ETHICAL KNOWLEDGE OF COUNSELORS: A SURVEY OF THE MEMBERSHIP OF THE TEXAS ASSOCIATION FOR COUNSELING AND DEVELOPMENT

DISSERTATION

Presented to the Graduate Council of the University of North Texas in Partial Fulfillment of the Requirements For the Degree of

DOCTOR OF PHILOSOPHY

By

Jack Zibert, B. A., M. A.
Denton, Texas
August, 1992
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This study was designed to measure ten demographic membership variables of the Texas Association for Counseling and Development (TACD) and the respective relationships of those variables to ethical knowledge. It was also an effort to conduct a global study of the most recent revision (1988) of the AACC Ethical Standards and to find the relative knowledge of these standards by a random sample of 357 counselors in one state counseling organization.

A survey instrument was developed using a series of demographic questions and twenty-five counselor behavior vignettes drawn from the Ethical Standards Casebook, edited by Herlihy & Golden (1990). It was hypothesized that there would be no significant differences in ethical knowledge scores (as defined by the total correct number of ethical vignette responses) when compared to counselors' membership division, gender, age, number of years of formal education, degree level, years of counseling experience, previous formal course work in ethics, theory of counseling, or earned counseling credentials.

Two of six null hypotheses were rejected. Ethical knowledge
scores were significantly related to work setting. Private practice counselors' ethical knowledge scores were significantly higher than K-12 public school counselors' scores. Counselors categorized in other work settings also demonstrated significantly higher ethical knowledge scores than community agency counselors. Ethical knowledge scores for gender also demonstrated significance, with females having higher ethical knowledge scores than males. The findings supported the null hypotheses that there were no significant differences in ethical knowledge scores found for TACD membership division, degree level, theory of counseling, or earned counseling credentials. A regression analysis found no significant differences in ethical knowledge scores for age, years of formal education, years of counseling experience, or formal course work in ethics.
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CHAPTER I

INTRODUCTION

Ethical standards and practices are crucial to the counseling profession and serve as more than guides to proper professional conduct (Erickson, 1964; Hobbs, 1965; Kelly, 1955; Lakin, 1991; Levy, 1974; London, 1964; Menninger, 1958; Mowrer, 1961; Murray, 1962; Szasz, 1974; Pope & Vasquez, 1991; Rosenbaum, 1982; Talbutt, 1981; Van Hoose & Paradise, 1979; Veatch, 1976). Ethical codes are a vehicle for a profession's identity (Allen, 1986; Wilensky, 1964), self-discipline (Van Hoose & Kottler, 1985), and maturity (Mabe & Rollin, 1986), which responsible members of the profession consult for guidance.

Ethical standards embody at once both the highest aspirations and the minimally acceptable standards of practice expected of competent professional counselors (Engels, 1981a; Kelly, 1971; Levy, 1974). The Preamble to the Ethical Standards of the American Association for Counseling and Development (AACD, 1988) states the lofty, yet fundamental, vital ideal that its members are “dedicated to the enhancement of the worth, dignity, potential, and uniqueness of each individual and thus to the service of society” (AACD, 1988, p. 1). At its heart, the AACD code enjoins counselors to protect client welfare (beneficence) and client development and to avoid permitting
the professional's self-interest or other factors from placing a client at risk for harm (maleficence).

Ethics education is of paramount importance to counselors. The Council for the Accreditation of Counseling and Related Education Programs (CACREP, 1988) speaks to the importance of ethical guidelines in both the development and maturation of professional counselors. In January 1990, continuing education requirements for professional counselor licensure renewal in Texas required a minimum of three hours of continuing ethics education ("Board Rule," 1990). Moreover, this specific ethics requirement is the only topic ever to be so specified for the continuing education requirements. In the current revision of the Ethical Standards Casebook (Herlihy & Golden, 1990), Engels, Wilborn, and Schneider (1990) noted the importance of the AACD code and contended that AACD members need to know the letter and spirit of their own code as well as the codes of related professions. Ethical standards and codes such as the Ethical Standards (AACD, 1988) are not static, legalistic, or explicitly definitive documents designed to preempt professionals' decisions. Rather, they are designed to guide an active educational process through which counselors enhance, inform, expand, and improve their ability to serve as effectively as possible those clients seeking their help (Engels, 1981b; Pelsma & Borgers, 1986).

Ethics and ethical principles are embedded in the very nature of counseling activity and cannot be understated in their importance to the
profession (Bergin, 1980; Beutler, 1979; Ellis, 1980; Graham, 1980; Rosenbaum, 1982; Stein, 1985; Strupp & Hadley, 1977; Wallach, 1983). The traditional view of therapy as objective and value-free has been critiqued in recent years (Bergin, 1985; Halleck, 1971; Pope & Vasquez, 1991), as many writers have asserted that the ethical values of a variety of particular theoretical, cultural, or therapeutic contexts are explicitly or implicitly involved in every aspect of counseling (Bergin, 1983; Karasu, 1981; Parloff, Garfield, & Bergin, 1986; Goldstein & Iflund, 1960; Reiff, 1966; Sue, 1983; Szasz, 1974, 1975, 1977; Wolfe, 1988). From a philosophical perspective, where an ontology exists, an ethic follows (Drane, 1982; Lakin, 1991; Kegan, 1982). Counselor assumptions about the nature of human beings invariably carry concomitant assumptions about how human beings ought to behave, feel, and live. Equally important, of course, is whether or how these assumptions operate in the counseling process and whether or how they meet the goals and values of the clients served. In guiding and channeling counselor behavior, ethical standards serve to afford counselors a consensus value set that prescribes the least counselors must do to be ethical.

A breadth of negative attention has been given to the topic of ethics in recent years. It is no understatement that, in the United States, there is a public climate of growing cynicism about the integrity and competence of many in positions of public trust (Arguelles, 1991). One need only witness the unrelenting media spectacle of lawyers, lobbyists, politicians, ministers,
stockbrokers, bankers, insurers, medical personnel, health care workers, researchers, and other professionals who are accused, incarcerated, fired or otherwise disgraced for abuses of public trust, and acting in their self-interest. Moreover, the pervasive range of scandal from the White House through ministries to dual relationships in a multitude of public and private settings manifests the depths of what can be seen as an ethical-moral void. This trend of scandal and wrongdoing creates a critical problem, because when institutions and professions lose public confidence in their trustworthiness, their ability to contribute to human welfare on a significant scale is likewise eroded.

In spite of all the negative effects of adverse publicity, improper conduct, and the consequent mandate for ethical accountability, there seems to be relatively little attention across professional disciplines to the aspect of ethical knowledge, including the ethical preparation of counselors. Ample evidence in the literature suggests the need for better ethical training and education for counselors and psychologists (Callis, Pope, & DePauw, 1982; Engels, Wilborn, & Schneider, 1990; Strude & McKelvey, 1979; Talbutt, 1981; Tymchuk et al., 1982; Welfel & Lipsitz, 1983).

In a study focusing on counselor educators, Stadler and Paul (1986) investigated various aspects of counselor educators' formal preparation in ethics. Whereas appropriate limitations must be mentioned regarding the study's ability to be generalized, the authors revealed that 75% of counselor
educator department heads in their study had no formal course work in professional ethics as part of their graduate training programs. Ethics was not addressed at all in their preparation or it was addressed only indirectly through informal course work. Van Hoose and Kottler (1985) offered an explanatory view that therapists in general have been uneasy with the arena of ethics, which helping professionals themselves have long associated with atavistic notions of absolutism, prohibitions, obligations, and guilt—all notions incompatible with mainstream humanistic values of tolerance, freedom, flexibility, relativity, and choice. Not surprising, therefore, is the finding of Tymchuk et al. (1979) that the issue of personal values is infrequently discussed in ethics courses. Yet, because an implicit goal of the profession is to improve counselor sensitivity and to reduce the practice of unethical behavior, more attention needs to be paid to the area of ethical knowledge and reasoning at the personal level as well as at the professional level (Rest, 1984; Welfel & Lipsitz, 1983a).

The literature suggests remedial measures to increase ethical knowledge in the education and training of counselors. Measures advanced by Engels (1981a) argued for preparation programs to include a conscious formal infusion of ethics into each course so that students can develop an ethical mindset in their approach to the overall counseling process rather than treating ethical decision making as an isolated process or a supervisory issue. In addition to an infusion of ethics throughout preparation programs, Engels,
Wilborn, and Schneider (1990) and Stein (1990) further advocated the addition of a totally separate ethics course that would provide both breadth and depth in treating issues of ethical conflict and teaching competent ethical decision making.

One possible explanation for the limited attention to ethical knowledge in counseling and related mental health preparation programs may lie in the history of the development of ethical codes for both counselors and psychologists. In fact, the present AACD and APA Ethical Codes are rather recent occurrences. Originally founded in 1913 as the National Vocational Guidance Association, the AACD did not initiate its work on a code of ethics until 1953 (Allen, 1986; Engels, 1981b). Similarly, the American Psychological Association was founded in 1892, and incorporated in 1925; it established its first ethics committee in 1938 but did not adopt a formal code until 1953 (Hobbs, 1948; Keith-Spiegal & Koocher, 1985). This historical insight may afford a perspective regarding the relative paucity of studies in counselor knowledge of ethical codes.

During recent years, however, powerful forces moved ethical concerns into the foreground of the counseling profession’s gestalt. Particularly significant are the judiciary and consumer rights movements (Hare-Mustin, Maracek, Kaplan, and Liss-Levinson, 1979). In a historical overview of the development of malpractice actions against mental health care professionals, Shuman (1991) noted that complaints and lawsuits against therapists were
rare before 1960. He contended that mental health clients risked an adverse public stigma associated with being recipients of mental health care, standards of care in the profession were not well articulated, issues of therapist negligence and causality were difficult to prove, and client attitudes toward professional authorities in general were highly deferential. In the past 20 years, however, there has been a dramatic shift toward public acceptance of mental health remediation, an erosion of a paternalistic relationship toward authority, and an advocacy of a client rights model as it applies to the helping professions.

Thus, in instances of ethical violations that are not self-corrected by the counseling profession, external corrective forces discussed above invariably result. Witness the increasing role of the judiciary’s specifying of clients’ rights (Tarasoff v. Regents of University of California, 1976; Bersoff, 1975; Brooks, 1974; Redlick & Mollica, 1976; Reaves, 1986), growing consumer advocacy for rights for psychological services (Cormier & Bernard, 1982; Coyne & Widiger, 1978; Mappes, Robb, & Engels, 1985; Stude & Goodyear, 1975), and allegations of flagrant abuses in Texas mental health care delivery systems (Freudenheim, 1991; Goleman, 1991; Kerr, 1991a, 1991b; Talley & Floyd, 1991b; Talley, 1991a).

Currently, Texas is at the heart of a national psychiatric care scandal as the Texas Senate Interim Committee on Health and Human Service conducts public hearings regarding alleged rampant abuse and fraud at psychiatric
hospitals owned by the Psychiatric Institutes of America, Charter Medical Corporation, and Community Psychiatric Centers—all national hospital chains. Alleged improprieties include abuses in patient retention, referral arrangements, and billing practices (Carson, 1991; Eig, 1991; Eig & Talley, 1991a; Eig & Talley, 1991b; Gentile, 1991; McLemore, 1991; Shannon, 1991; Talley, 1991a, 1991b, 1991c; Talley & Floyd, 1991a). Because arrangements between Texas psychiatric hospitals may implicate licensed professional counselors and other health providers, one cannot dismiss the possibility that such growing discontent will provide additional fuel across both Texas and the nation for investigations into many cases of actual or perceived professional mistreatment. These phenomena indicate a critical need for mental health care professionals to possess more than a salutary knowledge of the ethical principles that promote responsible practice and client welfare.

Professional literature suggests a variety of reasons why some counselors in the mental health field may be insensitive to the impact their actions have on the welfare of clients. Lindsey (1986), Podbelski and Weisgerber (1989), and Volker (1984) concluded that many mental health professionals are not adept at identifying a situation that requires a moral judgment. After they had listened to an audiotape of a therapy session, 50-60% of the counselors and psychologists of the research sample did not identify that an ethical issue existed or required some attention. Schwartz (1977), Staub (1978), and Welfel and Lipsitz (1983b) found that counselors
differ in their general sensitivity to the needs and welfare of others. Hillerbrand (1987) and Engels, Wilborn, and Schneider (1990) argued that the majority of counselors are not trained as moral philosophers. Similarly, Rest (1984) suggested that graduate education is so focused on technical aspects of training that students are "professionally socialized" not to identify moral issues in their work or to develop an ethical mindset during graduate training. Furthermore, Lindsey (1986), Podbelski and Weisgerber (1989), Volker (1984), Schwartz (1977), and Staub (1978) all noted that diagnostic and treatment issues are given greater attention than ethical issues in graduate training.

In a wider focus, transgressions of omission or commission are knowingly or unwittingly perpetrated, not only by new professionals but also by psychiatrists, psychologists, social workers, and counselors with many years of experience in the field. Herlihy, Healy, Cook, and Hudson (1987) reported that, in seven states with 12,000 licensed counselors, 191 ethical complaints were filed against licensed counselors prior to the summer of 1986. Inaccurate representation of title or credentials was the most commonly reported ethical complaint in that study. Keith-Spiegal and Koocher (1985) suggested that such high figures may be attributed to a growing number of mental health professionals and clients and a public that is better informed regarding their consumer rights, including their rights to competent psychological services.

However, some evidence in the professional literature suggests
underreporting rather than overreporting in the case of client complaints to ethical boards (Vinson, 1987). In a study of the client use of complaint procedures against therapists after sexual involvement with them, Vinson (1987) found that it was lack of redress procedural knowledge rather than lack of motivation that kept clients from filing action against their therapists.

In any case, the complaint figures continue to rise significantly. In Texas alone, 40 ethical complaints were filed in 1988, 71 in 1989, and 108 in 1990 (Texas State Board, 1989, 1990). A report of the Ethics Committee of the American Psychological Association for 1989 and 1990 (APA Ethics Committee, 1991) provides more detailed information. Data indicate that the number of complaints filed in 1989-1990 has increased 153% compared to 1983-1984 and 62% in 1986-1987. There were 215 cases opened in 1990, an increase of 71% over the 1980-1985 average, and there has been a steady increase in active cases in each successive year since 1980. Primary issues investigated in the newly opened cases in 1989 and 1990 involved sexual intimacy/exploitative dual relationships (35% and 41%, respectively), practice without licensure (9% and 16%, respectively), practicing outside one's area of competence (21% and 22%, respectively), insurance and fee problems (11% and 10%, respectively), test misuse (13% and 5%, respectively), and the making of false public statements (15% and 2%, respectively).

The professional literature offers many reports of counselors' intentional or unwillful ignorance of ethical standards. A study by Schoener
and Gonsiorek (1988) suggested that some counselor behaviors, such as engaging in sexual relationships with clients, were done with the full knowledge that the profession and even the law in many states consider the acts to be unethical, illegal, or both. Studies by Keith-Spiegal (1977) and Keith-Spiegal and Koocher (1985) exploring ethical violations of counselors revealed that unethical practices, such as providing services without adequate training or breaching confidentiality, may be done out of ignorance or a poor understanding of what it means to behave ethically. In a study of the APA membership in the Psychotherapy Division, Pope, Tabachnick, and Keith-Spiegel (1987) found 456 psychologists with widely differing views of what behaviors they believed to be unethical.

Other literature discusses the types of professionals who become ethics violators. From their experience in working with APA ethics committees, Keith-Spiegal and Koocher (1985) offered their impressions of the major categories of psychologists who become ethics violators: those who appear to be naive or out of touch with their professional identity; those lacking knowledge or understanding of one or more provisions of the ethical code; those suffering from their own emotional difficulties or from situational stressors in private life; those who become overzealous and put the lure of success, whether financial or reputation, above the welfare of consumers; those who react impulsively and antagonistically to client criticism; those whose misconduct arises from incompetence to perform the services required;
and those whose usual conduct is ethical and competent, but who committed an act with serious, but almost always unintended consequences. They noted that the basic themes of alleged misconduct fall into five major categories: exploitation, insensitivity, incompetence, irresponsibility, and abandonment.

Without citing percentages, Schwitzgebel and Schwitzgebel (1980) found the following to be frequent causes of malpractice actions: wrongful commitment, slander and libel, negligence leading to suicide, birth control and abortion counseling, electroshock or drug therapy, sex or other sensuous therapies, illegal search or violation of privacy and failure to supervise a disturbed client properly. Corey, Corey, and Callahan (1988) cite actions such as failure to warn and protect others from a violent client, improper death of a client, inadequate records, misrepresentation of skills and training, failure to obtain informed consent, and the giving of poor advice as frequent inappropriate or unethical counselor behaviors.

Matters relating to counselor ethical knowledge and behaviors are indeed complex and involve a variety of processes (Pope & Bait, 1988; Pope & Vasquez, 1991; Rest, 1984; Welfel & Lipsitz, 1983a). Counselors need to appreciate the strengths and limitations of their ethical codes so that the counseling profession may exercise its autonomy wisely and responsibly (Mabe and Rollin, 1976). Agreeing with the opinion of Engels, Wilborn, and Schneider (1990), however, this author contends that such responsibility requires counselor knowledge of both the letter and the spirit of the ethical
code. Rawls' (1971) definition of the characteristic features of an ethical profession offers support to this position: an organization is true to its ethical principles when all participants in the community know the principles which govern their actions; when all members know and appreciate that their interests are accounted for; when society is aware that benefits and burdens are not arbitrarily but fairly distributed; and when members want to support an organization because it optimizes the mutual advantages of living in a community. The Ethical Standards is a serious attempt at providing such a basis for the counseling profession.

Although the Ethical Standards document is relatively brief and easy to read, its application in specific situations is often difficult. Many of its implicit ethical dilemmas are left for counselors themselves to resolve. However, a valuable existing resource for counselors is the Ethical Standards Casebook (Herlihy & Golden, 1990). Currently in its fourth edition, the Ethical Standards Casebook is a comprehensive guide to the understanding and applying the Ethical Standards and is designed for teaching purposes or use by individual counselors in particular situations. The Ethical Standards Casebook also offers situational dilemmas to inform counselors about parameters of acceptable practice of the ethical code, to sharpen critical thinking, and to give counselors practice in applying general standards to specific situations. The contributors to this volume are all recognized experts in the counseling profession. Its editors, Barbara Herlihy and Larry Golden,
are distinguished counselors with substantial academic and writing credentials. Both have recently served on the national AACD Ethics Committee. Herlihy chaired the committee, and both contribute a depth of understanding in this area that has made the casebook such a valuable contribution. It is worthy of note that the psychology profession also has similar guides (APA, 1987; Keith-Spiegal & Koocher, 1985), with authors of comparable credentials. The present study utilizes specific dilemmas that Herlihy and Golden (1990) provide which illustrate and clarify both the meaning and intent of some of the Ethical Standards. In addition, their expert opinion and the collective wisdom of their reviewers and previous editors serve as the basis for judging counselor compliance with or violation of ethical standards implicit in the dilemmas involving ethical standards.

It is important to note that relatively few studies have paid attention to counselor knowledge of the Ethical Standards. A survey of traditional literature bases, including ERIC, PsychLIT, Dissertation Abstracts, and University of North Texas library holdings revealed few studies investigating the ethical knowledge of counselors, despite the wealth of information available on ethical issues in the counseling profession. A doctoral dissertation by Follick (1984) observed that existing survey results and reviews are limited by design either to overly general or overly specific information. In addition, such studies generally focus on the practice of unethical behavior. There is little comprehensive, detailed information available regarding the
specific type and frequency of ethical dilemmas being encountered by
counselors on a daily basis or on counselor knowledge of ethical standards. It
seems valuable to address such a gap in the existing counseling professional
literature.

Related Literature

Although studies are found in the research literature that relate to
counselor ethical orientation (Foltz, 1989; Post, 1989; Welfel & Lipsitz, 1983a;
Van Hoose & Paradise, 1979), counselor ethical discrimination ability (Baldick,
1980; Kelly, 1987; Lindsey, 1986; Lipsitz, 1986; Niemi, 1980; Pace, 1986; Smith,
1980; Volker, 1984), counselor moral development (Gibbs & Schnell, 1985;
Kitchener, 1989; Lamb, Clark, Drumheller, & Frizzell, 1989; Pelsma & Borgers,
1986; Rest, 1984; Tennyson, 1986), and investigations of specific counselor
ethical issues such as dual relationships and confidentiality (Baird, 1987;
Holroyd & Brodsky, 1977; Herlihy & Naas, 1991; Jagim, 1978; Roberts, Murrell,
Thomas, & Claxton, 1982; Swoboda, 1978), a comprehensive review of
research literature failed to discover studies reflecting ethical knowledge of
counselors (as distinguished from other mental health professionals),
comparisons of members of state counselor organizations, or counselor ethical
knowledge of the recently (1988) revised AACC Ethical Standards.

Recent national surveys have given attention to a wide variety of
specialized mental health practitioners except counselors: psychologists'
beliefs about and actual practice of ethical behavior (Pope et al., 1988, 1987); clinical psychologists', marriage and family therapists', social workers', and psychiatrists' values assessed as pertinent to the practice of psychotherapy (Jensen & Bergin, 1988); marriage and family therapists' ethics in practice (Brock & Coufal, 1989); and mental health counselors' perceptions of ethical behavior (Robinson & Gross, 1989). The following review of related literature presents relevant findings from studies of (a) mental health practitioners' ethical knowledge and practice and (b) demographic variables related to therapists' ethical knowledge.

One very significant finding in the related literature is the great disparity of belief among therapists about which behaviors members consider unethical (Pope et al., 1987; Roberts et al., 1982; Robinson & Gross, 1989). One of the most comprehensive national surveys of psychologists concerning ethical knowledge has been done by Pope et al. (1987) and is discussed in some detail. In this random survey of 456 members of the American Psychological Association, Division 29, psychologists were asked to rate 83 therapist behaviors of how often they themselves had engaged in a specific behavior in their practice and in terms of the extent to which they considered that behavior unethical. Five-point Likert scales were used in rating both the incidences of specified behaviors in their practice (never, rarely, sometimes, fairly often, or very often) and beliefs regarding the extent to which that particular behavior was ethical (unquestionably not, under rare circumstance,
Overall, the data suggested that psychologists' behavior was generally in accord with their beliefs. In the discrepancies that did occur, the issues involved were confidentiality and providing services outside the area of competence—central therapeutic concerns. For example, almost 66% of the participants who were surveyed reported disclosing confidential material unintentionally, and 75% identified this behavior as unethical. In addition, almost 25% of respondents reported that they had practiced outside their area of competence rarely or sometimes. Approximately 23% of the respondents admitted to the unethical practice of "fee-splitting," but only 12% viewed it as unethical. About 25% of the respondents reported engaging in the unethical practice of bartering for services at least on a rare basis, although over 50% viewed this practice as unethical under most circumstances. Finally, over half of the respondents (59%) acknowledged having worked when too distressed to be effective, and about 5% acknowledged conducting therapy sessions while under the influence of alcohol.

The study by Pope et al., (1987), had a number of limitations. The first is the problem of response bias generated by the types of information requested in the survey instrument. Respondent veracity is a problem intrinsic to behavioral self-report measures. Response bias could very well have been operative when respondents were asked to admit to instances of unethical practice. Although this was an anonymous study, threat could have
been present in questions about the practice of sexual relations with a client, particularly in states where such practice is considered a felony. This phenomenon may be added to the list of possibilities that Pope et al. (1987) advanced for the discrepancies between the data in their study and previous findings reporting higher incidences of therapist-client sexual contact. A response bias of prestige may also have been operative among members who consciously or unconsciously wished to enhance their image in their own or researchers' opinions.

Second, instrumentation bias was also a possible influence in the study. One may legitimately question the usefulness of information gained from assessing ethical knowledge by means of a 5-point Likert scale, as this study did. Respondents can easily gravitate to the choice of midrange values and, thus, eliminate or undercut any valid measurement of ethical knowledge. The meaning of information derived from rating a behavior as ethical under many circumstances as compared to unquestionably ethical seems unclear. The authors of the Ethical Standards Casebook vignettes (Herlihy & Golden, 1990) chose to rate the ethical behaviors of their examples with a dichotomous variable rather than with a Likert measure. Following their firm basis, such an approach will be used for the survey proposed herein. A final problem with the study of Pope et al. (1987) rests in the fact that its findings could not justifiably be generalized to all APA members, because the random sample of respondents was drawn only from members of one specific division, a point
addressed by the researchers.

The findings of Pope et al. (1987) regarding the wide disparity of judgment among therapists about the ethics of particular behaviors appear to be supported by other research. A national study of mental health counselors and applied ethics was conducted by Robinson and Gross (1989), who found that having had a course in ethics appeared to be a significant variable affecting therapists' ability to recognize which ethical standard was being violated. However, previous completion of an ethics course did not enable counselors to correctly identify whether a dilemma actually involved a violation of ethical standards; this confirmed previous findings of studies by Lindsey (1986), Podbelski and Weisgerber (1989), and Volker (1984), all of which suggested that many mental health counselors are not adept at identifying a situation that requires a moral judgment. Another study finding wide disparity in counselor beliefs about ethical behavior was demonstrated in a survey of counselor educators by Roberts et al. (1982), who reported four areas of disagreements including personal and counseling relationships with students, joint authorship, and conflict of interest.

Although it must be noted that only the findings of Brock and Coufal (1989) were published and that appropriate caution must be exercised in generalizing their data, some sobering survey findings on the ethics in practice of marriage and family counselors were reported. In a random sample of 540 clinical members of the American Association of Marriage and Family
Therapy, the researchers found that family therapists admit to disregarding legally mandated reporting requirements with surprising frequency. Approximately 40% fail to warn the potential victim of their clients’ threats at least sometimes; approximately 33% fail to report child abuse at least sometimes; and nearly 50% of survey respondents fail to get informed consent of the client to tape sessions or permit observation at least sometimes. In the absence of clear ethical and legal guidelines involving the confidentiality of HIV+ (AIDS) infected clients, over 40% of the respondents said they would inform a client’s known partner if the client concealed this issue; 44% report that they would never do so.

Related or pertinent literature contains studies of a number of demographic variables affecting ethical knowledge. Among these are years of therapeutic experience, work setting, age, sex, race/ethnic background, level of education, and theoretical orientation.

Some studies reported a significant positive correlation between counseling experience and level of ethical judgment (Gumaer & Scott, 1986; Kelly, 1987; Robinson & Gross, 1989; Welfel & Lipsitz, 1983a). In a study of group counselors’ perceptions of ethical and unethical behavior of group leaders, Gumaer and Scott (1986) investigated professional opinions in applying group work ethics. They examined the responses of 122 members of the Association for Specialists in Group Work to 18 dilemmas designed for each of 18 ethical guidelines for group leaders and found significant
relationships occurred with variances of age, level of education, and years of experience in counseling.

A study of practicing psychologists by Kelly (1987) found significant relationships between ethical decisions, ethics education factors, and background. The findings in this study demonstrated the tendency of recently trained psychologists to identify formal means of ethics education as important resources in resolving ethical dilemmas, a finding also noted by Lindsey (1986).

Few studies were found that reported gender differences in the ethical perceptions of counselors. One study already noted (Robinson & Gross, 1989) reported a finding of gender differences in the perceptions of ethics in that males correctly labeled ethical or unethical situations more often than females. This study, however, appeared to contain flaws in instrumentation and imprecise interpretation of its findings. The authors failed to account for their findings adequately, apparently from a fear of "reinforcing gender-role stereotyping" (p. 296). Although the study's findings were statistically significant beyond the .01 level, they were not practically significant. The $M_s$ was equal to .64 for males and .57 for females. For this to be a statistically significant finding, the standard deviation needed to be very small, which it was. However, there was not much variation from the mean scores for the claim of gender differences to be practically significant.

A study by Pace (1986) examined counselors' ethical orientation and
primary work setting, years of experience in primary work setting, age, sex, racial/ethnic background, and level of education. Findings yielded no evidence of a significantly different level of ethical orientation among counselors employed in three unique work settings—private practice, secondary schools, and correctional institutions. Results also indicated that years of experience in a counselor's primary work setting were not significantly related to ethical orientation. An overall significant difference, however, was reported for the variable of gender. In this study, female counselors appeared to have a higher level of ethical orientation than their male counterparts, exceeding them in ethical decision-making skill. A note of caution, however, may be drawn regarding the Ethical Judgment Scale (EJS), a measure of ethical orientation designed by Van Hoose and Paradise (1979) and used as a principal measure in this study. An investigation of the EJS by Doromal (1986) suggested that this measure may need further evaluation and revision. Finally, no overall significant differences emerged vis-a-vis counselors' ethical orientation and the variables of age, race/ethnic background, and level of education.
CHAPTER REFERENCES


Eig, J., & Talley, O. (1991a, November 2). Doctor says forced psychiatric treatment damaged career. The Dallas Morning News, pp. 1, 10A.


CHAPTER II

PROCEDURES

This chapter presents the purpose and hypotheses of the study. It also provides a description of the instrumentation and participants, as well as procedures for the collection and analysis of data.

Purpose of the Study

This study investigated the question of whether there were significant differences in TACD counselors' ethical knowledge scores for the variables of division membership, gender, age, years of formal education, level of education, years of counseling experience, work setting, formal course work, counseling theory, and earned counseling credentials.

Hypotheses

The following null hypotheses served as the basis for this study:

1. There will be no significant difference in counselor ethical knowledge scores for membership divisions of TACD members, e.g., school counselor, mental health counselor, or counselor educator.

2. There will be no significant difference in counselor ethical knowledge scores for gender.

3. There will be no significant difference in counselor ethical knowledge scores for age of counselors.
4. There will be no significant difference in counselor ethical knowledge scores for number of years of counselor formal education.

5. There will be no significant difference in counselor ethical knowledge scores for level of education, e.g., masters, doctorate, and post-doctorate.

6. There will be no significant difference in counselor ethical knowledge scores for years of experience in counseling.

7. There will be no significant difference in counselor ethical knowledge scores for work setting.

8. There will be no significant difference in counselor ethical knowledge scores for TACD members who had taken formal course work in counseling ethics and those who had not.

9. There will be no significant difference in counselor ethical knowledge scores for counseling theory of choice.

10. There will be no significant difference in counselor ethical knowledge scores for TACD members who earned counseling credentials and those who had not.

Design

A two-way ANOVA procedure tested five hypotheses: (a) ethical knowledge score by TACD membership division and by gender, (b) ethical knowledge score by degree level achieved and by gender, (c) ethical knowledge score by work setting and by gender, (d) ethical knowledge score
by counseling theory and by gender, and (e) ethical knowledge score by earned counseling credentials and by gender. To test the final hypothesis, a stepwise regression procedure was employed to determine whether the combined variables of age, years of formal education, years of counseling experience, and formal course work in ethics had any predictive value for the variance of the ethical knowledge score (the dependent variable).

Instrumentation

Because no suitable instrument could be found, a two-part survey instrument (Appendix B) was developed by this investigator. It consisted of an ethical problem survey based on each of the eight sections of the Ethical Standards and a demographic questionnaire.

The ethical problem survey is a series of 25 short dilemmas presented in the Ethical Standards Casebook (Herlihy & Golden, 1990). Each dilemma represents a potential problem of professional ethics. There are 13 incidents that represent compliance with the standards and 12 incidents that illustrate a violation. The violations vary in seriousness from gross unethical conduct to poor practice or questionable judgment. Each dilemma is answered by indicating either ethical counselor behavior or unethical counselor behavior. The authors of the Ethical Standards Casebook vignettes (Herlihy & Golden, 1990) chose to rate the ethics of counselor behaviors by a dichotomous, discrete variable—ethical or unethical—rather than by a continuous variable. The choice of a Likert scale for this study was judged to be inconsistent with
the experts' own approach in evaluating counselor ethical choices in their own vignettes.

As noted, the dilemmas were taken directly from the Ethical Standards Casebook. In view of the longstanding definitive status of The Ethical Standards Casebook, which was originally published in 1965, and the fact that its contents continue to reflect the professional opinions of the AACD Ethics Committee, it was decided to maintain the exact wording of the dilemmas and the Ethics Committee's judgment of compliance with or violation of the particular ethical standard being questioned in each vignette. An effort was also made to keep the total survey at a reasonable length and to include incidents from each section of the Ethical Standards as well as those found in the professional literature that were representative of ethical issues affecting counselors.

The demographic questionnaire section asked survey respondents to provide the following background information: primary TACD divisional membership, gender, age, years of formal education, highest degree level, years of counseling experience, primary work setting, previous formal course work in ethics, theory of counseling, and list of earned credentials. An option was provided for respondents to indicate their desire to receive a report of general survey findings.

Written permission for the verbatim use of the Ethical Standards Casebook vignettes was obtained from the Publications Office of the American
Association for Counseling and Development, and is found in Appendix C (L. Seddon, personal communication, December 3, 1991). In keeping with the policy of the University of North Texas Office of Research Administration regarding research involving human subjects, a proposal for the study methodology and a copy of the survey were reviewed and approved by that committee.

Data Collection

A survey packet consisting of a cover letter, coded ethical problem survey with the demographic questionnaire, and a return, self-addressed, postage-paid business reply envelope was sent to a random sample of 4,500 TACD members. An appropriate size of a simple random sample for a confidence level of .95 is a sample of 357 (McCall, 1980). To allow for sampling and substitution, 908 surveys were mailed to randomly selected TACD members. The survey information was returned to this investigator at the University of North Texas Office of Counselor Education. A rate of 75% of the required sample was set to conduct data analysis. It was assumed that those who chose to evaluate the vignettes in this survey had done so truthfully and without consulting the Ethical Standards or the Ethical Standards Casebook.

A total of 418 returns was received during a period of five weeks, which amounted to a survey response rate of 46% and 156% of the total needed to conduct data analysis. The first 357 usable surveys received were
used to proceed with the analysis. Thirty-three surveys lacked sufficient responses to be considered usable for the analysis.

Data Analysis

After the completed survey instruments were received, all survey information was coded, and data were processed by the Data Entry Division of Computing Services at the University of North Texas. The ethical problem section of the survey was scored with one point given for correct answers and no points given for incorrect answers. A high total score indicated a greater knowledge of the Ethical Standards than did a low total score. Statistical procedures were accomplished with the assistance of the University of North Texas Department of Education Graduate Research Laboratory.

Sample Description

Participants were randomly selected from a current (January 1992) listing of membership obtained from the Texas Association for Counseling and Development (TACD). A total of 357 members of the Texas Association for Counseling and Development took part in this study. The sample consisted of 86 males (24.1 %) and 271 females (75.9 %). Table 1 presents a frequency distribution of participants by gender and TACD membership division.
Table 1

**Frequency Distributions of Participant Demographic Variables**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>%</th>
</tr>
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<tr>
<td><strong>TACD Division</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>TSCA (school counselors)</td>
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<td>230</td>
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<tr>
<td>TMCHA (mental health counselors)</td>
<td>40</td>
<td>70</td>
<td>110</td>
<td>30.8</td>
</tr>
<tr>
<td>TACES (counselor educators)</td>
<td>5</td>
<td>12</td>
<td>17</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>86</td>
<td>271</td>
<td>357</td>
<td>100.0</td>
</tr>
<tr>
<td>Percent</td>
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<td>75.9</td>
<td>100.0</td>
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</tr>
<tr>
<td><strong>Gender</strong></td>
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<td>86</td>
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<td>27</td>
<td>7.6</td>
</tr>
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<td>271</td>
<td>357</td>
<td>100</td>
</tr>
<tr>
<td>Percent</td>
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<td>75.9</td>
<td>100</td>
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<td>Course in Ethics</td>
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<td>129</td>
<td>168</td>
<td>47.1</td>
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<tr>
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<td>142</td>
<td>189</td>
<td>52.9</td>
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<td>86</td>
<td>271</td>
<td>357</td>
<td>100</td>
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<tr>
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<td>75.9</td>
<td>100</td>
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<td>95</td>
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<td>17</td>
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<td>Cognitive</td>
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<td>8.2</td>
</tr>
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<td>.3</td>
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<td>21</td>
<td>60</td>
<td>60</td>
<td>22.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>85</td>
<td>269</td>
<td>354</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Percent</strong></td>
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<td>100.0</td>
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<tr>
<td><strong>Earned Credential</strong></td>
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<td></td>
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<td>LPC</td>
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<td>91</td>
<td>129</td>
<td>36.1</td>
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<td>7.3</td>
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*(table continues)*
<table>
<thead>
<tr>
<th>Variable</th>
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<th>Female</th>
<th>Total</th>
<th>%</th>
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</thead>
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<td>Licensed Psychologist</td>
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<td>2</td>
<td>4</td>
<td>1.1</td>
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<tr>
<td>TADAC</td>
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<td>15</td>
<td>26</td>
<td>7.3</td>
</tr>
<tr>
<td>Other</td>
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<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>None</td>
<td>34</td>
<td>142</td>
<td>176</td>
<td>49.3</td>
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<tr>
<td>Total</td>
<td>86</td>
<td>271</td>
<td>357</td>
<td>100.0</td>
</tr>
<tr>
<td>Percent</td>
<td>24.1</td>
<td>75.9</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

As noted in Table 1, participants were divided into membership divisions as follows: The Texas School Counselor Association (TSCA) was the largest division, with 230 participants (64.4%); the Texas Mental Health Counselor Association (TMCHA) had 110 participants (30.8%); and the Texas Association for Counselor Educators (TACES), the smallest division in the sample with 17 participants (4.8%). By gender, the largest groups in the sample were 189 female school counselors (52.9%) and 70 female mental health counselors (19.6%).

Reported ages of TACD sample members ranged from 23 to 75 years. The mean age and standard deviation was 45.3 years and 8.84, respectively. Two-thirds (66%) of the study sample ranged in age from 35 to 56 years. Thirty-seven cases (10.3%) were unreported.

The reported formal education of the participants ranged from 8 to 32
years. The mean years of formal education was 18.46, and the standard deviation was 2.73. Six cases (1.7%) were not reported.

Of a total number of 356 respondents, 319 (89.6%) had received master’s degrees, 30 (8.4%) had earned doctorates, and 7 (2.0%) had completed post-doctoral work. The largest group in this sample was female master’s level counselors, 253 (71.1%). One case was not reported.

The mean years of counseling experience of this sample was 9.88, with a range from 1 to 40 years. The standard deviation was 7.40. Fifteen cases were not reported.

The largest group of counselors worked in the K-12 public schools setting. This group consisted of 215 (60.2%) counselors, with males representing 9.5% of the number and females representing 50.7%. Private practice counselors comprised the next highest group (14.3%). Five categories of work settings had the fewest numbers of counselors: rehabilitation (3 counselors), parochial/private (4 counselors), business/industry (1 counselor), corrections/probation (3 counselors), military (2 counselors), and employment services (1 counselor).

A total of 168 TACD counselors reported that they had taken a formal course in ethics; they represented 47% of the sample. Of these, the largest group having had a formal ethics course was female counselors, 129 (36.1%). The largest group without a formal ethics course was 142 females, 39.7% of the sample. No cases were reported missing.
Survey results indicated that Client-Centered was the theory of choice for 26.8% of the TACD sample and the largest single theoretical orientation represented in this study. Female counselors accounted for 20.3% of this group. Reality-Therapy was the second largest theoretical orientation, comprising 17.5% of the total number. Individual Psychology and Cognitive theories formed 9.6% and 8.2% of the sample, respectively. Both male and female counselors most often claimed Client-Centered theory (6.5% and 20.3%), respectively, followed by other (5.9% and 16.99%) respectively.

Approximately half of the sample (49.3%) did not report an earned credential. Of those who did, 36.1% were licensed professional counselors; 7.3% claimed TADAC certification; 5.3%, National Board Certification; 1.1%, Licensure in Psychology; and .8%, a Certified Clinical Mental Health credential.
CHAPTER III

RESULTS AND DISCUSSION

This chapter presents the results of the data analysis and includes a discussion of the findings and recommendations based on the research findings.

Analysis of Data

Table 2 presents the analysis of a $3 \times 2$ factorial design testing hypothesis 1. There is no significant difference in ethical knowledge scores by gender and TACD membership division.

Table 2

Analysis of Variance Data for the Comparison of Ethical Knowledge Scores by Membership Division and Gender

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division</td>
<td>22.936</td>
<td>2</td>
<td>11.468</td>
<td>2.293</td>
<td>.102</td>
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<tr>
<td>Gender</td>
<td>2.684</td>
<td>1</td>
<td>2.684</td>
<td>.537</td>
<td>.464</td>
</tr>
<tr>
<td>Division x gender</td>
<td>3.592</td>
<td>2</td>
<td>1.796</td>
<td>.359</td>
<td>.699</td>
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<tr>
<td>Residual</td>
<td>1755.570</td>
<td>351</td>
<td>5.002</td>
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</tr>
<tr>
<td>Total</td>
<td>1798.426</td>
<td>356</td>
<td>5.052</td>
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</table>

*p<.05
The results presented in Table 2 indicate that there were no significant main effects or interactions present. Therefore, hypothesis 1 was not rejected. Table 3 presents the cell frequencies, means, and standard deviations of the data in Table 2.

Table 3

Frequencies, Means, and Standard deviations for Membership Division Categories by Gender

<table>
<thead>
<tr>
<th>Division</th>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>41</td>
<td>20.95</td>
<td>2.43</td>
</tr>
<tr>
<td>Female</td>
<td>189</td>
<td>21.69</td>
<td>2.25</td>
</tr>
<tr>
<td>TMCHC (mental health counselors)</td>
<td></td>
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<tr>
<td>Male</td>
<td>40</td>
<td>21.25</td>
<td>2.64</td>
</tr>
<tr>
<td>Female</td>
<td>70</td>
<td>21.79</td>
<td>1.90</td>
</tr>
<tr>
<td>TACES (counselor educators)</td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>5</td>
<td>22.50</td>
<td>2.02</td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
<td>21.62</td>
<td>2.25</td>
</tr>
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</table>

Hypothesis 2 states that there is no significant difference in ethical knowledge scores for level of education or gender. Because there were only 7 post-doctoral participants in the post-doctoral level category, they were
combined with the doctoral level to form two levels for analysis: masters' and doctoral. Table 4 presents the analysis of a 2 x 2 factorial design to test score by degree level and gender.

Table 4

Analysis of Variance Data for the Comparison of Ethical Knowledge Scores by Degree Level and Gender

<table>
<thead>
<tr>
<th>Source of variance</th>
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<th>MS</th>
<th>F</th>
<th>Sig of F</th>
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<td>.327</td>
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</tr>
<tr>
<td>Residual</td>
<td>1775.750</td>
<td>352</td>
<td>5.045</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1796.506</td>
<td>355</td>
<td>5.061</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05

The findings illustrated in Table 4 presented a 2 x 2 factorial design to test score by degree level and gender. No significant main effects or interactions were indicated. Thus, hypothesis 2 was not rejected. There is no significant difference in ethical knowledge scores for degree level or for gender. Table 5 presents the cell frequencies, means, and standard deviations of Table 4.
TABLE 5

Frequencies, Means, and Standard Deviations for Degree Level Categories by Gender

<table>
<thead>
<tr>
<th>Degree Level</th>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>66</td>
<td>21.18</td>
<td>2.31</td>
</tr>
<tr>
<td>Female</td>
<td>253</td>
<td>21.73</td>
<td>2.18</td>
</tr>
<tr>
<td>Doctoral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>21.25</td>
<td>3.06</td>
</tr>
<tr>
<td>Female</td>
<td>17</td>
<td>22.00</td>
<td>1.90</td>
</tr>
</tbody>
</table>

Hypothesis 3, which states that there is no significant difference in ethical knowledge scores for work setting or for gender, was tested by means of a 2 x 6 factorial analysis. Cell frequencies for eight of fourteen work-setting levels were small and were combined with the category other to form six levels for analysis. Combined categories included: federal, state and local government; rehabilitation programs; parochial and private institutions; business and industry; corrections, probation, and parole; military; proprietary, vocational, and technical school; employment services; and other. Table 6 presents the analysis of a 2 x 6 factorial design to test score by work setting and gender.
TABLE 6

Analysis of Variance Data for the Comparison of Ethical Knowledge Scores by Work Setting and Gender

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work setting</td>
<td>56.351</td>
<td>5</td>
<td>11.270</td>
<td>2.275</td>
<td>.047*</td>
</tr>
<tr>
<td>Gender</td>
<td>13.694</td>
<td>1</td>
<td>13.694</td>
<td>2.764</td>
<td>.097</td>
</tr>
<tr>
<td>Work setting x gender</td>
<td>30.067</td>
<td>5</td>
<td>6.013</td>
<td>1.214</td>
<td>.302</td>
</tr>
<tr>
<td>Residual</td>
<td>1709.092</td>
<td>345</td>
<td>4.954</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1798.426</td>
<td>356</td>
<td>5.052</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05

As Table 6 demonstrates, the main effect for work setting was found to be significant at the .05 level. No significant gender main effects or significant interactions were found. However, main effects for gender approached the .10 level of significance. Hypothesis 3 was therefore rejected; ethical knowledge scores varied significantly among the six work settings. Table 7 presents the cell frequencies, means, and standard deviations for Table 6.
Table 7
Frequencies, Means, and Standard Deviations for Work Setting Categories by Gender

<table>
<thead>
<tr>
<th>Work Setting</th>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>21.39</td>
<td>2.93</td>
</tr>
<tr>
<td>Female</td>
<td>33</td>
<td>21.88</td>
<td>1.88</td>
</tr>
<tr>
<td>College/university</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>21.50</td>
<td>1.73</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>21.33</td>
<td>2.52</td>
</tr>
<tr>
<td>Community agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>19.5</td>
<td>3.54</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>22.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Community mental health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>19.83</td>
<td>2.86</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>21.11</td>
<td>2.62</td>
</tr>
<tr>
<td>K-12 public schools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>34</td>
<td>20.71</td>
<td>2.37</td>
</tr>
<tr>
<td>Female</td>
<td>181</td>
<td>21.75</td>
<td>2.25</td>
</tr>
</tbody>
</table>

(table continues)
### Work Setting Mean Standard deviation

<table>
<thead>
<tr>
<th>Others (combined)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>14</td>
<td>22.71</td>
<td>1.94</td>
</tr>
<tr>
<td>Female</td>
<td>27</td>
<td>22.07</td>
<td>1.41</td>
</tr>
</tbody>
</table>

In order to compare how the six groups differed, a multiple comparison of means test was used. The statistical program employed, SPSS, tested for the significance of ethical knowledge score contrasts using the unique sums of square method. Tables 8-11 present the significance of four contrasted means for work settings. Table 8 depicts the significance of the first contrast of ethical knowledge mean scores: private practice versus the remaining work settings.

**Table 8**

**Contrast 1: Private Practice Ethical Knowledge Scores Versus Remaining Work Settings**

<table>
<thead>
<tr>
<th>Work setting</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>College/university</td>
<td>.03</td>
<td>1</td>
<td>.03</td>
<td>.01</td>
<td>.937</td>
</tr>
<tr>
<td>Community agency</td>
<td>2.41</td>
<td>1</td>
<td>2.41</td>
<td>.49</td>
<td>.486</td>
</tr>
</tbody>
</table>

(table continues)
Table 8 presents the first contrast demonstrating that the two means of private practice and K-12 public school counselor scores are significantly different from each other. The weighted mean scores for private practice counselors and K-12 public school counselors were 21.71 and 21.58, respectively. In addition, although not meeting this study's criteria for significance, the contrast between private practice ethical knowledge scores and community mental health counselor scores approached significance at the .09 level.

Table 9 depicts the significance of the second contrast of means: the mean ethical knowledge scores of college/university counselors versus those in the remaining work settings.

Table 9

Contrast 2: College/University Ethical Knowledge Scores Versus Remaining Work Settings

<table>
<thead>
<tr>
<th>Work setting</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health</td>
<td>15.29</td>
<td>1</td>
<td>15.29</td>
<td>3.09</td>
<td>.080</td>
</tr>
<tr>
<td>K-12 public schools</td>
<td>26.72</td>
<td>1</td>
<td>26.72</td>
<td>5.39</td>
<td>.021*</td>
</tr>
<tr>
<td>Combined other settings</td>
<td>11.90</td>
<td>1</td>
<td>11.90</td>
<td>2.40</td>
<td>.122</td>
</tr>
</tbody>
</table>

*p<.05
Table 9 presents the second group of contrasted means, which revealed no significance at the .05 level between college/university work setting ethical knowledge scores and those at the remaining work settings. Although not meeting this study's criteria for significance, two other contrasts approached significance: college/university ethical knowledge scores versus community mental health scores at the .09 significance level and college/university ethical knowledge scores versus those combined into the category other at a .06 significance level. Table 10 presents the significance of the third contrast.

<table>
<thead>
<tr>
<th>Work setting</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community agency</td>
<td>2.38</td>
<td>1</td>
<td>2.38</td>
<td>.48</td>
<td>.489</td>
</tr>
<tr>
<td>Community mental health</td>
<td>14.98</td>
<td>1</td>
<td>14.98</td>
<td>3.02</td>
<td>.083</td>
</tr>
<tr>
<td>K-12 public schools</td>
<td>10.94</td>
<td>1</td>
<td>10.94</td>
<td>2.21</td>
<td>.138</td>
</tr>
<tr>
<td>Combined other settings</td>
<td>18.22</td>
<td>1</td>
<td>18.22</td>
<td>3.68</td>
<td>.056</td>
</tr>
</tbody>
</table>

*p < .05

Contrast 3: Community Agency Ethical Knowledge Scores Versus Remaining Work Settings

(table continues)
Table 10 demonstrates the significance of the difference between the ethical knowledge scores of community agency counselors and the counselors categorized as other. The mean scores for community agency counselors was 20.75, and the mean of the combined other category was 22.39. The differences in the scores of community agency counselors versus community mental health center counselors approached a .09 level of significance, and the contrast in scores of community agency counselors versus K-12 counselors approached significance at the .06 level.

The fourth contrast, presented in Table 11, depicts the contrasted significance of ethical knowledge mean scores of K-12 public school counselors versus those from other work settings.

Table 11
Contrast 4: K-12 Public School Ethical Knowledge Scores Versus Remaining Work Settings
No significant differences were found at the .05 level between ethical knowledge scores of K-12 counselors and those combined into the other level, but the differences approached significance at the .07 level.

Hypothesis 4 states that there is no significant difference in ethical knowledge scores for TACD members' counseling theory or for gender. Gestalt, Psychoanalytic, Transactional Analysis, and other theory categories contained insufficient cell members and were combined for analysis to form a single level called other. Table 12 presents the results of this 2 x 7 factorial design to test score by counseling theory and gender.

Table 12

Analysis of Variance Data for the Comparison of Ethical Knowledge Scores by Counseling Theory and Gender

<table>
<thead>
<tr>
<th>Work setting</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined other settings</td>
<td>17.08</td>
<td>1</td>
<td>17.08</td>
<td>3.45</td>
<td>.064</td>
</tr>
</tbody>
</table>

*p<.05
### Table 12

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling theory</td>
<td>20.870</td>
<td>6</td>
<td>3.478</td>
<td>.695</td>
<td>.654</td>
</tr>
<tr>
<td>Gender</td>
<td>33.125</td>
<td>1</td>
<td>33.125</td>
<td>6.616</td>
<td>.011*</td>
</tr>
<tr>
<td>Theory x gender</td>
<td>57.328</td>
<td>6</td>
<td>9.555</td>
<td>1.908</td>
<td>.079</td>
</tr>
<tr>
<td>Residual</td>
<td>1702.275</td>
<td>340</td>
<td>5.007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1791.031</td>
<td>353</td>
<td>5.074</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05

Table 12 demonstrates a significant main effect for gender at the .01 level of significance. No main effect was found, however, for counseling theory.

Hypothesis 4 was therefore rejected; ethical knowledge scores varied significantly by gender. Table 13 shows that the mean score of females is 21.87, whereas the male mean score is 20.97. The results also demonstrated that the interaction between variables was not significant at the .05 level but approached significance at the .08 level. Table 13 presents the cell frequencies, means, and standard deviations of Table 12.

Table 13

Frequencies, Means, and Standard Deviations for Counselor Theoretical Orientation Categories by Gender

(table continues)
<table>
<thead>
<tr>
<th>Theoretical Orientation</th>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client-centered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>23</td>
<td>21.13</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>72</td>
<td>21.57</td>
</tr>
<tr>
<td>Behavioral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>3</td>
<td>21.33</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>24</td>
<td>21.25</td>
</tr>
<tr>
<td>Rational-Emotive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>6</td>
<td>19.67</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>11</td>
<td>22.91</td>
</tr>
<tr>
<td>Cognitive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>11</td>
<td>21.46</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>18</td>
<td>21.89</td>
</tr>
<tr>
<td>Reality Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>12</td>
<td>20.42</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>50</td>
<td>21.98</td>
</tr>
<tr>
<td>Individual Psychology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>6</td>
<td>20.67</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>28</td>
<td>21.79</td>
</tr>
<tr>
<td>Other (combined)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>24</td>
<td>22.13</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>66</td>
<td>21.71</td>
</tr>
</tbody>
</table>

Hypothesis 5 states that there is no significant difference in ethical knowledge scores for TACD members by earned credentials and gender.

There were small cell sizes in three levels of earned credentials: National
Certified Counselor, Clinical Mental Health Counselor, and Licensed Psychologist. These levels were combined to form a larger grouping labelled *other*. Table 14 presents the results of a $2 \times 3$ factorial design to test score by earned credentials and gender.

Table 14

Analysis of Variance Data for the Comparison of Ethical Knowledge Scores by Earned Credentials and Gender

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Credentials</td>
<td>6.113</td>
<td>2</td>
<td>3.056</td>
<td>.640</td>
<td>.529</td>
</tr>
<tr>
<td>Gender</td>
<td>1.666</td>
<td>1</td>
<td>1.666</td>
<td>.349</td>
<td>.556</td>
</tr>
<tr>
<td>Credentials x gender</td>
<td>8.902</td>
<td>2</td>
<td>4.451</td>
<td>.931</td>
<td>.396</td>
</tr>
<tr>
<td>Residual</td>
<td>836.239</td>
<td>175</td>
<td>4.779</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>877.691</td>
<td>180</td>
<td>4.876</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05

No significant main effects or interactions were found. Therefore, hypothesis 5 was not rejected. Table 15 presents the cell frequencies, means, and standard deviations of Table 14.
Table 15

Frequencies, Means, and Standard Deviations for Earned Credential
Categories by Gender

<table>
<thead>
<tr>
<th>Earned Credential</th>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPC (Licensed Professional Counselor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>38</td>
<td>21.03</td>
<td>2.51</td>
</tr>
<tr>
<td>Female</td>
<td>91</td>
<td>22.17</td>
<td>1.88</td>
</tr>
<tr>
<td>TADAC (Drug and alcohol counselor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>21.27</td>
<td>3.29</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>21.73</td>
<td>2.43</td>
</tr>
<tr>
<td>Other (combined)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>22.67</td>
<td>2.31</td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
<td>22.04</td>
<td>1.94</td>
</tr>
</tbody>
</table>

To test hypothesis 6, which states that there is no significant difference in the ethical knowledge scores of counselors based on the combined variables of age, years of formal education, years of counseling experience, and formal course work in ethics, a regression analysis was employed. The question was to determine whether any of these variables combined would contribute significantly to the ethical knowledge score. Table 16 presents the
frequencies, means, standard deviations, and variances for these variables, and Table 17 presents the summary results of the regression analysis.

Table 16

Frequencies, Means, Standard Deviations, and Variances for Score, Years of Education, Course in Ethics, Age, and Counseling Experience

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>357</td>
<td>21.69</td>
<td>2.18</td>
<td>4.76</td>
</tr>
<tr>
<td>Years Formal Education</td>
<td>351</td>
<td>18.50</td>
<td>2.68</td>
<td>7.21</td>
</tr>
<tr>
<td>Coursework in Ethics</td>
<td>357</td>
<td>1.54</td>
<td>.50</td>
<td>.25</td>
</tr>
<tr>
<td>Age</td>
<td>320</td>
<td>45.67</td>
<td>8.68</td>
<td>75.33</td>
</tr>
<tr>
<td>Years Experience</td>
<td>342</td>
<td>9.70</td>
<td>7.27</td>
<td>52.80</td>
</tr>
</tbody>
</table>

Table 17

Regression Analysis Summary of Four Predictor Variables on the Variance of Ethical Knowledge Scores

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Beta in</th>
<th>Correlation</th>
<th>Mult R</th>
<th>R Sq</th>
<th>Sig F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Years experience</td>
<td>.0091</td>
<td>.0091</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Coursework in ethics</td>
<td>-.0057</td>
<td>-.0558</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Years formal education</td>
<td>-.0113</td>
<td>-.0082</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Age</td>
<td>-.0806</td>
<td>-.0501</td>
<td>.0880</td>
<td>.0077</td>
<td>.680</td>
</tr>
</tbody>
</table>
The multiple correlation coefficient, beta weights, correlations, and the significance of \( F \) are depicted in summary Table 17. None of the variables contributed significantly to the overall variance in the ethical knowledge score. It should be noted that the variance (.0077) is very low, and no significant portion of any of the variables used in the analysis accounts for a change in the variance of ethical knowledge scores. Therefore, hypothesis 6 is not rejected. In the interest of determining which variables compare significantly with each other, Table 18 presents a correlation matrix comparing years of education, coursework in ethics, counselor age, and years of experience to ethical knowledge scores.

Table 18
Correlation Matrix Data for Years of Education, Course Work, Age, Counseling Experience by Score

<table>
<thead>
<tr>
<th>Score</th>
<th>Years education</th>
<th>Course work</th>
<th>Age</th>
<th>Counseling experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>-.008</td>
<td>-.056</td>
<td>-.050</td>
<td>.009</td>
</tr>
<tr>
<td>Years education</td>
<td>-.042</td>
<td>-.032</td>
<td>.084</td>
<td></td>
</tr>
<tr>
<td>Course work</td>
<td>.010</td>
<td>-0.019</td>
<td></td>
<td>.559*</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling experience</td>
<td></td>
<td></td>
<td></td>
<td>p &gt; .01</td>
</tr>
</tbody>
</table>
Table 18 depicts age and years of experience in counseling as highly (p > .01) correlated variables, an expected relationship. No other variables reached significance at the .05 level.

Summary of Results

In summary, two of the six null hypotheses were rejected. First, the findings indicated that ethical knowledge scores were significantly related to work setting. Private practice counselors' ethical knowledge scores were significantly higher than K-12 public school counselors' scores. In addition, counselors categorized in other work settings also demonstrated significantly higher ethical knowledge scores than community agency counselors. The other settings included federal, state, and local government; rehabilitation programs; parochial and private institutions; business and industry; corrections, probation, and parole; military; proprietary, vocational, and technical school; employment services; and other unspecified settings.

Second, ethical knowledge scores for gender demonstrated significance at the .05 level. Females demonstrated higher ethical knowledge scores than males.

The findings supported the null hypotheses that there were no significant differences in ethical knowledge scores found for TACD membership division, degree level, theory of counseling, or earned counseling credentials. A regression analysis found no significant differences in ethical knowledge scores for age, years of formal education, years of counseling experience, or formal course work in ethics. None of these variables,
individually or combined, accounted for a significant change in the variance of the ethical knowledge scores. Finally, in a related finding, a correlation matrix found age and years of experience in counseling to be significantly correlated at the .01 level, not an unexpected result.

Discussion

This study attempted to gain a representative description of the ethical knowledge of the members in one state's counseling organization (TACD) for the purpose of generating profiles of counselor ethical knowledge, making demographic comparisons, and seeking implications for counselor preparation and practice. It was also an effort to conduct a global study of the most recent revision (1988) of the AACD Ethical Standards and to find the relative knowledge of these standards by counselors in one state. This study was designed to measure 10 demographic membership variables of the Texas Association for Counseling and Development (TACD) and the respective relationships of those variables to ethical knowledge.

The literature has suggested that there is a wide disparity of judgment among counselors about the ethics of particular behaviors among mental health professionals (Borys & Pope, 1989; Herlihy & Corey, 1992; Lindsey, 1986; Podbelski & Weisgerber, 1989; Pope et al., 1987; Roberts et al. (1982); and Volker, 1984). In addition, a limited body of literature posited the existence of significant relationships between ethical knowledge and various demographic
variables, such as years of counselor experience, gender, and level of education (Gumaer & Scott, 1986; Kelly, 1987; Pace, 1986).

Results of this study accepted the null hypotheses that ethical knowledge was not significantly related to TACD membership division, age, years of formal education, degree level, years of counseling experience, formal coursework in ethics, theory of counseling or earned credentials. Regarding the variable of coursework in ethics, these results contradict the findings of Robinson and Gross (1989), who found that having had a course in ethics appeared to be a significant variable affecting therapists' ability to recognize that an ethical standard was being violated and that males correctly labeled ethical or unethical situations more often than females. As noted earlier, however, that study appeared to contain flaws in instrumentation and imprecise interpretation of its findings. On the other hand, the present study's results are analogous to findings by Lindsey (1986), Podbelski and Weisgerber (1989), and Volker (1984), all of which suggested that mental health counselors who had previously completed an ethics course were not any more adept at identifying a situation that requires an ethical judgment than counselors who had not completed an ethics course. This study also failed to support a significant positive correlation between counseling experience and level of ethical judgment as did the findings of Gumaer and Scott (1986); Kelly (1987), and Welfel and Lipsitz (1983a).

A significant finding in this study emerged regarding the issue of
gender differences in ethical knowledge, contributing support to the hypothesis that ethical knowledge is significantly related to gender. Main effects for female ethical knowledge scores demonstrated significance when assessed by a factorial analysis of variance procedure that tested score by theoretical orientation and gender. The female mean score was significantly higher than the male mean score at the .01 level, suggesting that females are better skilled at correctly identifying the correct solution to an ethical problem when presented by means of case scenarios from the AACC Ethical Standards Casebook (1988). Such results are consistent with a previous research finding by Pace (1986) that measured ethical decision-making skills and found female counselors exceeding the capacity of their male colleagues. Although the present study used a different criterion measure from the Ethical Judgment Scale found in Pace (1986), both investigations tapped counselors' ethical decision-making, higher-ordered reasoning processes different from basic recall of factual knowledge. Equally consistent with the conclusions of Pace (1986) were this study's results that ethical reasoning ability was not significantly related to age or level of education.

There appears to be no ready explanation for the fact that females scored significantly higher on this study's measure of ethical knowledge. At the same time, this finding can be seen to be consistent with recent works by scholars such as Gilligan (1982), who in her own research on women's moral development (1977, 1982), challenged classical philosophical assumptions
about moral development. From her research she concluded that female moral development was different from that of males. Gilligan proposed that female moral development focused on an ethic of care and responsibility that viewed caring and interpersonal relationships as the foundation of moral decision making. Gilligan's emphasis was a direct challenge to the work of moral development researcher Lawrence Kohlberg (1981), who posited that justice was the one universal moral principle at the heart of all ethics.

Gilligan's findings demonstrated that female moral development stressed emotional connectedness between persons. Women "speak in a different voice" and emphasize caring and interpersonal relationships, whereas men value justice, duties, and rights. The traditional view of the ethic of justice that Kohlberg held has been viewed as rational, objective and logical, while the ethic of care proposed by Gilligan was viewed as more intuitive, subjective, irrational, and illogical. Gilligan believed that Kohlberg's theory was gender-biased against females, not only because Kohlberg emphasized justice reasoning over care reasoning, but also because his original research conclusions were drawn from an exclusively male sample. Thus, when females were later scored on his measures of ethical reasoning, they tended to score in the lower stages of development where morality was conceived in interpersonal terms and goodness was equated with helping and pleasing others, whereas males were scored at higher levels of reasoning in which the principle of justice was emphasized. Future studies might take both
these proposed justice and caring/responsibility models into account and might be designed to measure ethical knowledge from these perspectives.

The second significant finding of the present study is the discovery of the significant relationship of work setting to ethical knowledge. Private practice counselors demonstrated significantly (p>.02) higher mean scores than K-12 public school counselors, and counselors from combined other work settings received significantly (p>.05) higher mean scores than community agency counselors. It should be noted, however, that despite significance, differences between means for private practice counselors versus K-12 public school counselors were very small, 21.71 and 21.58, respectively. This finding may have statistical significance but, perhaps, not much practical significance. Significant also was the difference between combined other counselors versus community agency counselors. The mean difference scores for these two work settings were higher (20.75 for community agency counselors and the mean of the combined other, 22.39).

One possible explanation regarding the difference between the significantly higher scores of private practice counselors and the lower scores of those counselors in the K-12 public school setting might be derived from the nature of the school work setting itself. Relative stability of policy and guidelines within the K-12 setting compared to the absence of policy and guidelines in private practice might account for some of this difference. Ethical and legal conventions in these settings are more narrowly prescribed.


APPENDIX A

SURVEY COVER LETTER
January 12, 1992

Dear Colleague:

You have been chosen at random from the Texas Association of Counseling and Development membership directory to participate in an important and valuable statewide dissertation study on ethical issues. Because you are part of the sample for this study we greatly need your cooperation, and we have worked to minimize the time required for responding.

As counselors who work across a variety of settings, we face daily challenges of how to be helpful without harming our clients and of providing them with the highest standards of care in our profession. We hope that you will take the time needed to answer this survey so that we can more effectively study counselor views on ethical issues for the ultimate purpose of improving ethics education and ethical practice in counseling.

Your responses are confidential. At no point will you be identified by your response. You will note a number in the upper right hand corner of the form. This is to facilitate tracking of the forms. The number will be removed when it is received by us, assuring the confidentiality of the project. Your responses will be kept anonymous and reported only as group data.

The enclosed questionnaire is divided into five sections. The first four contain short ethical dilemmas requiring a forced choice answer. The final section requests demographic information related to your counseling background.

After you have completed filling out the form, return it to us in the enclosed self-addressed, stamped envelope. If you lose the envelope, you may send the completed form to [address]. Thank you in advance for completing this survey and returning it promptly. If you have any questions, please contact Jack Zibert at [contact information].

Respectfully yours,

Jack Zibert
Doctoral Student & Teaching Fellow

Dennis Engels, Ph.D.
Major Professor

This project has been reviewed by the University of North Texas Committee for the Protection of Human Subjects. (817-565-3940)
APPENDIX B

ETHICAL PROBLEM SURVEY

[Verbatim excerpts from this survey were reprinted with permission. Reprinted from Ethical Standards Casebook, Herlihy & Golden, Eds., 1990, pp. 8-78. © AACD. No further reproduction authorized without written permission of American Association for Counseling and Development.]
Ethical Problem Survey

DIRECTIONS:

It is important to this study that you make a judgment in each case even though you might prefer more details or circumstances. Choose the BETTER option for each case based on the information provided. Choose “ethical” if there appear to be no ethical problems associated with the counselor’s behavior, and “unethical” if there appear to be any ethical problems associated with the counselor’s behavior.

Section I.

1. A principal makes public only those standardized test results that tend to show the school in a favorable light. Information that might discredit the school’s efforts is withheld. The director of guidance brings to the attention of the principal the ethical questions involved. The principal defends the practice. The guidance director then asks that they both confer with the superintendent.

______ Ethical guidance director behavior. ______ Unethical director behavior.

2. A counselor educator also has a part-time practice. One of her graduate students makes an appointment to see her. The student says that the course has brought up some personal issues for him. He asks to be a client in her private practice. She agrees to work with him.

______ Ethical counselor behavior. ______ Unethical counselor behavior.

3. A woman makes an appointment to see her clergyman, who conducts pastoral counseling services. She requests help in managing her eating behaviors. During the initial interview it becomes apparent that she is bulimic as evidenced by marked weight loss, maintenance of a compulsive exercise program, and repetitive binge eating and vomiting. The pastoral counselor does not want to frighten the client by emphasizing the dangers to her health of these behaviors. However, he does suggest that the client consult a physician. The client dismisses the suggestion, insisting that she is in perfect health. The pastoral counselor continues to work with the client, although attempts to modify the eating behaviors meet with little success.

______ Ethical counselor behavior. ______ Unethical counselor behavior.

4. A counselor is being interviewed for a position at a high school that is the target of a highly publicized campaign to remove sex education from the curriculum, to take certain books off the school library shelves, and to restrict the activities of the counseling staff to career guidance. The applicant is an active participant in this effort but does not mention this during the interview. He feels his political activities have nothing to do with the practice of his profession and are, therefore, private and personal.

______ Ethical counselor behavior. ______ Unethical counselor behavior.

5. A newly appointed superintendent of schools institutes a policy that counseling files must be kept open to teachers. A counselor expresses her ethical objection. She is told that the policy will be reconsidered at a later date but must be adhered to in the interim. She consults with her fellow counselors, who agree that they will make only the most general written records while they are preparing their proposal to change the policy.

______ Ethical counselor behavior. ______ Unethical counselor behavior.
6. A counselor works in a junior high school that has an ethnically and racially diverse student population. The counselor reviews a set of English teacher recommendations for students to be placed in the gifted and talented program, and notices that almost all the students who have been recommended are White and middle class. The counselor also notes that several minority students would qualify for the gifted program on criteria other than teacher recommendation. The counselor decides to speak with the teachers about this discrepancy.

Ethical counselor behavior. Unethical counselor behavior.

7. An AACD member advertises that he is “Recognized by the American Association for Counseling and Development.”

Ethical counselor behavior. Unethical counselor behavior.

8. A group counselor is facilitating a growth group session. At one point, a group member expresses some personal concerns that indicate he may have serious emotional problems. The counselor detects this and guides the group focus away from that member. After the group session, the group counselor privately encourages the person to seek individual counseling.

Ethical counselor behavior. Unethical counselor behavior.

9. A counselor in a family counseling service discovers that a bowling teammate is the estranged husband of one of her clients. As their contact increases the counselor finds herself drawn into discussions of the husband’s feelings about his wife. Because the counselor knows that the wife wants a reconciliation, she continues the discussions in the hope that this will help effect the reconciliation.

Ethical counselor behavior. Unethical counselor behavior.

10. A licensed professional counselor in private practice is sometimes mistakenly labeled as a psychologist by prospective clients and members of the community. Whenever this occurs, the counselor carefully explains his credentials to clarify the distinction.

Ethical counselor behavior. Unethical counselor behavior.

11. Susan, a college sophomore, goes to the college counseling center because she is unable to make a vocational choice. During the first interview the college counselor learns that Susan is currently in counseling with a psychologist at a local mental health center. He explains that he cannot counsel with her unless he obtains the permission of the psychologist. Susan agrees, and after conferring with the psychologist, the college counselor continues to work with Susan on her vocational decisions. Several sessions later, Susan asks to discuss some of her personal problems. She says she is more comfortable with the college counselor and would rather see him for all of her counseling. The counselor suggests that she discuss this with the psychologist. The psychologist has no objections, and Susan terminates at the mental health center. She continues in counseling with the college counselor.

Ethical counselor behavior. Unethical counselor behavior.

12. An employee has had some serious adjustment problems that obviously have reduced his job efficiency. The manager suggests that the company’s consulting psychologist “counsel” the employee to resign and find another job. The psychologist sees this as a violation of his role and explains his position to the manager.

Ethical counselor behavior. Unethical counselor behavior.
Section III.

13. The guidance director of a school district asks a private practitioner to provide a workshop series on preventing youth suicide. The guidance director explains that, although their need for the workshop series is great, their budget is limited. The private practitioner, realizing that the district cannot pay her fee and that her schedule is already full during the time in question, recalls an excellent workshop she had attended on the topic, which was presented by qualified professionals of high repute in the community. She contacts the presenters and learns that they are available at a nominal fee. She then gives the guidance director these presenters' names, phone numbers, and background.

Ethical counselor behavior. Unethical counselor behavior.

14. A lawyer contacts a marriage counselor who has worked with a couple to resolve their marital discord. The lawyer asks for information about the marriage and says that he is representing the wife, who has filed suit for divorce. He indicates that he will subpoena the counseling records if the counselor does not cooperate via telephone. Deciding that the information will eventually be available to the lawyer anyway, the counselor provides all information requested.

Ethical counselor behavior. Unethical counselor behavior.

15. A couples enrichment group is offered through a local church. During the third session it becomes obvious that one couple is using the group not for enrichment, as agreed in the screening interview, but to decide about the viability of their marriage. Following this session the group counselor speaks with the couple about arranging for marriage counseling at a local agency. It is agreed that the couple may continue for the final two sessions of the group with the stipulation that they not focus on their problems in a manner that is disruptive to the group.

Ethical counselor behavior. Unethical counselor behavior.

16. A successful independent practitioner establishes a family counseling center. Eventually, he comes to devote all of his efforts to administration and consulting. However, clients are attracted to the center by his strong reputation as a counselor. The director lists himself as a staff counselor in advertising materials.

Ethical counselor behavior. Unethical counselor behavior.

17. A male client wants to become a nurse. He has some doubt, however, about whether this is really the right field. The counselor suggests a vocational interest test. The test results do not support his interest in the nursing field. The counselor explains that although the test shouldn't be the only factor in his decision, the results do mean that the student's interests are different from those of a recent sample of men who are in the nursing profession.

Ethical counselor behavior. Unethical counselor behavior.

18. A 12th grade client has lived only a few years in this country, and although fluent in oral communication, has a considerable handicap in interpreting written English. The counselor administers a standard academic ability test and interprets it against 12th-grade norms as indicating that the student has poor potential for college work.

Ethical counselor behavior. Unethical counselor behavior.
Section IV.

19. A physically disabled person is applying for vocational rehabilitation assistance to pursue job retraining. The rehabilitation counselor gets achievement test scores from the client's high school records. Although these scores are 5 years old, the counselor uses them to advise the client regarding his abilities for various training programs.

___ Ethical counselor behavior.  ___ Unethical counselor behavior.

20. A counselor wishes to research the impact of a coeducational residential living environment on the academic achievement of college students. A list of grade point averages is obtained for students living in coeducational and same-sex residence halls over a 3-year period. Because information is analyzed after student graduation and without identification of individuals, consent of the subjects is not obtained.

___ Ethical counselor behavior.  ___ Unethical counselor behavior.

21. A counselor learns from a well-researched journal article that there are several race-related or race-sensitive items on the Minnesota Multiphasic Personality Inventory (MMPI), enough so that standard scoring and norms of the MMPI might not be appropriate for use with Black clients. The data in the article enable him to adjust the scoring of the MMPI for Black clients so that the standard norms and profile can be used.

___ Ethical counselor behavior.  ___ Unethical counselor behavior.

22. A graduate student asks a professor of counseling psychology for private counseling, offering to pay. The policy of the university permits any professor to engage in outside consultation or private practice. However, the professor's policy is not to accept clients who are enrolled in the counseling psychology program. He helps the student explore other options for getting help.

___ Ethical counselor behavior.  ___ Unethical counselor behavior.

23. A college counseling center arranges for all initial interviews to be conducted by intake counselors. A student arrives at the counseling center in tears. Because the student is in such distress the intake counselor decides not to explain center procedures at the beginning of the interview but to help the client express his concerns immediately. Toward the end of the interview the counselor explains that the client will be receiving services from a counselor other than the intaker. The client says that he cannot bear to "go through the whole thing again" and refuses to return for counseling.

___ Ethical counselor behavior.  ___ Unethical counselor behavior.

24. A member is counseling with a client who had been sexually abused as a child. The client expresses frustration that she cannot remember the earliest incidents of abuse and insists that hypnosis would help her break through this barrier. Although the counselor has no specific training in hypnosis, she agrees to purchase a hypnosis audiotape and attempt the procedure with the client.

___ Ethical counselor behavior.  ___ Unethical counselor behavior.

25. A graduate student tells her counselor education faculty advisor that she has received several "indecent proposals" from one of her professors. The student fears that her grade will be adversely affected if the professor should learn that she has told someone about his behavior. She proposes that she drop the course, even though this action would delay completion of her degree and cause her financial hardship. Her advisor approves her withdrawal from the course and takes no further action.

___ Ethical counselor behavior.  ___ Unethical counselor behavior.
Demographics Section

Please complete this survey by checking or filling in the items below:

1. Your primary TACD membership division. (Check only one):
   ______ 1. Texas School Counselors Association (TSCA)
   ______ 2. Texas Mental Health Counselors Association (TMHCA)
   ______ 3. Texas Association of Counselor Education and Supervision (TACES)

2. What is your gender?  
   ______ 1. Male  
   ______ 2. Female

3. What is your age?  
   ______ yrs.

4. What is your number of years of formal education?  
   ______ years. (For example, high school graduate = 12 years)

5. What is your highest degree level achieved?  
   ______ 1. Master's
   ______ 2. Doctoral
   ______ 3. Post-Doctoral

6. What is your number of years of counseling experience?  ______ years.

7. What is your primary work setting? (Check only one).
   ______ 1. Private practice
   ______ 2. College/university
   ______ 3. Community agency
   ______ 4. Community mental health
   ______ 5. K - 12 Public schools
   ______ 6. Federal/state/local government
   ______ 7. Rehabilitation programs
   ______ 8. Parochial private institutions
   ______ 9. Business/industry
   ______ 10. Corrections/probation/parole
   ______ 11. Military
   ______ 12. Proprietary/vocational/tech. school
   ______ 13. Employment services
   ______ 14. Other

8. Have you taken a formal course in counseling ethics?  
   ______ 1. Yes
   ______ 2. No

9. What is your theory of counseling? (Check only one).
   ______ 1. Client-Centered (Rogerian)
   ______ 2. Behavioral
   ______ 3. Rational-Emotive
   ______ 4. Cognitive
   ______ 5. Reality Therapy
   ______ 6. Individual Psychology (Adlerian)
   ______ 7. Gestalt
   ______ 8. Psychoanalytic
   ______ 9. Transactional Analysis
   ______ 10. Other (specify)

10. Please check or list other earned credentials (check all that apply):  
    ______ 1. Licensed Professional Counselor
    ______ 2. National Certified Counselor
    ______ 3. Certified Clinical Mental Health Counselor
    ______ 4. Licensed Psychologist
    ______ 5. Texas Association for Drug & Alcohol Counseling
    ______ 6. Other(s) (specify):

11. Would you like to receive a report of the general findings from this survey? (If yes, please print your name and address on the opposite side of this sheet).  
    ______ Yes  ______ No
APPENDIX C

LETTER REQUESTING PERMISSION TO USE MATERIALS

LETTER OF PERMISSION TO USE MATERIALS
December 3, 1991

Jack Zibert
1111 Eagle #17
Denton, TX  76201-6605

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Thank you for your interest in AACD and best wishes for a successful program.

Sincerely,

Leanne Seddon
Publications Administrator

enc
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REFERENCES


Eig, J., & Talley, O. (1991a, November 2). Doctor says forced psychiatric treatment damaged career. The Dallas Morning News, pp. 1, 10A.


