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## Chapter 1 - Learning Ethical Decision Making: Reflections on the Process

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# 1

## LEARNING ETHICAL DECISION MAKING: REFLECTIONS ON THE PROCESS

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Ethical decision making plays a key role in much of a professional counselor's work. Imagine a 14-year-old client who is threatening to commit suicide but pleads with the counselor not to tell her parents. How would this counselor decide what to do? What factors should this counselor consider in order to make a sound decision? How might this counselor's feelings about suicide, or about parental rights, influence the decision? Is this a situation in which disclosure of confidential information is justified? Clearly there is no absolute, correct decision here, and two counselors could come to different, yet sound, conclusions. While the most experienced professional counselors are challenged in situations such as this one, those who have yet to enter the profession often find the process of *learning* to make ethical decisions equally, if not more, challenging.

As a counselor educator who has taught a counseling ethics course for many years, I have often wondered how students learn to deal with the ambiguity inherent in ethical decision making. Their need for black/white, right/wrong answers has been somewhat frustrating for me, and I've often thought about how they learn to move beyond that. This chapter focuses on an exploratory study in which I set out to observe my students as they learn to grapple with the ambiguity inherent in ethical decision making.

### **ETHICAL DECISION MAKING**

#### ***DECISION-MAKING MODELS***

Professional codes of ethics are limited in the extent to which they assist counselors in the decision-making process (Mabe & Rollin, 1986). For example the counselor's personal values may conflict with the code; the code may conflict with institutional (school, agency, etc.) practice; different codes of ethics may conflict with one another, and codes cover a limited range of topics. Thus ethical decision-making models provide an additional basis for reasoning about ethical situations. While a full review of the literature on ethical decision-making models is beyond the scope of this chapter, a brief overview is warranted; for a comprehensive review of that literature, see Cottone and Claus (2000).

Kitchener's (1984) principle ethics model is one of the most cited in the literature on ethical decision making in counseling. She distinguishes between two levels of moral reasoning in ethical decision making. The intuitive level represents people's personal, immediate, feeling responses to situations, along with their beliefs about what they should and should not do. Since the intuitive level may not result in a sound ethical decision, the critical-evaluative level provides some structure from which counselors can evaluate their intuitive reactions. At the critical-evaluative level, the counselor would first use ethical rules, which are the standards in the profession's code of ethics. Yet when the standards are not sufficient, as in a situation when

they seem to conflict with each other, with the counselor's values, or with the law, the counselor can move to the next level and consider ethical principles, the more general foundations upon which the profession's ethical code is built. Kitchener (1984) considered the moral principles of autonomy (respecting a person's right to make choices), nonmaleficence (doing no harm), beneficence (acting to benefit others), and justice (offering equal and fair treatment) as the foundations of the counseling profession's ethical code. Others include the principle of fidelity (keeping promises).

A virtue ethics model focuses on the characteristics of the decision maker more so than on ethical principles (Jordan & Meara 1990). Since it may be difficult to agree on which ethical principle should take precedence in any decision, it is the decision maker's personal beliefs, values, or attitudes (virtues) that play a role in coming to a decision. Virtues that are necessary for successful ethical decision making include things such as perseverance, courage, benevolence, integrity, and discretion.

Practice-based models (Cottone & Claus, 2000) are not grounded in theory but instead offer practical steps in a decision-making process. Corey, Corey, and Callanan's (2007) sequence includes identifying the problem, reviewing and applying relevant ethical guidelines and laws, applying ethical principles, generating possible courses of action, consulting, considering possible consequences, deciding, and implementing a decision. The transcultural integrative model (Garcia, Cartwright, Winston, & Borzuchowska, 2003), considers the important role that cultural factors play in ethical decision making. A social constructionist model views ethical decision making as an interactive, rather than an individual, process that involves negotiating, consensualizing, and arbitrating (Cottone, 2001). Cottone criticizes the step-by-step decision-making models for failing to describe clearly how the person makes ethical choices; for example, how are competing values weighed?

Despite the availability of numerous decision-making models, Cottone and Claus (2000) note that there is little empirical support for any of them. Questions such as whether these models work or whether some are better than others have yet to be addressed. More pertinent to this chapter is their point that there is little research on how counselors *learn* to make ethical decisions. Cottone and Claus (2000) note that it may take time to develop empirically-based approaches to teaching ethical decision making.

### ***LEARNING ETHICAL DECISION MAKING***

Becoming an ethical professional and learning to make ethical decisions has been described as a developmental process (Handelsman, Gottlieb, & Knapp, 2005) that involves movement from memorizing standards toward learning to integrate ethics with personal and professional values (Neukrug, Lovell, & Parker, 1996). Basche, Anderson, Handelsman, and Klevansky (2007) propose a useful way to conceptualize this learning process. They note that students enter graduate psychology programs with preexisting ideas of right and wrong professional behavior, based in large part on their own backgrounds. Learning to make ethical decisions is a developmental process of acculturating to the ethics of the profession and eventually integrating professional ethics with their own values and beliefs.

Handelsman, Gottlieb, and Knapp (2005) adapted Berry's model of social or ethnic acculturation to describe four strategies (marginalization, separation, assimilation, and integration) that students use as they try to adapt to a new professional culture that may differ significantly from the values and beliefs of their cultures of origin (see Figure 1). Each strategy reflects a high or low level of identification with the culture of origin and with the new professional culture.

*Marginalization* reflects low identification with both old and new cultures. In terms of ethical acculturation, this means that the person does not have a well-developed personal moral sense or a sense of professional ethics (Handelsman et al., 2005). Considering the scenario described at the beginning of this chapter, a counselor using a marginalization strategy would not be aware of personal values or beliefs about suicide, the parents' right to know, nor about an adolescent's ability to make such a decision. This person would

also lack an understanding of the profession's stance on the ethical issues raised by the case, for example, the responsibility to keep the client safe.

**FIGURE 1:** HANDELSMAN, GOTTLIEB, AND KNAPP'S (2005) MODEL OF ETHICAL ACCULTURATION

		Personal Ethics of Origin	
		Low	High
Identification With Psychology Ethics	Low	Marginalization	Separation
	High	Assimilation	Integration

A *separation* strategy (Handelsman et al., 2005) describes someone who has a well-developed personal, moral sense, but does not identify with the values of the profession. In the case of the adolescent who is threatening suicide, this counselor would be aware of his or her personal values or beliefs about suicide (i.e., suicide is a personal choice and people have a right to commit suicide) but would not be influenced by the profession's ethical stance (Do no harm / keep clients safe, etc.).

The *assimilation* strategy (Handelsman et al., 2005) reflects complete adoption of the new culture's values while discarding the culture of origin's values. Thus the counselor who believes strongly in the right to commit suicide may decide to inform the client's parents about the suicide threat because while the profession's code of ethics values client autonomy and confidentiality, it also gives the counselor the responsibility for judging the seriousness of a threat and determining the best way to "do no harm." This counselor could interpret the code of ethics as giving the counselor the responsibility for preventing suicide, never considering the personal value that this client has a "right to commit suicide."

Finally, the *integration* strategy (Handelsman et al., 2005) reflects adoption of the new profession's values while retaining important aspects of one's personal values. This counselor is able to reconcile personal values about one's right to commit suicide with the profession's stance and the specifics of this case, taking into account the client's age, the seriousness of the threat, the various ways to accomplish "do no harm," the value placed on family involvement when appropriate, etc. Using Shulman's (1999) notion of prompting learning by going from inside out, Basche et al. (2007) propose that the goal of ethics training is to help students move toward integration strategies, first by helping "identify, clarify, and challenge personal values, individual needs, and ethical perspectives" (p. 62) and then by helping them recognize these changes.

Others have certainly discussed the importance of students becoming aware of their own values and beliefs as they struggle with learning to make ethical decisions. Throughout their ethics textbook, Corey, Corey, and Callanan (2007) encourage students to remain aware of how their own values are influencing their thoughts

and feelings about ethical situations. Mattison (2000) notes, "through reflective self-awareness, social workers can recognize their value preferences and be alert to the ways in which these values unknowingly influence the resolution of ethical dilemmas" (p. 201). She argues that in resolving ethical dilemmas, the value system of the decision maker is a prominent factor in the outcome, and biases of which the decision maker is unaware will influence behavior. Thus in the earlier scenario, a counselor who lacks awareness of his/her belief regarding a person's right to commit suicide may never consider involving the client's parents.

Garcia et al. (2003) note that counselors' awareness about their own cultural identities and role socialization can affect not only how they view a dilemma, but if they view a situation as an ethical dilemma. Many of the ethical decision-making models in Cottone and Claus' (2000) review include steps in which decision makers must consider personal values and/or their beliefs about the ethical principles of autonomy, nonmaleficence, beneficence, justice, and fidelity.

It follows logically that if awareness of one's values is an essential step in making an ethical decision, and if integration of personal values and professional ethics is a central goal of ethics training, then a goal of counselor education ought to be to increase students' awareness of the role their values play in their ethical decisions. This is not a new idea for counselor educators. The "person-of-the-counselor" is the professional counselor's "tool," and counselor education programs place a great deal of emphasis on enhancing students' awareness of their own biases, values, cultures of origin, and the psychological "baggage" that they bring with them. Choudhuri (2008) discusses this process and the resulting transformational learning among students in a multicultural counseling course. There is limited focus in the literature, however, on what these processes "look like," or on how that self-awareness develops and contributes to more effective ethical decision making.

## **COUNSELING ETHICS COURSES**

The content and design of counseling ethics courses is addressed extensively throughout the literature with widespread agreement that the complex process of learning how to make ethical decisions requires much more than information about the profession's ethical standards. In their survey of ethics education practices in counselor education programs, Urofsky and Sowa (2004) found that analysis of case studies was the primary format used to help students learn codes of ethics, ethical principles, and decision-making models. Corey, Corey, and Callanan (2005) include didactic information about codes of ethics, ethical principles, legal considerations, and ethical decision-making models, but they stress the importance of students becoming aware of their own values, motivations, and behaviors. Their focus is on challenging students to apply information through the use of case studies, role playing, active discussion and interaction with peers, and self-reflection. Jordan and Stevens (2001) include information about the codes of ethics and the decision-making process, but they stress the importance of giving students opportunities to practice ethical decision making with peers. Similarly, Kaczmarek (2001) emphasizes that while didactic coursework serves as a foundation, experiential activities and class discussion are key to helping students gain the higher-order cognitive skills necessary for ethical decision making. Neukrug, Lovell, and Parker (1996) also discuss the importance of providing experiences that encourage "cognitive development in the moral domain" (p. 104) such as values clarification, analysis of ethical dilemmas through case studies, and group problem solving.

## **OBSERVING THE LEARNING PROCESS**

Eastern Michigan University's master's programs in counseling are infused with education about the counseling profession's ethical standards. In early coursework, one important goal is to familiarize students with the content of the American Counseling Association (ACA) Code of Ethics (2005). As they progress through more advanced coursework, students begin to apply the ethical standards in hypothetical case

scenarios. Ultimately, they must use the ethical standards to make decisions in their work with clients during the supervised clinical practicum and internship.

Students take the culminating seminar course, Ethical, Legal, and Professional Issues in Community Counseling, after they have completed the majority of their coursework and, for many, while they are working under supervision with their first "real" clients. This is the first time students take an in-depth look at the ethical decision-making process. One goal of this course is to help students move beyond knowledge of the ethical code to understanding the complexities of this process. Ideally they learn that there are no clear-cut answers to the ethical dilemmas that they face, but that they can be systematic in their decision-making process. They should move from seeking the one correct answer toward recognizing that there are better choices and less optimal choices.

### ***PROJECT GOALS***

For my project in the 2008-09 Scholarship of Teaching and Learning (SoTL) seminar at Eastern Michigan University, I set out to "observe" and better understand the process that counseling students go through during this course as they learn to make ethical decisions. In essence, I wanted to make my students' learning visible (Bernstein, 2008). While I wanted to remain open to seeing themes that I did not anticipate, I had expectations about what might happen as students' decision-making skills developed. I planned the course with assumptions about what sound ethical decision making would "look like"; these assumptions are reflected in the questions that served as a framework for my observations and review of the data:

1. How are students making ethical decisions? Do their strategies change over the course of the semester? More specifically,
  - a. Are there changes in their abilities to identify relevant ethical standards and laws, personal values, and ethical principles?
  - b. Do they use more of the components (ethical standards, laws, personal values, ethical principles) of the decision-making models as the semester progresses?
  - c. Are there changes in their abilities to articulate how they use these components in their decisions? Are they more aware of how they are making decisions?
  - d. Do they move toward "integration" of personal values and professional ethics?

As the course progressed, other questions emerged for me:

2. Did students' perceptions of their learning differ from their "performance" (on papers, in small group discussions) and/or from my perceptions?
3. What factors facilitated students' learning?

## **METHOD**

### ***PARTICIPANTS***

Ten graduate students enrolled in Ethical, Legal, and Professional Issues in Community Counseling during the Winter 2009 semester were invited to participate in this exploratory study. The group was small but heterogeneous in terms of gender (2 men, 8 women), race (7 Caucasian, 2 African-American, 1 Other), age (1 under 25, 7 between 25 and 35, 2 between 36 and 55), and sexual orientation (8 heterosexual, 2 homosexual). Eight identified as Catholic or other Christian, one identified as having no religion, and 1 identified as "other" religion. Since students cannot enroll in this course until they have completed nearly all of their required coursework, they should have been exposed to the ACA Code of Ethics in several earlier courses. For the most

part, their responses to the question of how many previous classes had included discussions about the Code of Ethics confirmed this, although two students responded that they had covered ethics in only one previous class. Seven of the students had either completed or were currently enrolled in supervised clinical experiences in which they worked with clients under supervision.

### ***COURSE CONTENT AND FORMAT***

The course met for two hours per week for fifteen weeks. The sequence of topics generally followed those in Corey, Corey, and Callanan's (2007) required text. Early class sessions and required readings focused on ethical decision making, with coverage of principle ethics, virtue ethics, and several practice-based models. The role that counselor values play in ethical decision making was discussed in the text and in class. Before they wrote their first ethics autobiographies, students were required to read Kitchener's (1984) seminal article on ethical decision making and the article on the acculturation model of learning to be an ethical professional by Handelsman et al. (2005). Kitchener's concepts of principle ethics and levels of moral reasoning (intuitive and critical evaluative) were stressed.

Following coverage of these foundational concepts, each class session focused on a section of the ACA Code of Ethics. The major topics that were covered included client rights such as informed consent, confidentiality and privileged communication, protecting children and vulnerable adults, boundary/multiple relationship issues, counselor competence/impairment, and supervision. Most class sessions began with my presentation of the topic combined with time for class discussion and questions. This was followed by small and large group discussion of one or more hypothetical ethical dilemmas focusing on the identified topic. First, students discussed the dilemmas in small groups (five students), focusing on what they would do and why. I moved back and forth between groups to identify key issues that I wanted to discuss when students returned to the large group, for example, "I heard a lot of discussion about whether the counselor must break confidentiality when a law is broken." Later in this chapter, I will address how I modified the class format as the semester progressed.

Three times during the semester, students wrote papers in which they discussed how they would handle situations that posed ethical dilemmas. These activities were similar to in-class, small group discussions except that students didn't have opportunities to consult with other students. The scenarios were selected to reflect ethical issues that had been discussed in class up to that point in the semester.

### ***DATA COLLECTION***

All class members, regardless of whether or not they chose to participate in the study, completed the same assignments and activities. They gave informed consent by submitting a second anonymous, but coded, copy of each required paper and by signing consent forms for the use of small group discussion recordings. The numbers in parentheses below indicate how many papers were submitted for the study. More specifically, the following data were collected. (See Appendix A for the specific questions):

- 1) An "ethics autobiography" (Basche et al., 2007), submitted during the second week of the course, in which students discussed the personal values, cultural background, and beliefs that they brought to this course and to the study of ethics (n=10)
- 2) Six "ethical dilemma papers" in which students discussed how they would handle counseling situations that pose ethical dilemmas for a counselor. These were submitted three times during the semester. Seven students submitted all six papers for the study; two students submitted five papers; one student submitted four papers (n = 56).

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- 3) A final reflection ("ethics autobiography revisited") paper, submitted at the end of the course, in which students responded to questions about their process of development during the semester. (n = 9)
- 4) Recordings of in-class, small group discussions in which students discussed how they would handle counseling situations that posed ethical dilemmas. All ten students gave consent for all recordings to be used.
- 5) The instructor's journal of thoughts and reactions to the class process.

**ANALYSIS**

A rubric (see Figure 2) reflecting the components and development of ethical decision making was used as a framework for analyzing the six ethical dilemma papers. The rubric depicts progress from "insufficient" to "developing" to "proficient" in identifying relevant ethical decision-making components (ethical standards, laws, ethical principles, and personal values), applying those components to the situation, awareness of how each component influenced decisions, and the extent to which personal values and professional ethics were integrated. In addition, recurring themes and patterns in ethical decision making were identified in the small group discussions, ethics autobiographies, and instructor's journal.

**FIGURE 2: DEVELOPMENT OF ETHICAL DECISION MAKING**

	INSUFFICIENT ⇒⇒⇒	DEVELOPING ⇒⇒⇒	PROFICIENT
Code of Ethics	Misses the ACA Standard or identifies one that is not relevant	Identifies peripheral ACA standard(s) that may be indirectly related	Identifies the ACA standards that are directly relevant to the dilemma
Law	Does not recognize legal considerations	Recognizes legal considerations but does not identify correct law(s)	Recognizes legal considerations and correctly identifies the relevant Michigan law(s)
Ethical Principles	No identification of or reference to any ethical principles	Doesn't identify principles by name, but describes their essence	Clearly identifies the most applicable principles
Personal Values	Little or no recognition of personal values or beliefs that may affect decision making	Recognizes that personal values do arise, but has difficulty discussing how those affect decision making	Recognizes/identifies the personal values that arise and discusses how those influence decision making
Reconciling personal and professional	No attempt to reconcile personal and professional; Recognizes only one or the other in making decision	Recognizes the personal values that arise, and conveys difficulty reconciling those with professional ethics	Recognizes the personal values that arise and is able to reconcile those with professional ethics (integration)
Decision making	Decision is based on only one of the above factors (Code of Ethics or law or personal values, etc.)	Decision is based on more than one of the above factors, but little recognition of how one affects the other	Decision is based on multiple factors with awareness of how they interact to affect decision

## **RESULTS**

### ***THE BEGINNING: STUDENTS' PERCEPTIONS***

The purpose of the first assignment, the ethics autobiography, was to encourage students to bring into their awareness the personal beliefs and values that they bring to the study of professional ethics. For the most part, students were able to identify clearly the beliefs that they held and the significant formative experiences that accounted for these beliefs. A recurring theme in these papers, and something that is stressed throughout the counseling curriculum, was the idea that counselors should not "impose" their values on clients, whose beliefs and autonomy should be respected. As one student stated, "I need to respect the way others choose to live. I must aid clients in reaching their own goals, not aid clients to live the way my culture and I value." Most implied that this would be relatively easy, perhaps because another recurring theme was the perception that their own values were quite congruent with the underlying values of the profession (treating clients with dignity and respect regardless of their behaviors and beliefs, promoting the welfare of the client, doing no harm, etc.) At this point, they didn't seem to anticipate conflict between their own values and the Code of Ethics and/or the law, or at least they were not yet cognizant of situations in which conflicts might come up for them. So, given what they knew about the profession's ethical code and their own beliefs and values as they began the course, many underestimated how difficult integration of personal values and beliefs with the ethics of the profession might be (Basche et al., 2007). Many saw themselves in the integration stage described by Handelsman et al. (2005).

### ***STUDENTS' BEHAVIOR/PERFORMANCE***

Papers based on six scenarios in which counselors were faced with potential ethical dilemmas were submitted one month, two months, and three months into the semester. In each paper, students were required to identify the ethical problem, the relevant ethical standards, laws, ethical principles, and personal values/beliefs that were relevant to making a decision, and then to discuss how these factors contributed to their decisions about how they would proceed with the clients.

### ***ETHICAL STANDARDS AND LAWS***

From the beginning of the semester, students correctly identified the most relevant ethical standards and laws most of the time, thus falling into the "proficient" category in the rubric. Six out of eight instances in which "peripheral" ethical standards were identified ("developing") occurred in the first two papers early in the semester. Students' familiarity with the content of the Code of Ethics was reflected in their ability to correctly identify relevant standards early in the course.

### ***ETHICAL PRINCIPLES***

One pattern that emerged here is that students seemed to have greater difficulty identifying the relevant ethical principles than they did identifying standards, laws, or personal values. Since these principles are often reflected in personal values and vice versa, some did not recognize that they had adopted the ethical principle as a personal value. For example, a student talked about the importance of keeping her word with clients but stopped short of recognizing this as the ethical principle of fidelity. I often found myself saying things like, "It sounds like you're talking about client autonomy here." Overall, the class did improve in their identification of relevant principles. Over the course of the semester, five students (half the class) moved from insufficient or developing to proficient; two were proficient throughout the course; and three demonstrated more random patterns. They identified nonmaleficence most often as the principle that they considered in thinking about cases. Why this was the case isn't clear, although nonmaleficence is considered by many to be

the strongest ethical obligation (Kitchener, 1984). It's possible that at times students equated nonmaleficence ("do no harm") with their strong desire to protect clients.

### *PERSONAL VALUES AND BELIEFS*

As the semester progressed, more students identified the personal values and beliefs that they became aware of as they considered the ethical dilemmas. In the first two papers, personal values were clearly identified (proficient) in 10 out of 20 papers (50%); in the next two papers relevant personal values were clearly identified (proficient) in 14 out of 18 papers (78%); and in the final papers, 16 out of 18 papers (89%) reflected clear identification of personal values. A few students were able to recognize the role their values played in ethical decision making from the beginning of the course; most were able to do this by the end of the course. Three students made noticeable progress in moving from insufficient ratings on one or both of the first two papers to proficient ratings on both of the last two papers. Two students began with proficient ratings and continued with those through the semester. Patterns for the other students were more random.

### *DECISION MAKING*

Students' strategies for making ethical decisions did seem to change over the course of the semester. These changes would be reflected in the "reconciling" and "decision making" sections of the rubric (Figure 2), and included the gradual use of more factors in decision making, the ability to better articulate how those factors contributed to their decisions, and an increasing awareness that the Code of Ethics, and even state law, leave room for counselor judgment and choice. As the semester progressed, students were more aware of their struggles, and they began to discuss how they tried to reconcile conflicting factors in making decisions. The following discussion provides examples of how these changes were reflected in the ethical dilemma papers as the semester progressed.

The first two papers were submitted one month into the semester. The first scenario described a counselor who had not provided the client with adequate information at the beginning of counseling. Later when she decided that she was not qualified to see the client, she referred her abruptly and without explanation. Students were quite articulate in describing how they would handle this situation more effectively, reflecting awareness of the relevant ethical standards on informed consent and proper termination and referral procedures. However, in discussing *how they decided what to do*, most tended to rely on one decision-making component, either the Code of Ethics, personal values, or ethical principles. For example, one student who focused on the ethical code summed it up by saying, "Due to the ethical standards, I never have to wonder how long my informed consent should be. I know that informed consent is an important part of the counseling process." Another who relied more on personal reactions said, "I would have concerns about letting down a client who was going through such distress. I think it was more my personal values that influenced my decision, as when reading this case I felt bad for the client!" These students illustrate assimilation and separation strategies noted in Handelsman et al. (2005).

In the second scenario a 15-year-old client who was referred for counseling by his parents told the counselor that he smoked marijuana often, although he told his parents that he had stopped. At that point, he reminded the counselor that confidentiality had been promised unless he was in danger. It was clear that strong personal values and beliefs played a role in how students approached this case, but most stopped short of explaining how those beliefs contributed to their decisions or how they reconciled those beliefs with ethics and state law. Several students neglected to note that state law allows a 15-year-old to be in counseling for a limited period of time without parental permission; they focused, instead, on the ethical standards that allow a breach of confidentiality and support family involvement. What they didn't acknowledge were the ways that their own values and beliefs, such as the parents' "right to know," or the belief that marijuana use by an adolescent is dangerous, affected how they used the Code of Ethics and state law to make their decisions. One student who

stated that she viewed the client's marijuana use as "an issue of possible harm to self," went on to say, "At age 15, it seems unethical to not have his parents involved, especially when they brought Larry to counseling." However, she did not identify an ethical standard that supported this contention. Another said, "I consider drugs to be harmful and dangerous. If his parents knew before I do not feel it would be problem telling them again." While these students were aware of their own values and beliefs, they stopped short of discussing how they reconciled those with ethics and the law. For many students, separation strategy (Handelsman et al., 2005) was operative. However, one student who used multiple factors in the decision described more clearly than most how personal beliefs, ethics, the law, and his assessment of the client's danger came into play in making a decision:

Morally I do not agree with the client's drug use or the fact that he has told his parents that he is not using marijuana when he is. Although I would like for the parents to be informed and involved in the discussion regarding Larry's marijuana use, based on the ACA Code of Ethics and Michigan Law I cannot do this without Larry's consent. I believe that involving the family can be helpful, but under the current circumstances is not an option (because, based on my assessment, he is not a danger to self).

The next two papers were submitted two months into the semester. The third scenario described a 65-year-old client who threatened suicide and asked the counselor not to inform her daughter, who brought her in for counseling and with whom she lived. For five out of eight students, discussions of this scenario reflected their struggle to reconcile their own values and beliefs with the profession's ethical stance, which in this case, points to the counselor's responsibility to prevent suicide. One student considered her own values and the ethics of the profession as she described her struggle:

My personal value is that life is precious and it's a gift. Even when it's hard and seemingly overwhelming and full of despair, I am of the belief that there is hope . . . So, honestly and somewhat embarrassedly I admit, the hardest struggle for me about the whole suicide issue is accepting this kind of idea that when it comes to suicide, that I know exactly what's best for the client, and that is that they should want to live . . . But when it comes down to it, I can't help but sometimes wonder how can I decide for someone else that it's better for them to live rather than die if that's what they truly want? So honoring the client's autonomy versus the ethics of nonmaleficence is a struggle in relation to the suicide issue.

Another student could not quite reconcile the profession's stance on suicide with the ethical principle of autonomy; thus, her decision about what to do left her feeling conflicted and asking new questions:

However, if after further assessment I did not believe that Joan could remain safe, I would most likely break confidentiality by telling Joan's daughter . . . I think, at this point, I would be making the decision to follow the "norm" and the ACA Code of Ethics. So much of counseling is about being with the client, understanding from their perspective and being nonjudgmental. Yet, the Code of Ethics has woven this one value (preserving life) into its body of guidelines and I question if it is my place not to impose my values upon others, what makes this situation different?

More so than in the first two papers, students considered multiple factors in their decision making. Their decision-making process appeared to be more thorough and intentional. They considered not only the Code of Ethics, law, personal values, and ethical principles, but many discussed how their clinical judgment

regarding the client's level of danger to self-played a role in how they would consider the ethical code, law, and personal values. While they should have done this in the previous scenario with the adolescent using drugs, only a few did.

A third student's comments illustrated a change reflected in several papers -- the decision to maintain client confidentiality despite the possibility that the client could commit suicide. This decision points to a new understanding of the choices counselors have within the Code of Ethics, along with a willingness to assume some risks.

The most difficult aspect of this case is the underlying concern that despite my assessment of no immediate risk and steps taken to prevent suicide, there is still a chance that Joan could take her own life. I would feel like a failure as a counselor that I did not assess the situation correctly and could have involved the daughter from the beginning. I would not want to be quick to break confidentiality and assume there was an immediate risk, but not telling the daughter or having her return to the hospital could leave me feeling responsible if she did commit suicide.

In the fourth scenario, the counselor witnessed a client roughly grabbing his son's arm and slapping him across the face. As students discussed whether they had a legal obligation to report this client for suspected child abuse, a recurring theme was their consideration of the client's culture in deciding whether the behavior fit the law's definition of abuse. Students were very willing to view the law's definition of abuse as dominant-culture bound, and as one student noted, "A child can be physically disciplined without crossing over to abuse." While nearly all students recognized their own negative reactions to the client's behavior and their own aversion to physical punishment, they were willing to consider that this client's behavior may not be abusive. Most discussed reconciling state law, the code of ethics, and their own values in coming to a decision about what to do. For example,

Not in any way do I agree with slapping a child across the face as appropriate. It strikes me as abusive and degrading to the child, especially when done in public . . . law requires reporting abuse of children and our ethics code may support breaking a client's right to privacy in such a case. However, Guillermo considers this his way of disciplining his children and that it is "none of my business" and therefore a private, family matter. The cultural factors would have to be considered in this case as well . . . Physical discipline may be considered appropriate in Guillermo's culture. I would handle this case by respecting Guillermo's right to privacy in how they discipline their children.

It is striking that at this mid-semester point, students have begun to understand that neither the Code of Ethics nor the law provide clear-cut, black and white answers. At this point, we can also see how students are struggling to move into the integration stage defined by Handelsman et al. (2005). Only one student out of ten expressed difficulty reconciling the law with her assessment that the client's behavior did not represent abuse. While there are many standards in the Code of Ethics that she could have drawn on to support her view, she did not bring those in. Her discussion reflects the difficulty that students have when they consider actions that may be viewed as inconsistent with the law:

I have seen others slapped for being disrespectful and I did not feel that was abuse. The slap alone would not be enough evidence to be abuse. The slap could be a form of discipline and that is probably why the father said it is none of the counselor's business. (I would) tell him that I have to report child abuse and explain to him the law here.

The final two papers were submitted three months into the semester. The fifth scenario tells of a limited licensed counselor who is required to work under supervision. Her supervisor provides minimal supervision and offers to "sign off" on her full licensure application when the time comes. Although this scenario did not pose the same kind of challenges as the life-and-death cases did, it provided a good example of how students began to integrate personal values and professional ethics. While students accurately cited the standards and state law that require supervision, they relied on ethical principles and personal values to emphasize why supervision is so important. The profession's stance on this issue had become their own (integration). As one student described:

This case is easier for me than the others in that my personal value in preparing myself to the best of my ability prior to working with clients coincides with moral and ethical principles as a counselor. In other words, I would not feel comfortable working with clients without having the proper and required training as this likewise could put a client in danger. Having someone "sign off" for me without knowing I was properly trained would be unacceptable to me. Beyond it being in conflict with the ethical code, I would feel like I was cheating myself and not prepared in working with clients . . . part of ensuring my client's welfare is in the monitoring and assistance by my supervisor.

Another student used the profession's ethical standards and ethical principles to express the importance of supervision for herself:

In terms of principles, I would look at nonmaleficence - if I was harming myself, beneficence - if I was benefiting from the "supervision" and fidelity - if I was being fair/just to myself. However, my personal values would also impact how I would handle the situation. Supervision is a very important element of counseling, especially for new professionals. Personally, it is important for me to have feedback. I think it is critical to my growth as a professional.

In the final scenario, a counselor's husband asked her to socialize with a new friend and his wife; the counselor quickly realized that the friend's wife was one of her clients. This case raises issues around confidentiality and the question of how the counselor will decide whether to enter a non-professional (dual) relationship with a client. As with the previous case, the majority of students seemed to use an integration strategy and assumed the profession's stance that dual relationships can be very problematic and should be entered with extreme caution. They expressed little conflict, sharing their beliefs that such relationships are rarely beneficial for clients. As one student said:

I would offer what I think about the situation; that typically I think it's usually in the client's best interest to avoid such dual relationships, and I would explain why . . . I understand that I am allowed to engage in non-professional interactions if it would benefit my client, but I do not see that in this case . . . So it comes to my mind of why try to form and potentially grow a non-professional relationship with the two if potential ethical violations can be avoided by just not pursuing it in the first place?

Despite the fact that the Code of Ethics does allow these relationships, many students found the Code's caution to be consistent with their own personal beliefs:

It is likely the dynamics in the counseling relationship will change after interacting socially, and I cannot know how that would affect the client. Knowing that in our code of ethics that it is clear that nonprofessional relationships should be avoided would further influence me in not wanting to cross the line. I would let her know my concerns to act ethically is based in her welfare . . . My personal values that come in to play in this case include not being comfortable with integrating my professional life with my social life.

### ***STUDENTS' PERCEPTIONS OF THEIR LEARNING***

In their final reflection papers, students discussed what they had learned about the profession's ethical code, how their own values aligned with the code, and new insights about ethical decision making. They also discussed the aspects of the class that were most helpful in facilitating their learning. The clearest overall theme to emerge in these papers was that students saw dramatic changes in their understanding of the Code of Ethics and its use in ethical decision making. More specifically, three themes came through in these papers. All nine students who gave consent to use this paper for the study discussed learning that the Code of Ethics is not black and white. They used terms such as "grey," "ambiguity," "a guide," "a framework," "open to interpretation," and "does not give clear answers." In only a few of the initial autobiographies did students discuss the Code of Ethics as a rulebook that would provide clear answers, yet in the final papers nearly all of them made it clear that they began the course with some expectation that the Code of Ethics would provide clear, definitive answers. They left the course knowing that it does not. One student summed it up this way:

At the beginning of the course I viewed the ACA Code of Ethics as the counselor's rulebook making everything clear cut and giving a counselor a form of directives . . . From my perspective this class gave me an eye opening experience and the reality check I needed. Interestingly I found the ACA Code of Ethics to be rather ambiguous, non-directive, and . . . subject to the reader's interpretation.

Along with the realization that the Code is not black and white came the new perspective that counselors do have choices when ethical dilemmas arise. As one student put it, "I think that the grey areas in the code allow me as a professional to determine how to best proceed." The understanding that decision making can be systematic also came through, "I have learned to think through all the possible choices and the outcomes . . . I learned that as long as you have rationally thought through a decision and it aligns with the professional codes and state law, then there isn't necessarily a wrong decision, just a different one."

Several interrelated themes that came through in every final reflection paper revolved around the role the counselor's personal values, beliefs, and experiences play in ethical decision making. Despite the fact that so many discussed the importance of not imposing their values on clients, it was not until later in the course that they realized what this really means; first, that awareness of one's values is key to not imposing those values on the client, and second, that ethical decisions often involve value choices. Without saying so, they were realizing that getting to the integration stage (Handelsman et al., 2005) is not easy. One student discussed a new awareness of her priorities: "I realized through this interaction that I do place a higher value on the counseling relationship and confidentiality with my client than I may have originally thought." Another said, "Ultimately I learned that keeping my personal feelings and bias in check is not as easy as I once thought." Other comments included: "I need to be aware of my personal values and how they affect the decision." "An essential component of recognizing and working through an ethical dilemma is discussing my beliefs and values, motivations, feelings," "One thing that stood out is how experience has such an impact on how we respond as professional counselors."

Lastly they seemed to gain a new awareness of what "promoting client welfare" really means. In their first papers, many discussed this as an important cornerstone of the Code of Ethics. By the end of the course, it had gained new meaning. As two students noted, "Ultimately, ethical considerations must hinge upon what is best for the client . . . what does the least harm?" and "How can one truly know if the interaction is beneficial for the client?"

### *INSTRUCTOR'S OBSERVATIONS*

After most class sessions, I wrote down my thoughts, feelings, and reactions to what had transpired. These reactions were based primarily on students' comments in large and small group discussions. During the earliest small group discussions, I noticed confusion in students' perceptions of their professional roles and responsibilities and their need to find direction. During the second class session, in discussions about a 12-year-old client who was pregnant, several students jumped to the idea that she may have been raped, and thus a law might help them decide how to proceed. A few weeks later, in discussing a client who repeatedly broke the law (burglaries), many students again had knee-jerk reactions, wanting to report the client to the police and wondering if they could. Their reactions about what to do reflected Kitchener's (1984) intuitive level of analysis. While they knew that they shouldn't "impose" their values on clients, they were not as clear on how their values were influencing their perceptions of these situations. However, for at least one student this awareness was beginning when she exclaimed, "Our values are really guiding what we want to do."

By mid-semester students had had many opportunities to discuss ethical dilemmas in class and had received feedback on their first two papers. As we began to work on some of the most challenging issues--suicide, threats to others, HIV transmission, child abuse--I began to see significant changes in class discussions. It was at this point that one student noted, "We're putting our values on by preventing suicide . . . and we've always been taught not to do that . . . but the profession is telling us to do that here." In discussing these life and death issues, students were clearer on how personal morals come into play. Most wouldn't think of not trying to prevent a client's suicide, but they began to examine questions such as: "Who am I to interfere? Do we have an 'obligation' to break confidentiality? Maybe that's not necessarily the only option." Similarly, in a discussion of possible child abuse, they began to consider not reporting the parent since the family was in counseling. They began to consider the Code of Ethics and the law in the context of the client's culture and what was in the best interests of the client and the family. This was a striking change from early in the semester when they would have interpreted the law narrowly ("You have no choice but to report") and looked for an ethical standard that would point them in the same direction.

By the last third of the semester I observed what seemed like another important development. We were discussing non-professional (dual) relationships with clients (i.e., a counselor socializes with a client), and while the Code of Ethics cautions against these relationships, it gives counselors the responsibility for judging whether or not such relationships would be beneficial for clients. Their discussions reflected movement toward thinking about these situations from many perspectives. They also began to question what seemed like an arbitrary five-year prohibition against sexual or romantic relationships with former clients. They considered that such a relationship might be acceptable after only three years, depending on the specifics of the situation. So, on a point where the Code of Ethics is very clear (no sexual/romantic relationships with former clients for five years) they began to challenge the wisdom of the structure they so desperately sought three months earlier.

## DISCUSSION

Clearly, learning to make ethical decisions is an ongoing, developmental process. As such, it cannot be accomplished in one course. Based on the results of this project, it does seem that if we familiarize students with the profession's Code of Ethics from the beginning of their programs, they can use that foundation to navigate the complexities of the decision-making process later in the program. Students came into this class with basic information about counseling ethics and for some, limited experience working with clients. Yet as a group, they began this course with naive notions about ethical decision making. In the end, their understanding of the Code of Ethics and how one makes ethical decisions had changed in important ways.

Changes in how these students understood and approached ethical decision making can be viewed from several perspectives: the students' perceptions of their development, their ethical decision-making behavior as reflected in their papers and evaluated by the instructor, and the instructor's reflections on students' development based on in-class discussions. The major changes that are visible from these three perspectives are summarized in Table 1.

Growth was evident in the following areas:

- a) increased tolerance for the ambiguity of the Code of Ethics and the decision-making process,
- b) increased awareness of how their values influenced the process, along with an understanding that counselor values and beliefs play an important role in ethical decision making,
- c) the ability to approach ethical decision making as a process in which the counselor considers multiple factors; and
- d) movement toward considering the welfare of the client as a paramount consideration in ethical decision making

The learning process, as observed from these three perspectives, does reflect the literature on sound ethical decision making and how it is learned. As a research project, however, there are many limitations. It is not clear is whether these students used any particular decision making models. While they learned to take a variety of factors into account in making ethical decisions, I did not ask which models they were using in their decision making. At this point, I haven't tried to identify which, if any, models appear to stand out. This would be useful information to obtain the next time I teach the course. The extent to which theory about ethical decision making colored my observations is unknown, and there were no other observers to review papers or in-class discussions. The observations were based on a very small sample. I did not look at ways in which individual differences may have influenced students' learning. Yet, despite these and other limitations, I feel much more "tuned in" to how students learn ethical decision making. And while that was my initial goal, I ultimately learned much more.

**TABLE 1: CHANGES FROM THREE PERSPECTIVES**

	<b>STUDENTS' PERCEPTIONS (In 2 autobiographies)</b>	<b>STUDENTS' WORK (Evaluated by instructor)</b>	<b>INSTRUCTORS' PERCEPTIONS (In class)</b>
<b>AMBIGUITY</b>	<p>#1: Look to Code of Ethics for clear answers</p> <p>#2: Code of Ethics is not black and white</p> <p>There is room for counselor choice and judgment</p> <p>There can be more than one correct decision</p>	<p>More willing to take risks in decisions, thus acknowledging that they have choices (i.e., with a potentially suicidal client, confidentiality doesn't necessarily have to be broken)</p>	<p>Class #2: Searching for laws/ethical standards for direction</p> <p>Class #7: Begin to see "contradictions" in the Code of Ethics (client autonomy vs. prevent suicide)</p> <p>Class #9: Questioning some of the standards (What's the rationale for waiting 5 years instead of 3 years to enter relationship with former client?)</p>
<b>VALUES</b>	<p>#1: See their values as congruent with the profession; counselors cannot impose their values; imply that they will have little trouble keeping their values out</p> <p>#2: Their values, beliefs, and experiences play a role in ethical decision making</p> <p>Ethical decisions often involve value choices</p> <p>Awareness of one's values is key to not imposing those values on the client</p> <p>More clarity on their own values and how those interface with the profession's ethics</p>	<p>Increasing identification of their own values and beliefs; more discussion of how they consider their values/beliefs in decisions</p> <p>Increasing discussion of their struggles to reconcile their values and beliefs with ethics of profession (and law)</p> <p>They begin to discuss the profession's ethics as their own value, not external to them (i.e., Supervision is necessary, not just because it's ethical but because I value it for me and my clients)</p>	<p>Class #3: They express outrage at the idea that a counselor would allow personal values to interfere; discuss putting their values to the side as if it would always be easy</p> <p>Class #6: They discuss one student's realization that "Our values are really guiding what we do!"</p> <p>Class #7: They raise the question: "Do we have an obligation to break confidentiality?" Many agree that personal morals come in here strongly</p>
<b>DECISION MAKING</b>	<p>Ethical decision making is a (systematic) process in which many factors must be considered, not just "gut instinct"</p> <p>I have learned to think through all the possible choices and the outcomes</p>	<p>Used more components of decision-making models in discussing how they made decisions</p> <p>More discussion of how those factors contributed to their decisions</p>	<p>Class #9: Looking for alternative ways to resolve situations (i.e., How can we barter so that it doesn't harm the client and meets counselor's need for clear boundaries?)</p> <p>Begin to consider the specifics of situations, recognizing that there is not one correct decision that fits all (i.e., question time limit on relationships with former clients)</p>
<b>CLIENT WELFARE FOCUS</b>	<p>Promoting client welfare must be at the forefront of decisions</p>	<p>They begin to discuss ways to interpret the Code of Ethics and law in the context of what is in the client's best interest; also consider client's culture (reporting possible child abuse may not be the best option)</p> <p>Begin to distinguish between personal preference and what would be best for the client</p>	<p>Class #12: They ask questions such as, "Is anyone being hurt?" (Do no harm); What is in the client's best interests? How will this decision benefit the client? much more as the semester progresses</p>

***SPIRALING UPWARD***

Learning about my students' process of development in ethical decision making has informed my teaching in ways that I did not anticipate or plan. The process that they *must* go through in order to learn this challenging task is clearer to me than it has been in the more than 25 years that I have been teaching. Why is this so? One reason may be that I "watched" them much more closely than I have in the past. My interest in how they were progressing in the decision-making process is a lens through which I haven't approached this class. I have always had ideas about what they should learn, but I've never concentrated on finding ways to observe that learning process. I always concentrated on how and what I would teach. In this class as I focused more on how students were learning, and I began to modify my teaching accordingly. Thus, I moved from being "teaching-centered" to being "learning-centered," a paradigm shift that Weimer (2003) sees as necessary for effective instruction and student learning. She notes that faculty make too many decisions about learning for their students; that instruction is too teacher-centered; and that when the priority is on covering content, students don't understand what they've learned. She notes, "beginning with learning can start a change process that ends with transformed teaching" (p. 54).

Now that I have a clearer sense of how students learn ethical decision making, I can modify the course to better facilitate this *learning process*. Admittedly, I did some of this during the semester. For example, as I watched how useful the small group discussions seemed to be, I increased the time in small groups and decreased my lecture time. I gradually became more comfortable with the idea that students would learn from each other. I had to decide what was most important for me to convey to them. That boiled down to stressing things like the ambiguity of ethical decision making and the importance of remaining aware of how their own issues and values may be coloring their decisions. I had to be very careful not to imply what I would do or what I thought was the best course of action, something I noticed myself doing early in the semester. I could serve as the facilitator of their learning instead of the director of their learning.

In their final reflection papers, I asked students to discuss the most beneficial aspects of the course. Every student identified the small-group discussions as being central to their learning. They described these discussions as helpful because they provided an opportunity to problem-solve with others. Hearing others' views gave students ideas they may not have considered before and provided them with new ways to think about the cases. One step in many ethical decision-making models is consultation with other professionals. Students noted how useful consulting with their peers could be. I have yet to systematically analyze all of the small group discussions. I would like to find out *how* they worked. What did the processes in those groups look like? That is one of my next steps.

Many students also discussed the benefits of writing the ethical dilemma papers. They noted that these assignments required them to work through all the possibilities for each case, to think through all the possible choices and outcomes, and to really research each issue carefully. This told me that I can reduce the amount of time I spend "giving" them information. If I provide the right readings and assignments, they will learn the "information" on their own as they struggle to address these dilemmas.

It is clear that students need sufficient class time to process with each other and with me. They need to hear many diverse perspectives. As Neukrug (1996) noted, we need to support and challenge their schemas so that they move to more complex ways of viewing ethical dilemmas and more effective ethical decision making. When I asked them to identify comments from class that stayed with them, many mentioned my statements referring to the Code of Ethics as a guide that didn't provide absolute answers about what they *must* do. I stressed that the choices are theirs to make, and eventually they began to believe that. They began to accept the ambiguity inherent in ethical decision making. Perhaps once they accepted this ambiguity, they were freer to recognize their own beliefs and values.

As a result, in the future I will focus even more on how students' beliefs and values influence their choices, how they align and don't align with the Code of Ethics, and how they can reconcile differences between

the two. I will likely provide more opportunities for them to recognize their values along with time to discuss strategies for reconciling those values with professional ethics. Although I've known these things theoretically, I know them in a much more convincing, experiential way now. I began this project intending simply to observe students in the process of learning to make ethical decisions. By the end I realized that I had learned nearly as much about my teaching as I had learned about their learning.

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**APPENDIX A*****ETHICS BIOGRAPHY (SUBMITTED IN WEEK #2)***

- a) What did you learn from your family-of-origin about right and wrong?
- b) What formative experiences account for how you live your life? (optional)
- c) What personal values, morals, and traditions are most important to you personally?
- d) How might your personal values, morals, traditions align with and/or conflict with professional ethics *as you understand them at this point in your education?*
- e) What effects might this agreement or conflict have on your work with clients?

***ETHICAL DILEMMA PAPERS (SUBMITTED ONE MONTH, TWO MONTHS, AND THREE MONTHS INTO THE SEMESTER)***

Read the “Case of X” and describe how you would handle the case, focusing on the *ethical and/or legal dilemmas* in this situation. In your discussion, describe how each of the following factors (2, 3, and 4) contributed to your decision about how to proceed:

1. What is the central ethical dilemma facing the counselor in this case?
2. Identify the 2005 ACA ethical standard(s) and/or Michigan laws that are most relevant in deciding how to proceed in this case.
3. Discuss the ethical principles (autonomy, nonmaleficence, beneficence, justice, fidelity) that would influence how you would proceed in this case.
4. What personal values and/or beliefs might influence how you would handle this case?

***ETHICS AUTOBIOGRAPHY REVISITED (FINAL REFLECTION PAPER) (SUBMITTED AT THE END OF THE COURSE)***

1. Describe the most important new learnings/insights you gained about the profession’s ethical code, your own values/morals and how those align with the ethics of the profession, making ethical decisions in counseling.
2. Are there any comments that you heard in class (from other students or the professor) that will stay with you? Why will these stay with you?
3. What aspect(s) of the class were most helpful in facilitating your learning about making ethical decisions (i.e. small group discussions, large group discussions, writing papers, listening to “lectures”; reading; other?) Briefly discuss how these activities were helpful to you.