Figure 1. Mean EDMS-R Level Scores

Table 10. Mean Scores of Participants' Satisfaction and Self-Perceived Confidence and Competent Level

Statements	Mean
How satisfied are you about	
- the teaching methods used to discuss ethics in your academic program	4.28
- your understanding of ethical decision-making models	4.30
- your skills in applying ethics to ethical dilemmas	4.33
- the instructional materials used to discuss ethics in your academic program	4.36
- your skills in identifying ethical dilemmas	4.40
- your general knowledge of ethics	4.60
- your understanding of professional codes of ethics	4.66
- the ethics education you received in general	4.66
- your understanding of ethical principles	4.74
Overall Mean Score	4.48
How confident are you	
- when applying a decision-making model of your choice to formulate a course of action for an ethical situation	4.26
- when applying a decision-making model of your choice to resolve an ethical situation	4.26
- when using the skills you learned from your ethics training in real situations	4.34
- when using the knowledge you learned from your ethics training in real situations	4.43
- in approaching a situation with ethical concerns	4.43
- in identifying an ethical dilemma in a case scenario	4.64
Overall Mean Score	4.39
How competent are you	
- being able to initiate an appropriate course of action in an ethical dilemma	4.36
- applying a decision-making model of your choice to formulate a course of action	4.36
- applying a decision-making model to resolve an ethical dilemma	4.40
- reasoning about an ethical dilemma	4.66
- identifying all the parties that have a stake in an ethical decision	4.70
- identifying an ethical dilemma in a scenario	4.72
Overall Mean Score	4.53

Note: N = 47

Table 11. Means and Standard Deviations of Two-Way ANOVA on Effects of Course Structure and Materials on Students' Ethical Orientation

Course Structure	Materials	Mean	Standard Deviation	N
A Separate Course	Use both Codes and texts	13.46	8.570	4
	Use either Codes, texts, or other materials	6.67	.	1
	Total	12.10	8.020	5
Infused in Curriculum	Use both Codes and texts	15.83	12.964	2
	Use either Codes, texts, or other materials	13.58	4.300	11
	Total	13.93	5.489	13
Both	Use both Codes and texts	13.26	6.551	22
	Use either Codes, texts, or other materials	8.33	5.528	7
	Total	12.07	6.584	29
Total	Use both Codes and texts	13.48	6.944	28
	Use either Codes, texts, or other materials	11.28	5.315	19
	Total	12.59	6.367	47

Table 12. Two-Way ANOVA on Effects of Course Structure and Materials on Students' Ethical Orientation

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Course Structure	86.460	2	43.230	1.069	.353
Materials	96.348	1	96.348	2.383	.130
Course Structure × Materials	13.728	2	6.864	.170	.844
Error	1657.919	41	40.437		
Total	9313.802	47			

Note: $\alpha = .05$

Table 13. Means and Standard Deviations of Two-Way ANOVA of Effects of Course Structure and Instructional Methods on Students' Ethical Orientation

Course Structure	Instructional Methods	Mean	Standard Deviation	N
A Separate Course	Lecture	11.78	8.561	3
	All kinds of discussions	20.00	.	1
	Other	5.17	.	1
	Total	12.10	8.020	5
Infused in Curriculum	Lecture	13.41	6.014	9
	All kinds of discussions	16.67	7.071	2
	Other	13.50	2.121	2
	Total	13.93	5.489	13
Both	Lecture	13.10	6.348	21
	All kinds of discussions	10.00	7.071	6
	Other	7.50	8.250	2
	Total	12.07	6.584	29
Total	Lecture	13.07	6.244	33
	All kinds of discussions	12.59	7.318	9
	Other	9.43	5.728	5
	Total	12.59	6.367	47

Table 14. Two-Way ANOVA on Effects of Course Structure and Instructional Methods on Students' Ethical Orientation

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Course Structure	92.830	2	46.415	1.093	.346
Instructional Methods	115.188	2	57.594	1.356	.270
Course Structure × Instructional Methods	151.484	4	37.871	.891	.478
Error	1614.272	38	42.481		
Total	9313.802	47			

Note: $\alpha = .05$

Table 15. Means and Standard Deviations of Two-Way ANOVA on Effects of Materials and Instructional Methods on Students' Ethical Orientation

Materials	Instructional Methods	Mean	Standard Deviation	N
Use both Codes and texts	Lecture	14.36	6.907	20
	All kinds of discussions	14.00	6.519	5
	Other	6.72	5.986	3
	Total	13.48	6.944	28
Use either Codes, texts, or other materials	Lecture	11.08	4.625	13
	All kinds of discussions	10.83	8.872	4
	Other	13.50	2.121	2
	Total	11.28	5.315	19
Total	Lecture	13.07	6.244	33
	All kinds of discussions	12.59	7.318	9
	Other	9.43	5.728	5
	Total	12.59	6.367	47

Table 16. Two-Way ANOVA on Effects of Materials and Instructional Methods on Students' Ethical Orientation

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Materials	.078	1	.078	.002	.965
Instructional Methods	28.318	2	14.159	.353	.705
Materials × Instructional Methods	107.916	2	53.958	1.345	.272
Error	1645.353	41	40.131		
Total	9313.802	47			

Note: $\alpha = .05$

Table 17. Means and Standard Deviations of One-Way ANOVA that Describes the Relationship of Gender as a Factor and Students' Ethical Orientation

Source	N	Mean	Standard Deviation
Male	13	14.51	6.855
Female	34	11.85	6.116
Total	47	12.59	6.367

Table 18. One-Way ANOVA that Describes the Relationship of Gender as a Factor and Students' Ethical Orientation

Source	Sum of Squares	df	Mean Square	F	Sig.
Gender	66.382	1	66.382	1.661	.204
Error	1798.304	45	39.962		
Total	1864.686	46			

Note: $\alpha = .05$

Table 19. Means and Standard Deviations of One-Way ANOVA that Describes the Relationship of Age as a Factor and Students' Ethical Orientation

Source	N	Mean	Standard Deviation
20-29	25	12.09	6.869
30-39	7	12.01	3.172
40-49	9	11.35	7.315
50+	6	17.22	4.303
Total	47	12.59	6.367

Table 20. One-Way ANOVA that Describes the Relationship of Age as a Factor and Students' Ethical Orientation

Source	Sum of Squares	df	Mean Square	F	Sig.
Age	151.285	3	50.428	1.266	.298
Error	1713.401	43	39.847		
Total	1864.686	46			

Note: $\alpha = .05$

Table 21. Means and Standard Deviations of One-Way ANOVA that Describes the Relationship of Progress in Academic Program as a Factor and Students' Ethical Orientation

Source	N	Mean	Standard Deviation
Less than half way	13	14.28	5.022
Half way	6	11.39	8.460
More than half way	28	12.06	6.527
Total	47	12.59	6.367

Table 22. One-Way ANOVA that Describes the Relationship of Progress in Academic Program as a Factor and Students' Ethical Orientation

Source	Sum of Squares	df	Mean Square	F	Sig.
Progress in Academic Program	53.876	2	26.938	.655	.525
Error	1810.810	44	41.155		
Total	1864.686	46			

Note: $\alpha = .05$

Table 23. Means and Standard Deviations of One-Way ANOVA that Describes the Relationship of Previous Experience as a Factor and Students' Ethical Orientation

Source	N	Mean	Standard Deviation
Yes	21	12.02	6.345
No	26	13.05	6.471
Total	47	12.59	6.367

Table 24. One-Way ANOVA that Describes the Relationship of Previous Experience as a Factor and Students' Ethical Orientation

Source	Sum of Squares	df	Mean Square	F	Sig.
Previous Experience	12.448	1	12.448	.302	.585
Error	1852.238	45	41.161		
Total	1864.686	46			

Note: $\alpha = .05$

Table 25. Means and Standard Deviations of One-Way ANOVA that Describes the Relationship of Required Graduation Credit Hours as a Factor and Students' Ethical Orientation

Source	N	Mean	Standard Deviation
48 credit hours	8	16.46	4.751
60 credit hours	16	11.22	6.125
Other	23	12.20	6.710
Total	47	12.59	6.367

Table 26. One-Way ANOVA that Describes the Relationship of Required Graduation
Credit Hours as a Factor and Students' Ethical Orientation

Source	Sum of Squares	df	Mean Square	F	Sig.
Required Credit Hours	153.329	2	76.665	1.971	.151
Error	1711.357	44	38.894		
Total	1864.686	46			

Note: $\alpha = .05$

Table 27. Means and Standard Deviations of One-Way ANOVA that Describes the
Relationship of Ethics Education Format as a Factor and Students' Ethical Orientation

Source	N	Mean	Standard Deviation
Ethics education including a separate course	34	12.08	6.676
Ethics Education without a separate course	13	13.93	5.489
Total	47	12.59	6.367

Table 28. One-Way ANOVA that Describes the Relationship of Ethics Education
Format as a Factor and Students' Ethical Orientation

Source	Sum of Squares	df	Mean Square	F	Sig.
Ethics Education Format	32.096	1	32.096	.788	.379
Error	1832.590	45	40.724		
Total	1864.686	46			

CHAPTER V

SUMMARY AND DISCUSSION

Professional ethics have been well studied and discussed in the general counseling and psychology areas, as well as in other professional fields, such as business and nursing. Topics of research interests in ethics include multicultural competency (Arredondo & Toporek, 2004; Sue, Arredondo, & McDavis, 1992), informed consent (Somberg, Stone, & Claiborn, 1993), dual/multiple relationships (Cottone, 2005; Gutheil & Gabbard, 1993), and teaching and supervision (Kurpius, Gibson, Lewis, & Corbet, 1991; Tabachnick, Keith-Spiegel, & Pope, 1991). The review of literature indicated the importance of integrating ethics in the curriculum and suggested that students in counseling and related helping professions would benefit from ethics education in terms of making ethical decisions (Kitchener, 1986; Rest, 1984; Vanek, 1990). Nevertheless, compared to the literature of many professions, the number of studies regarding ethics education falls short in the counseling profession, rehabilitation counseling especially. In addition, considering that the majority of studies in ethics education were conducted on ethical instruction and integrating ethical materials in curriculum (Fischer & Rubin, 1993; Malaski & Tarvydas, 2002; Patterson, 1989; Rollins & Rubin, 1993; Rollins, Rubin, & Fischer, 1993; Shaw & Tarvydas, 2001), it is important to contribute to the knowledge of outcomes of ethics education and students' perceptions toward their preparation in ethical decision making.

The purposes of the present study were to: (a) discover the current status of ethics education in master's rehabilitation counseling programs in the United States, (b) to identify the general profiles of ethical orientations among a sample of master's students in rehabilitation counseling programs, (c) to determine whether ethics education impacts future counselors' reasoning and decision-making skills when encountering ethical situations, and (d) to explore rehabilitation counseling master's students' satisfaction with

the ethics education they received and their self-perceived confidence and competence in making ethical decisions when encountering ethical dilemmas. Increased understanding of the status of ethics education, the profiles of rehabilitation counseling students' current ethical orientations, the outcomes of ethics education on students' level of ethical development, and their perceptions toward preparation in ethics provide useful information to facilitate the development of ethical behaviors in future rehabilitation counselors and in counselors' overall professional development.

Discussion of Findings

The discussion of findings will be addressed as follows: (a) the overview of current ethics education in rehabilitation counseling master's programs, (b) the profiles of ethical orientation of the samples of the study, (c) the effects of various aspects in ethics on students' ethical orientation, and (d) the overall level of students' satisfaction regarding ethics education and their confidence and self-perceived competence level in ethical decision making.

Demographic Information and

the Status of Ethics Education

Demographic information of participants and the information regarding ethics education in master's programs in rehabilitation counseling were reported based on the descriptive statistics results. The gender distribution of the participants showed that females consisted of approximately three quarters (72.3%) and males represented a quarter (27.7%) of the participants, while the age distribution showed that half of the students were between 20-29 years old. Forty-eight credit hours and 60 credit hours total were reported by half of the participants and represented the two most common requirements for graduation. Approximately half of the master's students in rehabilitation counseling had previous experience or were currently practicing as helping professionals, and about half of participants with experience had been working or were working in rehabilitation counseling or related helping professions. The samples of master's students

rated their ethics knowledge in general on a moderate to high level with a mean score of 5.76 on an 8-point Likert scale.

In terms of ethics education in rehabilitation counseling, participants were asked to report on the course structure, materials, instructional methods, basic ethical topics, and evaluation formats, and the results were presented on the basis of the most frequently chosen responses. The majority of participants (61.7%) reported having ethics education in both a designated course and with infused ethical topics throughout the curriculum, which suggests that the combination of an ethical course and infused ethics discussion throughout the curriculum is a common format in teaching ethics among the programs surveyed. This also suggests that rehabilitation educators are including ethical education within the different roles of the rehabilitation counseling practice such as job placement, multiculturalism, case management, consultation, assessment, and counseling skills. Approximately 90% of the participants reported that their ethics education was infused throughout the curriculum, and this result can be considered a reflection of the CRCC ethical code H.6.d. which clearly states "…Rehabilitation counselor educators infuse ethical considerations throughout the curriculum" (CRCC, 2010, p.22), as well as of the suggestion to address ethics throughout the curriculum in other studies (De las Fuentes et al., 2005; Downs, 2003; Kitchener, 1986). Ten percent of the participants reported receiving a separate ethics course in their programs, and this result seems to be contradictory to the CRCC Codes (CRCC, 2010). However, it is difficult to argue that these programs should modify the structure of ethics education without further exploration, especially since the accreditation standards for rehabilitation counseling programs by Council on Rehabilitation Education (CORE) did not specify how ethics should be taught in the accredited programs (CORE, 2008). There is the possibility that participants from these programs did not recognize the discussions regarding ethics in other courses and thus did not report them in the study.

Among all the choices regarding materials used in ethics education, the three most frequently utilized materials in ethics education were the *Code of Professional Ethics for Rehabilitation Counselors* by the Commission on Rehabilitation Counselor Certification (CRCC) used by 85.1% of participants, the *ACA Code of Ethics* by the American Counseling Association (ACA) used by 68.1% of participants, and Corey, Corey, and Callanan's (2011) *Issues and Ethics in the Helping Professions* used by 34% of participants. It was understandable that the CRCC Codes and the ACA Codes were reported more often than other materials used in ethics education since codes of ethics are regulations that define the ethical behavior and serve as guidelines for counselors in making ethical decision (ACA, 2005; CRCC, 2001, 2010). CORE standards also require students from accredited programs to demonstrate the ability to adhere to the CRCC Codes (CORE, 2008). Moreover, 17 State Licensure Boards (i.e., Alaska, Arizona, Arkansas, District of Columbia, Idaho, Illinois, Iowa, Louisiana, Massachusetts, Mississippi, North Carolina, North Dakota, South Dakota, Tennessee, Utah, West Virginia, and Wyoming) have adopted the ACA Codes into their rules and regulations, and the Licensure Boards in Colorado, Ohio, and South Carolina, also indicate the usage of ACA Codes as a reference source (ACA, 2010). Therefore, programs in these states may include the *ACA Code of Ethics* as an essential material in their ethics education in order to prepare students for licensure.

In Rollins, Rubin, and Fischer's (1993) study on ethics instructional materials for pre-service rehabilitation programs, the CRCC Codes was also included as one of the seven important instructional modules to be covered in ethics education. It was also predictable that the CRCC Codes was identified by more participants than the ACA Codes given the fact that the present study was conducted within the rehabilitation counseling field. It is important to note that more than half of the participants reported using both professional codes and textbooks in ethics training. The results supported Kitchener's (1986) and Rollins et al.'s (1993) studies, which suggested the importance of

ethical decision-making models, values, ethical principles, and moral behaviors in ethics education in addition to professional codes of ethics, and professional codes alone are insufficient for the development of students' ability in ethical reasoning (Kitchener; Rollins et al.).

Lecture and whole class discussion on cases, both real and hypothetical, were instructional methods commonly used by counselor educators, along with small group discussions on cases and role play. The results were consistent with the findings in Hill's (2004) study on counselor education programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and Vanek's (1990) study on ethics education in clinical and counseling psychology programs. In addition, class discussion of cases can be considered an exercise or practice in the use of ethical decision-making skills, an instructional element that may be helpful in improving students' abilities in ethical reasoning (Jordan & Steven, 2001; Kaczmarek, 2001; Rollins et al., 1993).

One participant reported conferences as a supplement source of ethics education. Conferences by professional organizations (e.g., National Council on Rehabilitation Education and ACA) commonly offer presentations regarding ethics. Not limiting the results to the 47 completed surveys, but using all 71 surveys with ethics education information, it is interesting to note that five out of 71 participants identified conferences as other instructional methods of ethics education. It seemed that in addition to traditional class-setting courses, ethics-related sessions offered in conferences have become supplements to the in-class ethics education for some participants.

Participants of the present study ranked confidentiality, informed consent, dual relationships of non-sexual nature, duty to warn, and scope of practice as the top five important curricular elements to be covered in ethics education. The results were consistent with Hill's (2004) findings and similar to Ong's (2005) findings, in which confidentiality and dual relationships were reported as the two most frequently covered

topics in ethics education. Ethics educators employ a variety of evaluation methods to examine students' preparation in ethics. The five most frequently reported evaluation formats were examinations, assigned case studies, term papers, practicum, and observation by colleagues. However, even though examination was the preferred evaluation method used by ethics educators, it was not perceived as the most helpful format by the participants in terms of evaluating their preparation in ethics. Assigned case studies, observation by colleagues, and practicum were the three most helpful evaluation methods rated by the participants of the study. It showed that hands-on exercises were perceived as more helpful for students in processing and demonstrating their ethical decision-making skills.

Ethical Orientation

Participants as a group demonstrated their ethical reasoning on the Individual level of ethical orientation, which means the counselors' primary concerns are focused on individuals' needs and rights with the secondary concern on societal welfare. The ethical reasoning process is internally controlled for individuals characterized at the Individual level in their responses in ethical decision making. In other words, counselors functioning at this ethical orientation emphasize individuals' needs and worth with the recognition of the societal and institutional welfare, and others' rights; however, these latter contextual concerns are considered secondary. The ethical decision is made reflecting the primary concerns of the needs of the clients while respecting the rights of others, recognizing the welfare of society and institution, and preventing the violations of law and policy. The finding is understandable. As presented in Fischer and Rubin (1993), rehabilitation educators tend to view that it would be beneficial to clients by teaching students in rehabilitation counseling to adhere to professional codes of ethics and advocate for their clients. The perspective of emphasizing clients' welfare may then cause students to develop into the Individual level of ethical orientation. Moreover, the preamble of the current CRCC Codes clearly states that the primary obligation of rehabilitation

counselors is to clients, and one of the fundamental values of the professional codes is to respect human rights and dignity. The ethical code A.1.a. also states that "In all instances, the primary obligation of rehabilitation counselors is to promote the welfare of their clients" (CRCC, 2010, p.3). The CRCC Codes recurrently stress the importance of respect and promote client welfare. Based on the results of the present study, the CRCC Codes is the most commonly adopted material in teaching ethics within the rehabilitation counseling profession. Thus, it is likely that master's students in rehabilitation counseling may consider the clients' rights and needs to be more important than other contextual factors in ethical decision making, resulting with an Individual level of orientation in ethical reasoning.

The second most frequently demonstrated orientation in ethical reasoning was the Societal level, which is an adjacent lower ethical orientation compared to the Individual level. Counselors functioning at the Societal level of ethical orientation tend to consider societal welfare and duty as the main foci in ethical decision making, and the needs of individual clients tend to be considered as secondary concerns in ethical decision making. The ethical reasoning process is more externally controlled compared to the Individual orientation. External sources, such as norms and laws, serve as guidelines to determine the right or wrong behaviors. However, the ethical judgment is not only based on the regulations and policies of the agency or organization that the counselors affiliate. Counselors consider the individual's rights and needs as secondary concerns and tend to choose to maintain social standards and the laws of society and the general public when there is conflict between the individual needs and societal welfare.

Van Hoose and Paradise (1979) proposed that the ethical orientation model presented a developmental continuum on counselors' ethical reasoning, judgments, and decision making, and suggested that students' would develop into the next higher ethical orientation level with exposure to higher levels of ethical reasoning. In addition, Dufrene and Glosoff (2004) suggested that students with more training tend to have higher levels

of ethical orientation. Considering that approximately a third of the participants in the present study (27.7%) were at an early stage in the academic program and may have had limited exposure and training in ethics, endorsement of the Societal level of ethical orientation is not a surprising result.

Overall, many participants exhibited an Individual level of ethical orientation, with counselors' emphases on individuals' needs and rights and societal welfare, whereas others' rights were recognized but considered secondary. In general, the results were consistent with two previous studies on rehabilitation counseling students' ethical orientations. The results of Tarvydas's (1994) study indicated that the Individual level of ethical orientation was more common in making ethical decisions in a sample of master's students in rehabilitation counseling programs. Ong's (2005) study on ethical orientation and personality types of students in rehabilitation counseling and services also suggested an Individual level among the participants. It is important to address that participants exhibiting a higher level of ethical orientation should not be considered to be more ethical than other individuals. It is also possible that counselors demonstrate a higher level of ethical orientation in ethical reasoning but act on a lower level since situational and other external or internal factors may greatly influence counselors' ethical decision making. Accordingly, the proper interpretation would be that students with higher levels of ethical orientations tend to be able to plan more appropriate or adequate courses of action regarding ethical dilemmas (Van Hoose & Paradise, 1979).

Ethics Education and Ethical Orientation

Three analyses of variance were conducted to determine the potential effects that course structure, materials, and instructional methods had on students' skills in decision making in terms of ethical orientation and reasoning. The results of the analyses showed that different course structures, materials, and instructional methods used in ethics education had no relationship to ethical orientation or on fostering students' development into the next higher level of orientation. Supplemental analyses regarding the potential

influences of gender, age, progress in academic program, and previous experience factors on participants' ethical orientation were performed; however, the results also indicated that there were no clear relationships between these factors and ethical orientation. There may be several reasons for the inability to find relationships between ethical orientation and various aspects in ethics education and personal factors. As stated in previous chapters, ethical orientation represents the underlying rationale that counselors adopt to behave in an ethical manner and make ethical decisions in a dilemma (Van Hoose & Paradise, 1979), and the reasoning process may be influenced by environmental, societal, and individual factors. Ethical reasoning is a complex thinking process, and measuring this abstract concept is difficult, which may have impacted participants' scores on levels of ethical orientations. In addition, the instrument used to measure ethical decision-making skills was based on students' self-reports, and the results may have been impacted if the participants did not answer the questions honestly. Social desirability issues also may have had an effect on the results of the study resulting in higher scores on more developed ethical orientation levels (Dufrene & Glosoff, 2004; Tarvydas, 1994; Van Hoose & Paradise, 1979; Welfel, 1992).

There is also the possibility that the measurement of ethical orientation may not reflect the ethics education and the development in ethical decision making skills of the participants in the present study. The ethical orientation model is based on Kohlberg's (1984) moral developmental model, which assumes "a universal and absolute core of morality that provides structure to this reasoning process" (Cottone & Tarvydas, p. 78). However, participants who adopt principle ethics or other decision-making models may value other perspectives more than morality and respond differently on the EDMS-R. For example, the social constructivism model of decision making values the relationships between all parties involved and focuses on the consensus of every stakeholder. Therefore, maintaining the social welfare, societal norms and regulations (the primary concern of the Societal level of orientation) and promoting individuals' needs and rights

(the primary concern of the Individual level of orientation) may not be the emphasis in the reasoning process. As a result, the non-significant results of the analyses regarding the effect of ethics education on students' ethical orientation may not suggest that ethics education has no influences on students' development in terms of ethical decision-making skills, but rather that the results were consequences of different beliefs or models used in ethical decision making. In fact, even though inconsistent results have been found, studies have supported that ethics training has improved the ability of identifying ethical dilemmas (Baldick, 1980; Dinger, 1997) and enhanced the understanding of ethical and legal knowledge (Lambie et al., 2010; Lambie et al., 2012).

Another aspect that is worth addressing and discussing is the relationship of ethical orientation and practice in the real world. Ethical orientation is a conceptual framework used to describe the counselors' rationale in ethical reasoning. While practicing in the community or agencies, rehabilitation counselors have the obligation to abide by the Code of ethics (e.g., CRCC Codes, ACA Codes of Ethics) they are affiliated with, as well as the regulations and rules required by the institution and society. As indicated in Van Hoose and Paradise (1979), situational influences and other factors may cause discrepancies between ethical reasoning and counselors' action. In other words, counselors' may reason on a higher level of ethical orientation but the decision and action may reflect a lower level of ethical orientation. Professional ethical codes and the obligation to promote and ensure clients' welfare may take precedence in the ethical reasoning process, even if the counselors are able to reason on the Principle or Conscience Orientation in which right or wrong is determined by counselors' personal and self-chosen principles and morality.

Satisfaction, and Self-Perceived

Confidence and Competence Level

Participants exhibited a moderate level on satisfaction with the ethics education they received; the mean score fell between satisfied and somewhat satisfied. In general,

participants were more satisfied with their understanding of ethical principles, professional codes of ethics, and ethics education in general, and were reported to be less satisfied with the teaching methods used in ethics education and their understanding of ethical decision-making models. The participants of the present study also indicated a moderate level of confidence at approaching ethical dilemmas or making ethical decisions, the mean score being between confident and somewhat confident. While identifying an ethical dilemma in a case scenario was rated with the highest score regarding participants' confidence level, item statements regarding applying a decision-making model to formulate a course of action for an ethical situation and applying a decision-making model to solve an ethical situation were rated the lowest among the six statements. In terms of students' self-perceived competence level regarding ethical decision-making skills, the participants as a whole indicated a perceived moderate level of competence among the six statements. Similar to the results of the confidence level section, the item regarding identifying an ethical dilemma in a scenario was rated the highest in terms of self-perceived competence. Being able to initiate an appropriate course of action in an ethical dilemma and applying a decision-making model to formulate a course of action were the two lowest-rating statements under this section. However, it is important to note that the comparison results were reported on the basis of the mean score value of each statement under the three subsections rather than the results of statistical analyses, so the interpretations should be treated with caution accordingly.

Overall, participants in the present study indicated a higher level of satisfaction, confidence, and self-reported competence in their understanding of ethical principles and codes of ethics as well as on their own ability to identify ethical dilemmas from a situation with ethical concerns. Ethical principles and professional codes of ethics are suggested instructional materials to be included in ethics education (ACA, 2005; CRCC, 2001, 2010; De las Fuentes, Willmuth, & Yarrow, 2005; Kitchener, 1984b; Rollins et al., 1993; Vanek, 1990), and studies in ethics have endorsed the use of professional codes of

ethics as part of the materials in teaching ethics (Rollins et al., 1993; Hill, 2004; Kitchener, 1986; Vanek, 1990). Thus the use of such materials has been widely adopted in ethics courses. In addition to the frequent use of professional codes of ethics reported in the present study, ethical principles, professional codes of ethics, various basic ethical topics, and how to use codes of ethics as guidelines in ethical decision making may be concepts that are easier to describe in lectures and discussions, the two most common instructional methods used by rehabilitation counselors to teach ethics, and may facilitate students' understanding and improve their skills in discriminating ethical dilemmas, resulting in a higher satisfaction rating.

On the other hand, students reported a lower level of satisfaction and self-reported confidence and competence in the understanding and application of ethical decision-making models to resolve an ethical dilemma in general. Even though the reasons for lower satisfaction/ reported confidence/ self-perceived competence were not included in the present study, the results may suggest a lack of hands-on experience in applying ethical decision-making skills to resolve ethical dilemmas. As stated earlier, discussion of cases, case studies, and exercise or practice in the application of ethical decision-making models may be helpful instructional methods in improving students' ability in ethical decision making while facilitating students' professional development in ethics (Kaczmarek, 2001; Kitchener, 1986; Ong, 2005; Rollins et al., 1993). Therefore, integrating more discussions on cases, case studies, role plays or other in-class activities may create a more active learning experience and foster students' understanding in the application of ethical decision-making models to resolve ethical dilemmas, which may increase students' perceived confidence and competence in approaching an ethical dilemma when practicing in the real world.

It is worthwhile to stress that teaching only the application of codes, ethical principles, and ethical decision-making models may not be sufficient to promote students ethical behaviors. Students need to further understand the concept of ethics, the

relationship between ethical principles and Codes of Ethics, values, morals, ethical theories, and legal knowledge, which are fundamental in ethics and helpful in understanding the analysis and process of ethical decision making for resolving ethical dilemmas (Kitchener, 1986; Wilson et al., 1991).

In summary, master's level students in rehabilitation counseling who participated in this study reported being more satisfied with their understanding in ethical principles and professional codes of ethics, which may reflect the fact that professional codes of ethics are frequently used materials in ethics education. In addition, ethical principles and the CRCC code of ethics are the two instructional materials suggested to be included in ethics education in counseling (ACA, 2005; CRCC, 2001, 2010; De las Fuentes et al., 2005; Kitchener, 1984b; Rollins et al., 1993; Vanek, 1990). Nevertheless, students rated lower on statements regarding the application of a decision-making model of choice to handle an ethical dilemma across the three subsections. For example, the satisfaction level regarding their understanding in ethical decision-making models and skills at applying ethics to ethical dilemmas scored the second and third lowest among the nine statements. Furthermore, applying an ethical decision-making model of choice to formulate a course of action for an ethical dilemma had the lowest scores on both confidence and self-perceived competence level. The results were consistent with Vanek's (1990) study in which ethical decision-making models were some of the least stressed content areas in ethics education. Although in the present study discussion of cases has been reported as the second most frequently adopted instructional method in ethics education, it may still be helpful for ethics educators to increase the proportion of case studies, role plays, or other hands-on activities regarding ethical decision-making and approaches to resolve ethical dilemmas in order to foster students' ethical development.

Limitations

It is important to review the limitations of the present study in order to better understand and utilize the results. First, the present study utilized a limited number of participants from rehabilitation counseling programs in the United States. The program coordinators or faculty members were asked to distribute the online survey link to their students. It should be noted that 17 programs only representing 18% of the approximately 96 rehabilitation counseling master's programs accredited by CORE (CORE, n.d.), and the participants are not representative of all students in rehabilitation counseling in the United States. In addition, due to the anonymous feature of the study and instrument, the numbers of participants from each program among the 17 programs surveyed cannot be determined. As a result, findings of this study represent the experience and history of those who participated and should not be generalized to the entire population of rehabilitation counseling students in the United States. In addition, the main survey used in the present study to explore the status of ethics education was developed to survey programs accredited by CACREP. Even though the survey was modified to accommodate the purpose of study, items under the basic ethical topics discussed may not entirely reflect ethical-related topics that apply specifically to the rehabilitation counseling profession and may not fully represent the current status of ethics education in rehabilitation counseling.

Another limitation is the complexity of ethical behavior itself. As stated above, social desirability may have influenced students' decisions when completing the main section of the EDMS-R for scoring. It is possible that participants were able to identify the statements that reflected higher levels of ethical orientation with a certain level of ethical knowledge, and ranked those items as more important in making ethical decisions, even though they may have not reasoned the situation or acted on the same level of ethical orientation. In addition, the primary instrument used in the present study, the EDMS-R, was recently revised. More research can be done to contribute to the validity

and reliability of this promising instrument in ethical decision making. There are also critiques of the EDMS-R's six ethical dilemmas not covering all sections of the *ACA Code of Ethics*; therefore, the results may not demonstrate the actual ethical orientation of participants since they may apply ethical codes from other sections in *ACA Code of Ethics* to the dilemmas (Dufrene & Glosoff, 2004). In addition, during the scoring procedure, it was found that the instruction of Section C on EDMS-R, the section used for computing level scores and P index score, may seem confusing to some participants. Nine out of 53 completed datasets, a rate of 18%, showed mistakes or had partial data, which resulted in unusable responses and reduced the number of participants in the present study.

The results about students' satisfaction, confidence, and competence level should also be interpreted with caution. Even though the face validity of the statements listed under this section had been obtained from experienced professors in the counseling and rehabilitation counseling fields, no actual psychometric reliability or validity data could be reported in the present study. In addition, students may have had the tendency to provide non-extreme scores to the item statements that may have resulted in discrepancies between actual opinions and reported responses. Therefore, the representativeness of results should be considered and the interpretations should be adjusted accordingly in regards to the rehabilitation counseling students' actual opinions about ethics education. Other possible limitations of the present study can be attributed to personal difference factors and the time and attention required to complete the instruments. Since the demographic information was not used as a screening criterion, personal differences among the participants, such as previous experience or maturity, may have influenced the results of analyses. Although the completion of the instrument only required 25 to 30 minutes, there were more than 100 items for participants to answer and review, which may have impacted the attention and patience of some participants and increased the proportion of incomplete responses.

Future Research Directions

Future studies may be conducted to explore the relationships between level of training and ethical orientation development. As proposed by Van Hoose and Paradise (1979) and suggested in Dufrene and Glosoff (2004), students with more training in ethics tend to exhibit a higher level of ethical orientation in decision making. Even though it was not a research question proposed and studied in the present study, inconsistent results were reported in previous studies, and it would be worthwhile to conduct a longitudinal study on students' ethical orientation with a larger sample and examine the differences in ethical reasoning when students are at the beginning (without or before ethics education) and at the final semester of the program (with ethics education and experience in practicum and internship). The results may provide more insight into the relationship of ethics education and students' moral development and ethical decision making. Furthermore, students' satisfaction with ethics education received and their confidence level and self-perceived competence level may also be worth further investigation with more valid instruments and research design. The present study may serve as a pilot study and additional study may be conducted to improve and validate the scale and re-examine the quality of ethics education from the students' perspectives. Lastly, it would be helpful to survey rehabilitation ethics educators' perceptions regarding ethics education to gain more insight on why and how they structure the current ethics education in rehabilitation counseling. The results can then be compared to students' perceptions regarding the received ethics education. The comparison would be helpful for educators to understand how ethics education is perceived and provide influential strategies in teaching ethics and planning the curriculum.

Implications for Education and Practice

The study was proposed to explore the current status of ethics education in the field of rehabilitation counseling, students' ethical orientation, relationships of ethics education to ethical orientation, and students' points of view towards ethics education. It

is important to stress that the purpose of the present study was not to examine and predict students' ethical orientation or behavior and was not an attempt to evaluate or critique the adequacy or design of ethics education in rehabilitation counseling. The focus was to understand factors that facilitate students' ethical development.

The findings of the present study show that the current status of ethics education is similar to the results of previous studies in terms of course structures, instructional methods, materials, and basic topics in ethics (Hill, 2004; Vanek, 1990). However, the evaluation formats that were commonly adopted by the ethics educators were not perceived as useful or helpful from the students' points of view. Master's students in rehabilitation rated exercise or practice-related methods to be more helpful in evaluating their preparation in ethics, while traditional evaluation methods (e.g., term paper and examination) are commonly adopted by educators but rated less helpful by students. Nevertheless, from the rehabilitation educators' perspectives, students' fundamental ethical and legal knowledge pertaining to ethical practice and decision making (e.g., ethical and legal terms, confidentiality, professional identity, and ethical decision making principles) may seem to be appropriately evaluated by examination and other traditional methods. It may be impossible to develop evaluation methods that can accurately measure students' reasoning and ethical decision-making skills given the complexity of ethics and ethical decision making. The conclusion may only be that, like the ethics education goals proposed by Kitchener in 1986, rehabilitation educators should be proactive in assessing and monitoring students' ethical knowledge and understanding regarding decision-making processes and models during the ethics education, and provide feedback and assistance to facilitate students' development in ethical sensitivity, ethical reasoning, and moral responsibility.

The findings of the study revealed that master's students in rehabilitation counseling programs varied in terms of their ethical orientation and development. The EDMS-R was designed as a research tool to examine the ethical orientation of students in

helping professions and to be used as an assessment of students' development in terms of ethical orientation in ethical decision-making. From the moral developmental perspective, the results of the EDMS-R may be helpful for both students and educators or supervisors to recognize the gaps between ethical knowledge and ethical reasoning in order to facilitate students' future development in morality and foster ethical behaviors in practice.

Participants of the present study demonstrated a lower level of satisfaction, confidence, and self-perceived competence regarding the teaching methods and the application of ethical decision-making models to ethical dilemmas. This result may suggest a lack of exercise and practice in the application of ethics. Active learning is important in teaching ethics, considering that students may learn better when given opportunities to apply what they have learned in class (Corey, Corey, & Callanan, 2005; Kaczmarek, 2001). Literature regarding teaching ethics suggests that including activities in ethics education may improve understanding and provide students with the opportunity to experience the ethical decision-making process before practicing in the community. Additionally, working with colleagues in small groups or large groups where opinions and thoughts can be discussed and exchanged facilitates the understanding of ethical knowledge, cognitive and moral development, and collaboration in ethical decision-making processes (Corey et al., 2005; Jordan & Steven, 2001; Kaczmarek, 2001). Ethics educators may consider integrating more experiential exercises and activities (e.g., small group exercise and discussion, role play, and case studies) regarding potential ethical dilemmas that may arise in rehabilitation counseling practice into ethics education. Tying learned ethical knowledge and skills to context and practice in the real word will better prepare students to face and resolve ethical dilemmas and ultimately promote and ensure the clients' welfare.

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