

An Ethics Study: Implications of Knowledge for School Counselor Candidates, School Counseling Supervisors, Practicing School Counselors and Training Programs

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ABSTRACT

This paper addresses a survey conducted to examine knowledge of ethics in school counselor candidates. Students in school counseling practicum and internship classes indicated their familiarity with ethical codes and ethical decision making-models and responded to items pertaining to ethical dilemmas. Areas of concern to counselor educators included a lack of familiarity with ethical decision-making models, certain aspects of testing ethics, and issues surrounding suicide. Results provide feedback to counselor educators, counseling supervisors, practicing school counselors, and the counseling community about particular areas of ethics needing additional coverage in coursework, in-service education or other types of training.

AN ETHICS STUDY: IMPLICATIONS OF KNOWLEDGE FOR SCHOOL COUNSELOR CANDIDATES, SCHOOL COUNSELING SUPERVISORS, PRACTICING SCHOOL COUNSELORS AND TRAINING PROGRAMS

Accountability became a focal point in higher education in the 1990's as institutions were impelled to focus on performance (Burke & Minassians, 2002). While counseling programs have performance objectives attached to course work to determine levels of proficiency, other areas of competency are more complicated to assess. Particularly challenging to measure is knowledge of ethics. The identification of performance objectives is difficult due to the fact that there is no black and white

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answer to an ethical dilemma because each ethical dilemma is complex. However, as knowledge of ethics and ethical codes is essential to the practice of professional counseling, the assessment of competency in this area is critical.

When ethical dilemmas arise, all counselors are encouraged to review the content of professional code of ethics (Corey, 2005; Cottone & Tarvydas, 2003; Davis 2005; Remley & Huey, 2002). Within the counseling profession, various ethical codes such as the American Counseling Association (ACA) *Code of Ethics and Standards of Practice* (2005), American Psychological Association (APA) *Code of Ethics* (2002), American Mental Health Counselors Association *Code of Ethics* (2000), and American School Counseling Association (ASCA) *Ethical Standards for School Counselors* (2004) are available. In addition to national codes and standards, several states also have guidelines, to which professional counselors who are licensed within the state must comply (Millner & Boes, 2000).

School counselors can be distinguished from other mental health professionals by their work setting. School counselors work specifically with minors and have ethical responsibilities to both students and parents/guardians (Huey, 1986). In addition to ethical responsibilities to students and parents/guardians, ASCA's Ethical Standards for School Counselors (2004) include guidelines for responsibilities to colleagues, the school and community, self and the profession. Counselors are faced daily with responsibilities that involve making decisions affecting the lives of students and families. Often, the essence of what school counselors do

demands a thorough knowledge and understanding of ethics (Davis, 2005).

Although counselors are expected to know and comprehend ethical standards, ethical decision-making models, and codes, it is probable that the understanding and knowledge of each counselor may vary (Costa & Altekruze, 1992; Herlihy, Healy, Cook & Hudson, 1987; Millner & Boes, 2000). Counselor education programs differ in the methods and extent of instruction in ethics (Stadler & Paul, 1986). For example, ethics training may be offered as a specific course taught or training could be integrated in all course content areas of counselor training (Millner & Boes). In addition, continuing education programs and opportunities for learning are distinct and are typically available according to areas of specialization. Zibert (1992) found that in Texas, ethical knowledge of counselors in private practice was greater than ethical knowledge held by school counselors. The present study did not compare ethical knowledge of various counseling groups; rather the intent was to measure ethics knowledge of School Counseling Candidates (SCC) on both ethical standards and an ethical decision-making model in one school counseling program. The purpose of this article is to report the results of the study to demonstrate how knowledgeable SCCs are in ethics as they prepare to enter the field as practitioners. Because the ACA *Code of Ethics and Standards of Practice* was recently revised, the timeliness of this study seemed notable.

METHOD

As a method to determine the ethical training needs of and knowledge held by counselors, Millner and Boes (1998)

developed the *Ethics Knowledge Scale for Counselors (EKS-C)*. Millner and Boes (2000) used the *EKS-C* to investigate counselors' level of satisfaction with ethics knowledge and perceptions of need for ethics education among counselors. Results were mixed indicating some counselors were satisfied with their ethics education while others felt they lacked ethical decision-making knowledge (Millner & Boes, 2000). The original study focused on counselors who were licensed or in the process of obtaining licensure in two southeastern states and included some school counselors as respondents.

In an effort to assess SCCs' knowledge of ethics and ethical decision-making models, SCCs were administered the *EKS-C* during their initial practicum experience. In addition, the study assessed if SCCs enrolled in an initial certification program were more knowledgeable than SCCs enrolled in practicum and internship. Initial certification students have already earned a master's degree in community counseling or a closely related field such as psychology and are working to become certified in the state of Georgia as school counselors. Upon review of the data by counselor educators, the information can help school counseling programs revise the manner in which ethics knowledge is taught, if necessary. Although the *EKS-C* assesses knowledge of ethics pertaining to a wide variety of situations, this assessment of SCCs only used scaled items pertaining to general knowledge about ethical codes, items specific to working with a school counseling population, and the use of an ethical decision-making model.

Characteristics of Participants

The majority (n=36) of SCCs were students enrolled in practicum and internship classes in the master's program for school counseling. There were 3 SCCs enrolled in the initial certification/non-degree program for school counseling.

The age range of respondents was 24-47 years old. Twenty three of the respondents were younger than 29 years, and 14 respondents ranged between the ages of 32-47 years. Two respondents did not provide their age (see Table 1). There were 2 male respondents. Most respondents had only a bachelor's degree which is the normal expectation because the school counseling program is a master's level degree. However, those in the initial certification program must have a master's or higher level degree to be enrolled in this non-degree earning program. Thus there was one respondent with an M.S. degree, one with an M.A. degree, one who had already obtained an Ed.S. degree and one respondent held a Psy.D. degree. Seven respondents did not answer this item.

Twenty six respondents worked in the public school setting, either as a full-time practitioner or an intern, 2 listed their occupations as counselor educators, 1 listed his/her profession as a supervisor, 1 was unemployed, another indicated 'other' for occupation and 7 did not respond. The majority of the respondents were Caucasian (n=28). There were 8 African American respondents, 1 respondent indicated other and 1 respondent chose not to answer this item. One respondent indicated Arab American as his/her ethnic background (see Table 2).

Design and Procedure

Over a two semester time frame, students in the school counseling program that is accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) were administered the *EKS-C* (Millner & Boes, 1998). A total of 39 surveys were completed by students during the initial meeting of their practicum and internship courses fall 2005 and spring 2006. The intent of the survey was to examine the level of knowledge of ethics that SCCs have at the beginning of clinical experiences. An additional motivation for the survey was to examine the extent to which the counseling program was preparing SCCs for their clinical experiences. Data from the survey provided practicum and internship supervisors with information about the level of knowledge their supervisees held in relation to ethics and ethical decision-making models.

Measures

The Ethics Knowledge Scale for Counselors (EKS-C) was developed to measure the ethical knowledge of counselors in Alabama and Georgia (see Boes & Millner, 1998). The instrument uses descriptive statistics to analyze the data. Examples of instrument items include, "When interpreting tests, counselors may consider some tests invalid due to inappropriateness of norms for the person tested" and "The best way of dealing with cultural differences between a counselor and a client is to ignore the differences." Respondents indicate on a Likert-type scale whether they strongly agree, agree, disagree, strongly disagree, are neutral, or do not know for each statement. Internal consistency for the instrument was

maintained at .64 by the Kuder-Richardson K-R20 formula.

RESULTS

Knowledge of Ethical Codes

The majority of the respondents ($n=38$) indicated they were familiar with the *ACA Code of Ethics and Standards of Practice* (2005). In addition 16 respondents indicated familiarity with *ASCA's Ethical Standards for School Counselors* (2004), 9 indicated they were familiar with the *Code of Ethics* (2002) for APA, and one SCC did not respond. Thirty one respondents indicated that they adhere to an ethical code; 8 did not respond. Twenty SCCs specified that they adhere to *ASCA's Ethical Standards for School Counselors* (2004), and 15 noted they adhere to the *ACA Code of Ethics and Standards of Practice* (2005) (see Table 3).

Knowledge of Ethical Decision-Making Models

Sixteen respondents reported familiarity with an ethical decision-making model which was less than half of the respondent pool and 14 reported that they were not familiar with an ethical decision-making model; the other respondents were not sure or did not respond. The majority of respondents ($n=31$) were aware of ACA's ethics website but 5 respondents were not aware of it or the benefits associated with using it. The others did not respond.

Knowledge of Ethics in Testing

Several items pertained to testing and the use of test results. Two items discussed the use of computerized testing; one item indicated that it was unnecessary for counselors who use

computerized testing to interpret the tests. The majority of respondents disagreed or strongly disagreed, however 3 respondents gave a neutral response or acknowledged that they did not know. On the item asking if computerized testing allows counselors to forgo validity and reliability rating, the majority disagreed or strongly disagreed, and 3 indicated a neutral or did not know response. Sixteen respondents agreed or strongly agreed that it was permissible to destroy computerized records and 8 disagreed or strongly disagreed. Fifteen noted that they did not know or were neutral about the item. A final item on testing asked if counselors may consider some tests invalid due to inappropriate norms for the person being tested. Over one half of the respondents agreed or strongly agreed with this item while 6 disagreed or strongly disagreed. Several SCCs did not respond, noted they were neutral or did not know.

Knowledge of the Counseling Relationship

Regarding the counseling relationship, statements addressed physical contact, counselor self-disclosure, and appropriate dissemination of information in the initial session. For the statement, "It's appropriate for a counselor to hug some clients", the majority of the respondents (n=27) agreed or strongly agreed, however, 6 disagreed and 6 were neutral. In response to the statement that counselors have rights to frequently self-disclose to clients, the majority disagreed or strongly disagreed (n=24), however, 8 agreed and 7 were neutral. The two items concerning information presented in the initial session stated counselors must inform the client of their training and experience and they must state the limits

of confidentiality. In response to training and experience, the respondents were divided on this statement with 16 agreeing or strongly agreeing, 13 disagreeing, and 10 remaining neutral or indicating they did not know. Concerning the initial explanation of confidentiality, the majority of respondents agreed or strongly agreed with this statement, however, 2 disagreed and 3 were neutral.

Knowledge of Professional Considerations

Items pertaining to professional considerations included issues of boundaries of competence, clients served by others, and peer consultation. In response to the statement indicating that counselors must at times perform duties outside their area of competence, the majority disagreed or strongly disagreed (n=25). However, 9 respondents agreed or strongly agreed and 5 respondents were neutral. Concerning the statement that a counselor must terminate his/her relationship with a client if a client is involved with another helping professional, the majority of respondents disagreed or strongly disagreed (n=28). However, 8 were neutral or did not know and 3 disagreed or strongly disagreed. Finally, the majority of respondents agreed or strongly agreed (n=36) with the statement that counselors must seek peer consultation periodically, however, 2 respondents were neutral and 1 respondent did not know.

Knowledge of Respect for Clients Rights

Items in this section addressed the rights and limits of confidentiality and respect for multicultural differences. The item pertaining to confidentiality stated that a counselor must break confidentiality if a

client is suicidal. The majority of respondents indicated that they agreed or strongly agreed (n=35) with this statement. However, 4 respondents disagreed or strongly disagreed. The statement addressing cultural diversity indicated that the most appropriate manner of working with cultural differences is to ignore them. All of the respondents, with the exception of one who did not know, (n=38) disagreed or strongly disagreed with this statement.

CONCLUSIONS

Several implications and recommendations resulted from the information that emerged from this study. Additionally there were some limitations which are addressed below.

Implications

It appears that the majority of students were well informed about most issues that were assessed using various EKS-C subscale items. However, there was concern regarding the number of SCCs who chose not to respond to some items. Because the survey was confidential and not coded in any manner it was difficult to know which students were not responding and the reasons for the lack of responses. It may have been that because the instrument was administered during the initial meeting of the practicum and internship course the students were embarrassed to stay in class without taking the survey. Participation was voluntary and students were told that there would be no repercussions for not taking the survey. However, it appears there was some reason for not completing a full survey.

While all but one SCC indicated familiarity with an ethical code, it is

difficult to know if the SCC was not familiar with an ethical code or he/she chose not to answer the item for some other reason. Of concern to the school counseling supervisors was the indication that 8 respondents either did not acknowledge adhering to an ethical code or that they did not adhere to an ethical code. Either reason is bothersome. On a positive note, 16 respondents indicated being familiar with ASCA's code as well as ACA's code. Certainly, the school counseling supervisors would like to see this number increase in the future.

More than one half of the respondents indicated they were not familiar with an ethical decision-making model. This finding presented the university supervisors the perfect opportunity to introduce an ethical decision-making model during class. Knowing an ethical decision-making model provides SCCs the appropriate means to come to terms with ethical dilemmas. Additionally, it is interesting to note that 20 respondents acknowledged the ASCA's code as their means for ethical conduct, but only 16 indicated familiarity with ASCA's code. Also worthy of mention was the number of respondents who were not familiar with either the ACA ethics website or the Georgia School Counselor Association's ethics committee. These results indicated to the supervisors the need to introduce these topics for practicum and internship discussions.

On the *EKS-C* items pertaining to testing, the group appeared to be more knowledgeable about the ethics of testing in some areas but not others. Although the majority indicated they were aware of computerized records, validity and reliability ratings, and norming on a

comparable population to the client(s) being tested, it was discouraging to school counseling faculty to learn there were SCCs who were not aware of some ethics of testing issues. Practicum and internship are not mandated as the culminating experiences in this school counseling program so SCCs may not have taken the assessment course that would train them in the ethics of testing or they may be taking the course concurrently with the practicum or internship experience.

Again supervisors were dismayed with responses that were not in agreement or neutral regarding the counseling relationship and the appropriateness of hugs and self-disclosure. The division of SCC's responses to items pertaining to information disclosed at the first meetings and the discussion of confidentiality alerted university supervisors to address these items immediately. It was believed that if only one student responded erroneously to issues of confidentiality and other information giving procedures, it was an important issue to address as school counseling faculty. However, as respondents were in a school counseling program, responses might reflect the discrepancy between the nature of the school counseling relationship and an adult counseling relationship. For instance, SCCs working with younger children may have indicated hugging would be appropriate. Because the nature of the counseling relationship varies somewhat with the age of clients, site supervisors might be asked to discuss with SCCs standard procedures of their individual school on the issue of hugs. Similarly, disclosing information about training and experience may not

always be possible for practicing school counselors. However, it is ethically essential that SCCs discuss with students/clients the nature of the clinical experience as a counselor-in-training. When the SCC becomes an employed school counselor disclosure may be better conveyed in a brochure to parents at the start of the year.

Also as a result of the survey findings, the school counseling faculty was alerted to review with SCCs such professional considerations as competency levels and not practicing outside educational and experience limits, client involvement with other counselors, and the need to seek peer consultation on a regular basis. As demonstrated by responses on the survey all but one SCC indicated they were aware of cultural diversity issues and the appropriate manner in which to address such needs. However there were 4 respondents who disagreed with or strongly disagreed with breaking confidentiality when clients indicate they were suicidal and this alarmed the supervisors. It alerted them to include this discussion during initial meetings of practicum and internships. Again the school counseling faculty indicated an increased effort to more strongly address suicidal ideation and threats early in the school counseling course work. During practicum and internship discussions, several SCCs indicated they had little knowledge on the appropriate means to handle suicide threats. Although this was difficult to hear, the school counseling faculty reaffirmed the intent to address this issue during initial school counseling course work. Suicide ideation, threats, plans and interventions are always addressed early in the clinical courses.

This may be the reason that SCCs did not respond appropriately to the items on suicide, yet addressing this early in the program and again during the clinical work would reinforce these important concepts.

Limitations

Data was collected for only two semesters and no pilot study was carried out which are both limitations of the study. Additionally, the instrument was a general survey for counselors and was not geared to the school counseling setting. Furthermore, SCCs were surveyed in one school counseling program only and no comparison group such as community counseling students in the same or a similar training program were examined.

DISCUSSION

After a review of the results the school counseling committee applauded the faculty for their conscientious teaching about ethical issues. Additionally, the school counseling committee reconfirmed its commitment to ethics education and decided to review the courses in which ethics and ethical models are discussed. There are only three courses on counselor methods/theories that are prerequisites to practicum and internship, therefore, students may not have taken the introduction to school counseling overview, the assessment course, or the multicultural course before practicum and internship. Making time in the assessment course to discuss the appropriateness of ethical issues that come with testing was a commitment the school counseling faculty was willing to make. Specifically, it was deemed that

discussions of suicide planning, intervention, and prevention are imperative topics for the school counseling overview course and should be reinforced during the practicum and internship courses.

A practical conclusion was to consider a system of coding surveys in some fashion so that surveys of SCCs who seem to have an inappropriate response or no response are red flagged for further, perhaps more personal or one-on-one, discussions. Another conclusion was to find and use a survey that more clearly addresses school counseling issues. One such survey might be the Remley and Huey (2002) An Ethics Quiz that has brief scenarios specific to school counselor action. This survey is lengthy in that there are 20 various descriptions of school counseling ethical issues, but the scoring is easy and the answers direct the examinee to the ASCA standard specific to the item. This quiz along with social demographic items and questions pertaining to familiarity with an ethics code and adherence to the same code might gather more helpful information on the ethics knowledge of SCCs. The use of the Remley and Huey survey could lead to further discussions during practicum and internship supervision. Finally the school counseling committee reemphasized its commitment to continue to underscore ethics with SCCs as it is a necessary performance objective.

RECOMMENDATIONS

One recommendation is for training programs to seek help with teaching SCCs about the new ACA *Ethical Code* and ethical decision-making models by

conducting in-service training for practicing school counselors and site supervisors. This training could be conducted at pre-training workshops at the various districts at the beginning of each school year. Another recommendation would be to involve the legal experts for school districts in these pre-training workshops to help counselors sort out the differences between legal and ethical issues and to discuss the legal ramifications of certain issues.

The results indicate the need for all counselor educators to address ethical codes and ethical decision-making models in practicum and internship discussions. SCCs might be encouraged to join professional school counselor organizations and to become familiar with these codes prior to their practicum and internship experiences. Additionally, practicing school counselors might be made aware of the importance of keeping up-to-date with revisions to the ethical codes and encouraged to attend continuing education ethics workshops for their own self-improvement and for licensing purposes should they be licensed professional counselors. Finally, practicing school counselors and site supervisors might be invited to speak on these issues to practicum and internship classes.

Recalling that Zibert's (1992) study in Texas found that private practitioners were more knowledgeable of ethics than school counselors, it is imperative that SCCs enter the field with appropriate knowledge of ethics and ethical decision-making models. Both training programs and school counseling site supervisors are in the position to help develop this knowledge base.

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TABLE 1							
Age of Respondents							
	n	24-29	30-35	36-40	41-45	46-49	NR
Number of Respondents	39	23	6	4	1	3	2
<i>Note.</i> NR indicates no response.							

TABLE 2								
Gender and Ethnicity of Respondents								
Gender			Ethnicity					
n	M	F	African	Caucasian Amer.	Arab-Amer.	Other	NR	
Number of Respondents								
39	2	37	8	28	1	1	1	

Note. NR indicates no response.

TABLE 3
Familiarity with and Adherence to Ethical Codes and Ethical Decision-Making Models

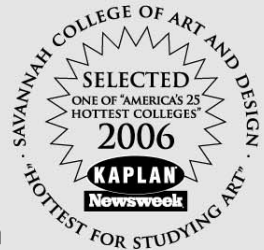
	<u>n</u>	<u>AXA</u>	<u>AMHCA</u>	<u>APA</u>	<u>ASCA</u>	<u>Other</u>	<u>Varies</u>	<u>NR</u>
Familiarity with Codes	39	38	0	9	16	1	0	1
Adherence to Codes	39	15	0	0	20	3	0	9
Adherence to Ethical Model	39	6	0	0	4	0	4	25

Note. NR indicates no response.

Note. ACA refers to the American Counseling Association, AMHCA to the American Mental Health Counseling Association, APA to the American Psychological Association, and ASCA to the American School Counselors Association.



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