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Ethical Dilemmas Confronting School Psychologists

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Ethical Dilemmas Confronting
School Psychologists

A Project
Presented to the
Department of Psychology
and the
Faculty of the Graduate College
University of Nebraska

In Partial Fulfillment
of the Requirements for the Degree
Education Specialist
University of Nebraska at Omaha

by
Karol Basel
June 1, 1990

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PROJECT ACCEPTANCE

Accepted for the faculty of the graduate college
University of Nebraska, in partial fulfillment of the
requirements for the Education Specialist, University of
Nebraska at Omaha.

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ABSTRACT

This study was conducted to investigate school psychologists' perception of the utility to published ethics codes on ethical decision making. Subjects were randomly chosen for this national survey based on their membership in the National Association of School Psychologists. Subjects were presented 25 dilemmas based on specific ethical codes published by the American Psychological Association and National Association of School Psychologists. Respondents were asked whether they had encountered similar dilemmas in the past two years and how well ethical codes had prepared them to solve each dilemma. Respondents indicated that they had experienced few of the dilemmas in the recent past and perceived themselves to be well prepared to solve similar dilemmas. Prior experience solving similar dilemmas was significantly associated with subjects' level of preparedness to solve some dilemmas but not all. Sex, age, highest degree obtained, or number of years experience in school psychology was not found to be significantly related to the respondents' perception of preparedness to solve dilemmas on their prior experience with dilemmas. Familiarity with the American Psychological Association ethics code, but not the National Association of School Psychologists ethics code was found to be related to the respondents' prior

experience with dilemmas. Familiarity with either code was not significantly related to the respondents' perception of preparedness to solve ethical dilemmas. Future investigations are needed to explore the relationship between ethics training and the nature of the code itself on the process of ethical decision making.

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INTRODUCTION

The discussion of ethics has become the subject of much discussion in recent years. Increasingly, local, national, and international leaders have become concerned over the possible violations of standards of ethical practice. Indeed, the newly elected President of the United States, George Bush, ran on a political platform promising to hold all future governmental leaders to high ethical standards. Society's seeming recommitment to ethical practices may reflect the growing complexities of modern life. Keith-Spiegel & Koocher (1985) argue that in an effort to obtain moral guidance in a highly mobile, quickly changing society, few advisors or guideposts to ethical behavior remain. Individuals are often left to make moral decisions based only on their internalized conceptions of right and wrong. Consequently, the chance of making an unsound decision is great.

Ethical guidelines represent a profession's attempt to translate shared values into principles of professional conduct and to regulate its members relationships with clients, other professionals, and society (Hughes, 1986). Professional codes of ethics serve a dual role in the protection of clients from substandard practices as well as protecting the image of the profession in society. The goal of ethical codes may have more to do with raising the level of consciousness among its members to possible moral

dilemmas than as a means of prohibiting action or punishing violators according to Baumrind (1971). Ethical standards are especially critical when there is an attempt to alter an individual's behavior, thinking, or feelings and when the outcomes of such procedures are unknown (Tauber, 1973). Roston & Sherrer (1973) maintain psychologists appear to be held to "higher standards than most other professionals because they are dealing with areas in the private lives of their clientele where the public holds deeply ingrained beliefs, attitudes, and prejudices" (p. 270).

For school psychologists, ethical standards are of paramount importance for several reasons. First, the role and function of the school psychologist is rapidly changing. School psychologists are increasingly working with adults as well as children and finding employment in settings other than primary and secondary schools (Timm, Myrick, & Rosenberg, 1982; Levinson, 1986; Levinson & Shepard, 1986). Second, school psychologists are shifting away from a consultation-learning strategies model to one that recognizes the importance of the family system (Woody, 1989). Finally, although new opportunities are available for school psychologists, the mainstay of the profession is still the school. The nature of school psychology practice is such that psychologists are forced into a dual relationship with the client and employer. Mitigating the needs of the client (usually a child) and the employer (school) often makes decision-making extremely difficult if

not altogether impossible. School psychologists must become thoroughly familiar with the ethical codes of their regulating bodies (American Psychological Association [APA] and National Association of School Psychologists [NASP]), as well as developing a strong personal foundation upon which to make moral decisions when these codes offer no clear alternative for solving difficult situations.

Keith-Spiegel & Koocher (1985) suggest that ethical codes arise out of the public's expectation that practitioners in a given position will be competent to practice and will cause no harm to the consumer. A survey of psychologists by Haas, Malouf, & Mayerson (1986) found that despite a consensus among experienced psychologists that certain situations represented serious ethical concerns, few actions were widely agreed upon as appropriate resolutions. Ethical codes are a necessary development within a profession as it provides a means through which to educate its membership. The ethical code adopted by a profession not only alerts practitioners to troublesome issues and dilemmas they are likely to encounter, but also increases the practitioner's awareness of ethical standards of performance (Moore, 1978). Familiarity with moral codes helps practitioners avoid legal and professional sanctions that may be assessed when ethical conduct is breached. By knowing which behaviors are expected and which should be avoided, there is less

likelihood that the practitioner will make unwise decisions.

Ethical codes also provide a means through which the professional educates the consumer. The nature of the therapeutic relationship, right to treatment, and confidentiality are only a few of the issues that may be addressed during the course of psychological treatment. When both the practitioner and client are well informed of the expectations and limits of a given service, there is less likelihood of misunderstanding.

The consumers of school psychology services are typically children. By virtue of their age, children may be the least informed of all consumers and the most vulnerable to damage by unethical behavior. Therefore, school psychologists must make every effort to ensure the appropriateness of their services in an environment that is morally correct. Familiarity with moral codes and issues provide a means to accomplish this goal.

The regulation of ethical standards has evolved over the years from a perspective that practitioners should monitor the ethical behavior of their colleagues to the current trend of regulating bodies and state licensure boards working together to evaluate a professional's fitness to practice. Ethical decisions can be difficult to make because solutions to dilemmas may not always be clearly defined. The appropriate solution to one situation may not apply to a similar set of circumstances at another

time. The practitioner who seeks consultation with colleagues about the morality of his/her decision-making is more likely to avoid improper actions than one who does not. Collaboration with one's professional peers does not, however, guarantee that society will be protected from disreputable practitioners. Regulatory bodies such as NASP and APA provide rules of conduct to its membership but provide no means other than expulsion from the organization, to ensure public safety. By cooperating with state licensure boards, regulating bodies have found a way of inhibiting practice by unqualified or unworthy practitioners.

The present study was undertaken to investigate the influence of ethical codes on decision-making by school psychologists. It is important to understand how ethical decisions are made so that professionals may be trained to avoid ethical pitfalls. By understanding the types of dilemmas school psychologists face in the course of daily practice, the effectiveness of written ethical codes may be evaluated.

The relationship between familiarity with ethical codes and ethical decision-making was investigated by examining school psychologist's responses to a questionnaire. Subjects were asked to respond to 25 ethical dilemmas developed by the author. The dilemmas were based on APA and NASP ethical principles. Subjects

were selected from among the NASP membership and represented a nationwide sample. Respondents were asked whether they had encountered similar dilemmas in the past two years and how prepared they perceived published ethics codes had prepared them to solve each dilemma. Factors thought to influence subject's ability to make ethical decisions were: age, number of years experience in school psychology, and highest degree obtained.

REVIEW OF LITERATURE

This review of literature addresses four issues related to ethical decision-making: the nature of ethical codes, how ethical decisions are made, the importance of developing an internalized value model from which to make ethical decisions, and the role of training in ethics.

The purpose and meaning of each of the ethical principles outlined by APA (American Psychological Association, 1981) and NASP (National Association of School Psychologists [NASP, 1984]) will not be discussed other than in general terms. There are few empirical studies available other than for the APA principles of competency (Principle 3; Stevens, Yock, & Perlman, 1979; Peterson & Bly, 1980; Claiborn, 1982) and confidentiality (Principle 5; Swoboda, Elwork, Sales, & Levine, 1978; Woods & McNamara, 1980; DeKraai & Sales, 1982; Knapp & Van de Creek, 1982). The author found no studies which specifically pertained to NASP principles. In addition, there is a general lack of studies concerned with how ethical behavior influences the practice of school psychology. For these reasons, studies will be reviewed that pertain to related disciplines of psychology such as clinical and counseling psychology. The investigator believes that the more important question is how and if school psychologists are using ethical codes rather than how each ethical principle is interpreted. A copy of the

APA ethical code can be found in Appendix A and a copy of the NASP principles can be found in Appendix B.

Nature of Ethics Codes

Ethics codes may be described as mechanisms of moral self-regulation established to ensure that professionals use appropriate skills and techniques (Keith-Spiegel & Koocher, 1985). Ethical codes are developed by members of a profession in an attempt to balance the needs of the practitioner with the rights and interests of the clients who utilize their services (Wilensky, 1964). Kitchener (1984) and Van Hoose & Kottler (1977) have argued that the psychologist's code of ethics originated historically, and is maintained by a desire to protect the profession from outside regulation by providing the profession with a means to police its members. Although psychology has a long-standing tradition of advocating for human rights, these authors cite the growth of the consumer movement as one motivation for the discipline to remain sensitive to the rights of many defranchised groups such as the mentally retarded, mentally ill, and gay community. Kitchener (1984) believes that ethical codes are written to be more protective of the profession itself than the consumer and by doing so ignores many issues of ethical concern.

Ethical codes tend to be written in very broad terms in an attempt to serve many different functions.

Keith-Spiegel & Koocher (1985) suggested that ethical codes

must necessarily be worded broadly in order to accomplish their many functions. In addition to providing a guide to accepted professional practice, ethical codes for psychologists provide a vehicle to alert professionals to ethical issues, a means to identify and respond to unethical behaviors. Ethical codes also attempt to regulate the conduct of professionals with different training backgrounds who work in diverse settings. The ultimate goal of any code of ethics is the protection of society at large. Both APA and NASP make provisions for the protection of not only clients, but students in psychology programs, supervisors of student clinicians, employers, and human and animal research participants.

Ethical codes may be considered "living documents" since they are periodically revised to reflect emerging philosophical views within the profession or society, as well as case law that affects professional conduct (Keith-Spiegel & Koocher, 1985). Tymchuk, Drapkin, Major-Kingsley, Ackerman, Coffman, & Baum (1982) are among those who suggest that changes in professional practice often occur so rapidly that not even regular revisions of codes are able to address every aspect of professional practice. Terasoff V. Regents of the University of California (1974, 1976), provides an unfortunate case in point. It was not until approximately six years after the California courts ruled that psychologists had a duty to warn potential victims of a client's dangerousness that the

APA codes reflected this position. Litigious-minded professionals had long since adopted this recommendation after the initial court ruling in 1974.

In defense of regulatory organizations such as APA and NASP, Welfel & Lipsitz (1984) pointed out that the purpose of ethical codes was never to become so specific as to eliminate the need for the professional to use judgment, but rather to act as a resource to assist him/her in determining the applicability of the code to the present situation. Several investigators (Paradise & Siegelwaks, 1982; Tymchuk et al., 1982; Welfel & Lipsitz, 1984) have argued that ethical dilemmas frequently occur when the exact nature of the problem cannot be categorized according to the existing principles, or in some cases, when adherence to one portion of the code results in the violation of another portion. It would seem then that ethical codes are written as broad guidelines to help direct the professional toward morally correct behavior, but that the principles are often so broad that they may confuse an already complex situation.

Another important criticism of ethical codes arises from the difficulty with which regulatory bodies have in invoking meaningful punishment to rule violators. Ethical codes are not laws and as such are not legally binding. Codes are statements of expected behavior to be adhered to by the members of a particular organization. The correspondence between legal and ethical standards may only

partially overlap. Where laws do not exist that pertain to certain levels of conduct, regulating organizations must rely on the good will of their membership to maintain high standards (Keith-Spiegel & Koocher, 1985).

State and national organizations have established committees designated for maintaining quality control and imposing sanctions on professionals who violate their ethical code. Goodyear & Sinnett (1984) note that these groups vary a great deal in the extent to which they are visible to both the public and to their membership, how actively they pursue reports of violations and the degree to which they project an educational orientation. Ethics committees are severely restricted in the scope of their power since only those professionals who are members of the organization are subject to their sanctions and the most extreme penalty that can be imposed is to remove the individual from membership (Goodyear & Sinnett, 1984). To make matters worse, membership in regulatory organizations is not required for professionals to practice. Ethics committees can be quite slow in processing rule violations. Hall & Hare-Mustin (1983) reported that many organizations took up to two years to process a single case. The Ethics Committee of the APA reported in 1988 that the average length of time required to dispose of a report of ethics violation was eight months. Ethics committees must rely on volunteers to investigate complaints who may be unfamiliar with due process and administrative procedures. As the

result, decisions made by these bodies carry a greater risk of being overturned in courts on the basis that hearings were not conducted with procedural propriety (Sinnott & Linford, 1982). Because of the limited power of ethics committees, Goodyear & Sinnott (1984) have recommended that regulating organizations establish better liaisons with courts and state licensure boards. Working together, these three bodies could offer a broader range of sanctions to violators from a simple reprimand to removal of licensure.

Despite the many flaws of ethical codes, they serve a vital function in projecting a positive image of the profession to the public and being widely available to its members as a resource. Effective self-regulation requires more than clearly written, widely available, and strictly enforced ethical codes, however. The members of a profession must be able to make reasoned judgments when no one course of action appears entirely ethical or unethical. This requires an understanding of how ethical decisions are made.

The Process of Ethical Decision-Making

Halleck (1971) suggests that psychologists never make ethically or politically neutral decisions. Halleck argues that every decision a psychologist makes will have an impact on the distribution of power within various social systems. Carl Rogers (1977) echoed this sentiment when he claimed he came to the realization late in life that

client-centered therapy was indeed a political activity in the sense that the therapist has a great deal of power and control over a client's life. Understanding the process by which ethical decisions are made is important in light of the power psychologists unintentionally hold over their clients and the psychologists' duty to take no course of action that will result in harm to the client.

Kitchener (1984) suggests that a moral dilemma exists when there are good, but contradictory ethical reasons to take conflicting and incompatible courses of action. Frequently, psychologists appear to lack the skills necessary to identify the relevant issues in a given situation. Few studies exist which have investigated the effectiveness of ethics training on practitioners. There appears to be a relation between the complexity of moral judgments and age and education. However, exactly how education influences moral reasoning is unclear. Better educated individuals appear to use more complex and moral reasoning than individuals with less education. College students and typical graduate students may not reason at the highest possible level (Rest, 1984). To further complicate matters, individuals may appear to understand certain moral principles but make moral judgements based on intuition or moral codes (Rest, 1979). Rest (1983) reported greater change in moral reasoning resulted from interventions that had an explicit emphasis on moral reasoning and lasted at least three months.

Baldick (1980) used the Ethical Discrimination Inventory (EDI) to investigate the moral reasoning of psychology interns. The EDI includes 12 ethical dilemmas for which subjects are asked to produce the ethical considerations that influence each situation. Of the 234 interns sampled, a significant correlation was found between level of ethics training and ability to discriminate relevant from irrelevant cues. Those subjects who had participated in a formal ethics course were better prepared to solve dilemmas than subjects who received informal training or no training.

Kitchener (1984) suggests moral reasoning occurs at two levels. The first level, which has been called the intuitive level (Hare, 1981), results when the individual makes decisions based on the empirical facts of the case and on the individual's ordinary moral sense. The individual's moral sense allows him/her to respond immediately and at a prereflexive level based on the individual's prior ethical knowledge and experiences. Beauchamp and Childress (1979) argue that these moral "feelings" form the basis of an individual's ordinary moral judgment. Immediate moral feelings are thought to be essential to everyday moral decision-making because they operate at an automatic level, leaving the individual free to respond immediately to crisis situations. There is evidence that psychologists make many ethical decisions on an intuitive level rather than on a more critical,

evaluative level. Tymchuk et al. (1982) found in a survey of clinical psychologists that respondents tended to make evaluative moral judgments only on those issues in which clear moral standards already existed, when a consensus existed within the profession about how to respond, and when the issue was of current professional interest.

Moral feelings are not sufficient however, to solve situations in which the individual has no ordinary sense of how to solve moral problems. Therefore, a second level is needed. Kitchener (1984) calls this second level the critical-evaluative level. It is invoked when the ordinary moral judgment fails or when the individual must evaluate the appropriateness of ordinary moral judgments. The critical-evaluative level is composed of three tiers of increasingly general and abstract forms of justification. If the first tier of justification fails, the individual moves up the tiers until the dilemma can be solved. The first tier is composed of moral rules such as ethical codes and laws. These codes and laws are grounded in ethical principles which in turn are grounded in ethical theories. Because the ethical codes frequently offer contradictory and ambiguous guidelines, the second tier (ethical principles), may be required in order to make judgments. Ethical principles are more general and fundamental than moral rules or codes and serve as their foundation. Ethical principles provide a more consistent framework within which problems may be considered as well as provide

a rationale for the choice of items in the code itself. Kitchener (1984) cites the principles of autonomy (responsibility for one's own behavior, freedom of choice), beneficence (contributing to the welfare of society), nonmaleficence (not causing harm to others), justice (fairness), and fidelity (faithfulness, loyalty) as the most critical variables in which to evaluate ethical dilemmas in psychology and as the basis of the professional ethical codes. Moral principles are considered to be *prima facie* valid. That is, they are neither absolute or relative, but are always ethically relevant and can be discarded only when there are stronger ethical obligations. Ross (1930) has argued that some *prima facie* duties may be more powerful than others. Individuals must look to the relevance of each principle in determining which principle takes precedence over another. For example, not doing harm to another seems to outweigh the principle of fidelity in our society.

Ethical theories constitute the third tier and directs the individual to investigate formal ethical theories to provide appropriate rationales for overriding conflicting moral principles. Kitchener's framework for ethical decision-making has not been empirically tested, although it provides a useful conceptual framework from which to understand the process of ethical decision-making.

Rest (1984) reviewed the literature on morality and offered an alternative to Kitchener's critical-evaluative

model of moral reasoning. Rest's model has the advantage of being more readily understood and of immediate usefulness to professionals confronted with moral dilemmas. Rest suggests moral reasoning occurs when four interacting psychological components are investigated. The first component requires the individual to interpret the particular situation as a moral dilemma and to be able to discriminate the relevant variables involved. Examples of these critical variables include: who is involved, what courses of action are available, and how these alternatives may affect the welfare of the actors. Perception, role-taking, and cause-effect reasoning compose the first component of moral reasoning according to Rest. The second component requires the individual to judge which of the alternatives available appear to be more just or morally correct. The individual must determine the fairness of each alternative by assessing the relative strength of competing moral claims, determining which factors take precedence over others, and integrating diverse aspects of each case so that a single alternative can be isolated. The third component involves choosing the solution that has been identified as the most morally correct. Finally, component four recognizes that it is not enough to have chosen the most moral course of action, the individual must actually follow through with the decision and put it into effect. This involves self-regulation and execution skills that may be necessary to carry out the decision. Rest

assumes that all four components must be completed before moral behavior is said to occur.

Like Kohlberg's model of moral reasoning, Rest offers no specific empirical evidence to support his model. He does demonstrate how previous research findings may be accounted for by his model. Rest's model seems to be more immediately testable than Kohlberg's since he has defined many concepts in quantifiable terms that are expected to be found at each of the four levels of reasoning. Both Kohlberg and Rest incorporate cognitive, affective, and behavioral input into their model offering a more complex and sophisticated explanation of moral reasoning.

Other models of moral reasoning do exist. Rest and Kohlberg's models were chosen particularly because they have been recently proposed and represent a modern, complex perspective of moral thought and because their goal is to address the process of moral decision-making in psychology. Until there is empirical evidence to support either of these two models, they remain purely theoretical in nature. They do, however, provide useful conceptualizations of the decision-making process and provide at least a tentative guide to some of the factors that may be considered when confronted with ethical dilemmas.

The Need for an Internalized Value System

Despite the existence of moral codes and standards of practice to guide psychologists, little data exists

regarding the degree to which professionals believe in or adhere to such guidelines. Pope, Tabachnick, & Keith-Spiegel (1987) have attempted to address this short coming in a survey of 456 members of APA Division 29 (Psychotherapy). These investigators found that the professionals' behavior may not always reflect what he/she believes to be ethically correct. For example, approximately two-thirds of the respondents surveyed reported they had disclosed confidential material unintentionally, yet three-fourths of the respondents believed that such behavior was unethical. The investigators speculated that specific ethical standards may not reflect commonly held beliefs among the APA membership. This may be especially true of standards that are less familiar to professionals, such as treating minors and performing forensic work. When confronted with difficult moral decisions, it appears that psychologists are largely guided by their beliefs. A survey of psychologists by Pope et al. (1982) supports their findings of Tymchuk et al. (1987) and suggests that professional decision-making may be related to the availability of standards and the nature of the decision at hand. When ethical or legal standards exist and when the issues are current and related to the therapeutic relationship, professionals seem to have less difficulty making decisions. These findings suggest that it is not enough to ensure moral behavior by providing codes of conduct and

developing an understanding of how moral decisions are made. When in doubt, it appears that professionals follow their personal internal belief system. Therefore, it is important for professionals to develop a sophisticated value system in order to facilitate morally correct decisions.

Van Hoose (1980) warns that reliance on published ethical codes in decision-making may discourage the development of an internalized value system. Pelsma & Borgers (1986) advise professionals to develop a personal theory that is well grounded in empirical fact but can be tested through personal experimentation and experience.

A value system or scheme refers to "an enduring organization of beliefs concerning preferable modes of conduct or endstates of existence along a continuum of relative importance" (Rokeach, 1975, p. 5). All individuals develop standards, mostly implicit, about what constitutes acceptable and unacceptable behavior (Baron & Byrne, 1984). Value systems are shaped by the larger context of society and change over time (Asch, 1951).

Psychologists develop ethical value systems as part of their personal development of professional "responsibleness" (Tennyson & Stron, 1986). Tennyson & Stron (1986) argue that the development of personal responsibleness is not limited to the period of graduate training, but must be cultivated throughout the professional's career. These authors believe that a

personal value system is the product of two processes: critical reflection and dialogue about critical issues. Value systems are facilitated by two prerequisite conditions: a commitment to rational thinking and an orientation toward moral principles. Rational thinking involves gathering, constructing, and processing various pieces of information relevant to the ethical decision. A critical assessment is made of the beliefs, reasoning, and feelings held by the professional and others affected by the decision. Critical reflection requires the professional to confront his/her personal beliefs and values that underlie the profession. For psychologists, this process may involve formulating and evaluating intervention goals and justifying the use of specific strategies.

Through the process of communication, solutions to some dilemmas may be derived from a rational and open exchange of ideas and values. Problem-posing communications are thought to be central to the exchange of ideas (Tennyson & Stron, 1986). The communication process serves to promote a shared analysis of the situation at hand in terms of its meaning, actions, and value. Dialogues help increase the professional's awareness of his/her own unique beliefs and values, clarifies contradictions, and helps resolve the moral issues involved.

Although Tennyson & Stron (1986) do not indicate whether the ability to critically analyze problems is dependent on the individual first having examined his/her own personal beliefs, this seems to be a reasonable expectation. Unless the individual has first explored his/her own feelings on a particular issue, there is little basis in which to explore one's beliefs at a professional level, much less conduct a meaningful dialogue with another.

Responsible professionals may be characterized by their use of multiple sources of guidance (Mabe & Rollin, 1986). A survey by Pope et al. (1987) found that psychologists perceive consultation with colleagues to be their most useful resource for obtaining information and guidance concerning ethical issues. DePauw (1986) advises counselors to use a counseling time line in order for the professional to remain aware of the types of ethical dilemmas that are likely to occur during the different stages of therapy. This approach may be easily adapted for use by school psychologists and allows the professional to explore critical issues and plan for them before a problem arises. Responsible professionals would also be more likely to engage in dialogue with peers or supervisors before potential problems arise. DePauw's time line approach may be especially useful for the new professional and offers a means by which supervision can be quantified. DePauw's counseling time line is presented as Table 1.

Table 1*

Timeline Ethical Considerations

| | |
|--------------------------------------------------------------------|--------------------------------------------------|
| 1. Initiation Phases Issues | II. Ongoing Counseling Issues |
| A. Pre-counseling considerations | A. Confidentiality |
| 1. Advertising | B. Special issues of confidentiality with minors |
| 2. Avoiding misuse of institutional affiliations | C. Consultation |
| 3. Financial arrangements | D. Record keeping |
| 4. Donated services | |
| B. Service provision issues | III. Dangerous and Crisis Concerns |
| 1. Adequacy of counselor skills, experience, and training | A. Threat to self |
| 2. Better service option for the client | B. Threat to others |
| 3. Concurrent therapist involvement | C. Child abuse |
| 4. Conflicting dual relationship | D. Gray areas |
| C. Informed consent issues | IV. Termination Phase Consideration |
| 1. Structures to educate regarding purposes, goals, and techniques | A. Referral if unable to assist |
| 2. Explanation of rules of procedure and limitations | B. Professional evaluation |
| 3. Supervision and consultation release concerns | |
| 4. Experimental methods of treatment | |

*From DePauw, M.E. (1986). Avoiding ethical violations: A timeline perspective for individual counseling. Journal of Counseling & Development, 64, 303-305.

Ethics Training as Part of Graduate Programs in Psychology

Hobbs (1986) urged psychology more than twenty years ago to improve graduate training in professional competency. He argued that a profession is ultimately judged by its social consequences. Hobbs believed that in order to improve the efficacy of psychotherapeutic techniques, a greater emphasis needs to be placed in graduate training in ethics and a more systematic inquiry was needed into the nature of ethics.

Early surveys investigating the role of ethics training in graduate psychology programs found that less than 10% of all programs polled offered a course in ethics (DePalma & Drake, 1956). Jorgensen & Weigel (1973) reported that 20% of all APA-approved graduate programs in clinical and counseling psychology did not offer a formal ethics course and concluded that these programs assumed students were sufficiently exposed to ethical issues through their association with professional role models (i.e., professors, graduate advisors, internship supervisors). Tymchuk, Drapkin, Ackerman, Major, Coffman, & Baum (1979) found that 67% of the APA clinical psychology programs responding to their survey (55 programs) offered a formal course in ethics. Almost all respondents (98%) indicated that ethics should be taught. There was a lack of consensus however on the best manner in which to teach ethics and what was considered to be the most appropriate curricula. In one of the few studies investigating

training in school psychology programs, Handelsman (1986) reported 86% of his respondents indicated that some training in ethics was required for their applied Master's program (i.e., clinical, counseling, school psychology). No data is available on the extent of ethics training at the Specialist or Doctorate level school psychology programs.

Little data is available on the nature and extent of ethics training programs. Newmark & Hutchins (1981) surveyed the content of ethics training in clinical internship programs and found that only 45% of all programs provided a formal, systematic, and comprehensive program in ethics. Systematic ethics training was characterized by a seminar/workshop on ethics and a continuing emphasis on discussion of ethical issues in case study throughout the internship year. The remaining 55% of graduate programs reported they held informal discussions of ethical issues as they emerged in supervision. The consensus among the latter group suggested that they expected entering interns to already be knowledgeable about ethics. On the basis of these findings, Newmark & Hutchins questioned whether the majority of internship programs are in compliance with the accreditation criteria for APA-approved internships. Although no data is available on ethics training in school psychology programs, it is likely that these internship programs are similarly lacking in formal ethics training.

In assessing the availability of ethics training in graduate psychology programs, it appears that there is a

growing consensus that such training ought to be included as part of professional preparation, and there does seem to be a trend toward instituting formal education in ethics, although some programs still do not offer such a course. One might conclude that training in ethics is not considered a priority among many professionals and that there is a general perception that experience offers a meaningful alternative to formal instruction. It should be noted however that both NASP and APA indicate ethics training should be included as part of a graduate psychology program. In terms of ethics curriculum, from what sparse information is available, there remains a great need to develop specific materials and coursework in this area.

Ethics may be learned in part, through faculty or supervisor modeling of ethical behavior (Kitchener, 1984; Michels, 1981; Nagle, 1987). Students may learn important behaviors related to the care of clients by observing models. In turn, being observed may increase the faculty/supervisor model's awareness of collateral ethical issues. The internship offers an excellent opportunity for observational learning to be utilized, but it may be best used in conjunction with other more systematic training strategies.

Practicum-based courses offer another opportunity to provide ethics training. The practicum setting emphasizes didactic instruction to the preprofessional and is uniquely

suited to provide ongoing discussions between student and supervisor on case-related ethical issues. Formalized ethics courses which provide for interactive group discussions are likely to be the foundation upon which most students gain training in ethics. In such classes, students might become familiar with professional ethics codes; the history and rationale for codes; as well as an exploration of the students' personal value system. Students might then learn to use higher-order decision-making schemes such as Kitchener's (1984) or Rest's (1984) discussed earlier in this chapter.

Current Needs and Future Directions

This review of the literature clearly indicates that there is an overwhelming need to improve the quantity of empirical research in the area of ethics. The majority of the studies reviewed concerned clinical psychology rather than school psychology. While these two disciplines share many similarities, the uniqueness of the added bureaucracy of the school system limit their generalizability. The few studies that have been conducted are most often surveys of opinion (Tymchuk et al., 1979; Tymchuk et al., 1982; Haas, Malouf, & Mayerson, 1986; Handelsman, 1986; Herlihy, Healy, Cook, & Hudson, 1987; Pope et al., 1987). Although they have provided valuable information as to the usefulness of ethics codes and the availability of ethics training, they do not provide the means with which to actually investigate

how psychologists come to make specific ethical decisions. Devising experimental designs with which to measure complex and covert processes such as the nature of ethical reasoning presents a challenge to the profession of psychology to place greater emphasis on the nature of ethics in general. Welfel & Lipsitz (1984) advocate the use of analog designs⁶ whenever concepts are too complex to study in a naturalistic setting. This type of research design seems ideal for the study of moral decision-making and as a means of evaluating the maturity of ethical decision-making by new professionals.

A second issue that needs to be addressed in the literature is the heavy reliance on outcome studies to investigate ethical issues rather than on the process of decision-making. Baldick's (1980) strategy of evaluating the subject's ability to discriminate critical factors associated with dilemmas provides a means by which this may be accomplished.

Investigators need to integrate the knowledge available from related areas of study in order to facilitate a more systematic study of ethics. For example, social psychology provides insights into the impact of social groups to conform to certain modes of thinking; personality theory's study of self-esteem and ego-strength can provide two sources of influence on ethical decision-making. Psychology as a profession must make a commitment to developing structured and formal ethics training.

Workshops on ethical decision-making should be conducted regularly to maintain and increase skills of practicing professionals.

The last issue concerns the usefulness of ethical codes and penalties issued for ethical misconduct. Clearly, ethical codes must reflect current issues and concerns in a given profession. Regulating bodies such as the APA and NASP must make a commitment to reviewing and revising their guidelines more frequently. Organizations such as the APA and NASP should take a leadership role in exploring new trends in service delivery such as providing family based interventions as mandated by PL99-457 (the Education of Handicapped Infants and Toddlers Act). Amendments and additions to ethical codes should be accomplished before ethical problems arise as a proactive measure rather than as a reaction against established professional conduct. Professionals are especially vulnerable for making ethical errors when guidelines do not assist in decision-making (Tymchuk et al., 1984). The APA and NASP might consider providing its membership with updates or reviews of specific ethical principles several times a year as a strategy to keep its membership informed of current ethical issues. The National Association of School Psychologists uses a similar strategy in its "Ethical Dilemma" section of the NASP newsletter, the Communiqué. The authors of this column describe an ethical dilemma in vignette form. Two school psychologists are

asked to solve each dilemma and provide a rationale for their response. Although the responses may help clarify the issues, it is likely to create further confusion to the reader when the two respondents differ in opinion. A better strategy would be for the NASP ethics board to respond to each situation with approved policy. Regulating bodies might also develop formal ethics courses that are required as part of the criteria to meet state or national certification/licensure. Developing specific curriculum for the instruction of ethics courses at the graduate level would help ensure that new practitioners had a solid foundation upon which to build their skills. Developing time lines similar to DePauw's (1986) would help alert school psychologists to common pitfalls such as client confidentiality or rights of a minor client that arise during the course of treatment.

Regulating bodies have a duty to educate its membership in how to avoid unethical behavior, but also to provide sanctions to members who do not comply with ethical guidelines. Both NASP and APA are limited in how they are able to consequence improper behavior. Their strongest sanction is expulsion from membership. Organizations might wish to publish accounts of the circumstances that lead to an ethics rule violation, the sanction received, and the approved strategy for solving the dilemma in their newsletters as a form of ethics education. Regulating bodies have begun to coordinate with state licensure/

certification boards as a means of ensuring violations are noted by peers and potential consumers. Regulating bodies have begun to provide the names of rule violators to state licensure boards who in turn have the option of denying renewal of the practitioner's credentials. Communication between states is a necessary component of this strategy to ensure rule violators do not merely seek licensure in different states. By cooperating with state boards, regulating organizations have found a means of imposing more meaningful sanctions that potentially have an impact on the professional's ability to continue practicing.

Summary

The issues that have been investigated in this review of literature have included: the nature of ethics codes, the process by which ethical decisions are made, a rationale for the development of an internalized value system, and the state of ethics training in graduate psychology programs. The conclusions that may be drawn suggest that the professional must incorporate many different levels of knowledge, from many different sources in order to make rational and ethical decisions. Because ethical codes are limited by their generality, the professional must become familiar with his/her own personal value system and develop a means by which to explore alternatives in order to anticipate and cope with the variety of ethical dilemmas that occur in the course of

service delivery. School psychologists in particular, need to become even more familiar with ethical codes and decision-making processes because of the changes that are occurring in the role and function of it's practitioners.

Hypotheses

This review of literature has illustrated the paucity of research into the ethical decision-making process. Little is known about how well published ethical codes help practitioners solve dilemmas or how familiar school psychologists are with existing codes. The types of dilemmas practitioners are likely to encounter during the course of service delivery is unclear. The present study was undertaken to investigate the degree of familiarity school psychologists had with APA and NASP ethical standards and the level of confidence they perceived themselves to have in solving dilemmas based on ethical principles. Subjects were selected from among the NASP membership and represented a nationwide sample. Responses were gathered by means of a questionnaire devised by the author. This investigation represents the initial step in understanding the relationship between ethical codes and decision-making as it applies to the field of school psychology. The following hypotheses were tested.

1. H_{null} : The ability to recognize stimulus situations as moral dilemmas is not significantly related

to the subject's own estimate of his/her degree of familiarity with NASP or APA ethical standards.

H_{alt} : The ability to recognize stimulus situations as moral dilemmas is significantly related to the subject's own estimate of his/her degree of familiarity with NASP or APA ethical codes.

2. H_{null} : The subject's level of education (Master's, Specialist, or Doctorate) is not significantly related to his/her perception of self-confidence in solving stimulus ethical dilemmas.

H_{alt} : The subject's level of education (Master's, Specialist, or Doctorate) is significantly related to his/her perception of self-confidence in solving stimulus ethical dilemmas.

3. H_{null} : The number of years experience as a school psychologist is not significantly related to the subject's perception of his/her degree of confidence in solving ethical dilemmas.

H_{alt} : The number of years experience as a school psychologist is significantly related to the subject's perception of his/her degree of confidence in solving ethical dilemmas.

4. H_{null} : The subject's level of familiarity with APA and NASP ethical codes is not significantly related to the subject's level of confidence in solving ethical dilemmas.

H_{alt} : The subject's level of familiarity with APA and NASP ethical codes is significantly related to the subject's level of confidence in solving ethical dilemmas.

In addition, an investigation will be made of the methods subjects use to acquire knowledge of professional ethics and in which settings subjects are employed. These variables will be useful in describing the study's participants.

METHODOLOGY

Instrument

A questionnaire was devised by the author to investigate the knowledge subjects held about ethical standards in school psychology and whether dilemmas based on NASP and APA standards had been previously encountered in the past two years. A copy of the questionnaire is included as Appendix C. The questionnaire was composed of two parts. The first section solicited demographic information about the respondent. This information included: age and sex of subject, level of education, level of experience in school psychology, type of work setting and client served, degree of familiarity with APA and NASP ethics codes, and the manner in which ethics training was obtained.

The second part of the questionnaire asked the subject to respond to 25 ethical dilemmas based on both NASP and APA published guidelines. A copy of the APA ethical codes is included as Appendix A. A copy of the NASP ethical codes is included as Appendix B. Ethical standards concerning human or animal research (i.e. APA principle 9 and 10; NASP principle D2) were not included for consideration as the author believed these activities did not play a significant role in the responsibilities of the average school psychologist. The investigator's own personal experience in school psychology indicated that

activities related to the evaluation and remediation of learning problems comprised the main function of most school psychologists. Two studies were found that support this assumption. A survey of secondary school principals (Hartshorne & Johnson, 1985) indicated that the actual and preferred role of school psychologists was psychological testing, counseling, and consultation. Research activities were the least valued by school administrators. A survey of 647 individuals seeking National School Psychology Certification (NASP, 1989) indicated respondents spent 40% of their time engaged in assessment activities, 20% of their time in consultation activities, and 10% of their time in intervention activities. Less than 1% of their time was used to conduct research or program evaluation activities.

The dilemmas chosen for the present study were selected because the investigator believe they represented real concerns in the day to day practice of school psychology. The investigator's personal experience in school psychology suggested concerns primarily lay in the broad areas of confidentiality, competence, and client welfare.

Part I: Subjects

Subjects were selected for this study on the basis of their membership in NASP. The National Association of School Psychologists purports to represent the interests of

the working professional. Its membership includes individuals with a wide variety of educational experiences (i.e. Master's, Specialist, and Doctorate degrees) and the investigator believed that subjects selected from NASP would best represent a cross section of the "typical" school psychologist. Although the American Psychological Association also represents school psychology (Division 16), its membership is only one-fifth (2252 members) that of NASP (10,595 members). In addition, the APA admits only doctorate level professionals to full membership, whereas NASP accepts both preprofessionals (graduate students) and professionals with as little as a Master's degree. The entry level for school psychology in most states continues to be a Master's degree and 30 or more additional graduate hours.

NASP divides its United States membership into five separate regions: Northeastern, Southeastern, North Central, West Central, and Western. Each region represents approximately 20% of the total membership of NASP. Two hundred names were randomly selected as subjects from the 1988 NASP Membership Director to conform with the proportion of membership of each state. Only members from the continental United States, Hawaii and Alaska were considered as subjects for this study. Table 2 presents the states that compose each of the five NASP regions and the number of subjects selected by state.

The original sample size of 200 was reduced to 198 because two subjects moved leaving no forwarding address.

Table 2

Composition of NASP U.S. Membership by Region and Number of Subjects Selected by State. (N=200)

| <u>Northeastern Region</u> (26% of Total NASP Membership) | | <u>Number of Participants Selected</u> |
|------------------------------------------------------------------|----------|--------------------------------------------|
| Connecticut | 6 | |
| Delaware | 1 | |
| Maine | 1 | |
| Massachusetts | 5 | |
| New Hampshire | 1 | |
| New Jersey | 8 | |
| New York | 19 | |
| Pennsylvania | 10 | |
| Rhode Island | 1 | |
| Vermont | <u>1</u> | |
| | 54 | (27% of Sample) |
| <u>Southeastern Region</u> (21% of Total NASP Membership) | | |
| Alabama | 1 | |
| Georgia | 4 | |
| Florida | 8 | |
| Kentucky | 2 | |
| Maryland | 5 | |
| Mississippi | 2 | |
| North Carolina | 4 | |
| South Carolina | 4 | |
| Tennessee | 4 | |
| Virginia | 6 | |
| Washington DC | 2 | |
| West Virginia | <u>2</u> | |
| | 44 | (22% of Sample) |
| <u>North Central Region</u> (22% of Total NASP Membership) | | |
| Illinois | 10 | |
| Indiana | 6 | |
| Michigan | 8 | |
| Ohio | 16 | |
| Wisconsin | <u>6</u> | |
| | 46 | (23% of Sample) |

Table 2
(Continued)

Composition of NASP US Membership by Region and Number of
Subjects Selected by State. (N=200)

| <u>West Central Region</u> (12% of Total NASP Membership) | | <u>Number of Participants Selected</u> |
|-----------------------------------------------------------------|----|--------------------------------------------|
| Arkansas | 1 | |
| Iowa | 3 | |
| Kansas | 4 | |
| Louisiana | 2 | |
| Minnesota | 4 | |
| Missouri | 1 | |
| Nebraska | 2 | |
| North Dakota | 1 | |
| Oklahoma | 1 | |
| South Dakota | 1 | |
| Texas | 4 | |
| | 24 | (12% of Sample) |
| <u>Western Region</u> (17% of Total NASP Membership) | | |
| Alaska | 1 | |
| Arizona | 4 | |
| California | 10 | |
| Colorado | 4 | |
| Hawaii | 1 | |
| Idaho | 1 | |
| Montana | 1 | |
| Nevada | 1 | |
| New Mexico | 1 | |
| Oregon | 2 | |
| Utah | 1 | |
| Washington | 4 | |
| Wyoming | 1 | |
| | 32 | (16% of Sample) |

A total of 137 questionnaires were returned, yielding a 69% overall return rate. Of those questionnaires returned, 102 or 74% were found to be correctly completed. Thirty-three (25%) of the questionnaires returned were found to be unusable because they were completed incorrectly (23); or because subjects declined to participate (10). Those subjects who returned the questionnaire but declined to participate in the study did so because they stated they were still in graduate school (1); a trainer of school psychologists (1); retired or otherwise not currently practicing school psychology (7); or provided no reason (1). Table 3 presents the number and percentage of returned questionnaires by region as well as a comparison of the percentage of returned questionnaires with the percentage of NASP membership by region. A comparison of the proportion of questionnaires returned by NASP region indicates that there is a close correspondence between the two. These findings suggest that a reasonably accurate representation of the U.S. NASP membership was obtained in this study.

Of the 102 usable questionnaires, subjects were identified as 35% male and 65% female. Respondents education level was found to be approximately equally split between a Master's (37%), Specialist (31%) and Doctorate (31%) degree. The average age of the subjects was 40.6 years, with a range of 26 to 67 years. The average number of years experience subjects held as school psychologists,

Table 3

Number and Percentage of Questionnaires Returned by Region and Comparison of the Percentage of Questionnaires Returned with the Percentage of the Total NASP U.S. Membership

| Questionnaires Returned | | | | | | | Percentage of Total NASP U.S. Membership |
|-------------------------|---------|---------|----------|---------|--------|---------|------------------------------------------|
| Region | Useable | | Unusable | | Total | | |
| | Number | Percent | Number | Percent | Number | Percent | |
| Northeastern | 25 | 18% | 5 | 4% | 30 | 23% | 27% |
| Southeastern | 25 | 18% | 9 | 6% | 34 | 25% | 21% |
| North Central | 24 | 18% | 8 | 6% | 32 | 23% | 23% |
| West Central | 17 | 12% | 2 | 1% | 19 | 14% | 12% |
| Western | 11 | 8% | 9 | 6% | 20 | 15% | 17% |
| Total | 102 | 74% | 33 | 24% | 135 | 100% | 100% |

excluding internship, was 9 years (range of 0-23 years). Most subjects indicated they worked in a traditional K-12 school setting, although work environments included private practice, administration, clinics, state schools for the sensory or cognitively impaired, and private and post-secondary schools. Table 4 presents the type of work settings in which subjects work by percentage. Note that subjects were asked to respond to all settings that were applicable, therefore the cumulative percentage is greater than 100%.

Subjects indicated they worked in a variety of community sizes, although urban settings were the most frequently identified. Community sizes included combinations of urban and rural areas, small towns, and suburban areas. Table 5 presents the type of community in which subjects work by percentage. Once again subjects were allowed to choose all applicable settings, therefore the cumulative percentage is greater than 100%.

Only 28 subjects (28%) indicated they were members of the APA. Sixty-one percent of the respondents indicated they were at least somewhat familiar with the APA ethical codes. Twenty-eight percent of subjects stated they were very familiar with APA ethics, and 11% indicated they were unfamiliar with this code. Although all respondents were NASP members, only 50% indicated they were very familiar with NASP ethical codes. Forty-eight percent of the respondents indicated they had some familiarity with NASP

Table 4

Type of Work Setting Engaged in by Respondents, by Percentage*

| Setting | Percentage |
|-----------------------------------------------------------------------------|------------|
| Preschool/Elementary School | 76% |
| Middle School/Junior High School | 69% |
| High School | 60% |
| Private School | 12% |
| Post Secondary School | 4% |
| Other (included administration, clinics, institutions, private practice) | 28% |

*Note: Respondents selected all work settings that applied, therefore the cumulative percentage is greater than 100%.

Table 5

Type of Community in which School Psychology is Practiced
by Percentage*

| Community | Percentage |
|----------------------------------------------------------|------------|
| Urban | 51% |
| Rural | 20% |
| Combination (included small towns and suburban areas) | 22% |
| Other (included state magnet schools) | 9% |

*Note: Respondents selected all settings that applied,
therefore the cumulative percentage is greater than
100%.

ethics and only 2% indicated they were unfamiliar with this code. Subjects indicated they had acquired knowledge about ethics through a variety of methods. Reading was identified as the most common source of ethics training. Formal courses and discussions with colleagues were also identified as popular methods of instruction. Table 6 presents the type of ethics training engaged in by respondents by percentage. Respondents were asked to identify all sources of ethics training that were applicable, therefore the cumulative percentage is greater than 100%.

The 1988 NASP Membership Directory does not provide demographic information about the membership which may be used to compare to the descriptive information obtained on the current study's subjects. The 1989 directory includes a descriptive survey of 647 persons applying for National School Psychology Certification in 1988 (NASP, 1989). This data includes individuals who are not NASP members, therefore it is not directly comparable with the data from the present study. It does indicate however, that both samples are very similar. The NASP survey found that 60% of the individual's surveyed were female. Seventy-seven percent of the respondents hold a Master's degree, 31% had a Specialist degree, and 22% had a Doctorate degree. The median years experience in school psychology was eight years and most subjects worked in elementary or secondary school settings. The findings of the NASP and the present

Table 6

Type of Training in Ethics Received by Respondents, by Percentage*

| Method | Percentage |
|----------------------------------------------------------|------------|
| Journal Articles/Readings | 86% |
| Formal Courses | 82% |
| Discussion with Colleagues | 79% |
| Workshops/Inservices | 47% |
| Other (included experience, supervision, NASP ethics) | 13% |

*Note: Respondents selected all training methods that applied, therefore the cumulative percentage is greater than 100%.

study indicate that the profession of school psychology, like the education profession itself, tends to be dominated by women. School psychologists work in a variety of settings, but primarily serve children in K-12 school settings. The subjects in both samples appear to be well experienced professionally and represent diverse educational backgrounds.

Part II: Ethical Dilemmas

The second section of the questionnaire was composed of the ethical dilemmas generated by the investigator. The dilemmas were phrased in such a way that the relevant ethical principles were paraphrased to maximize their relevance to the respondent's role within an educational setting and avoid naming the specific principles involved. For example, dilemma 1 (Being asked to not disclose information about a student's educational status) relates to the principle of "confidentiality" discussed in APA principle 5 and NASP principle IIIE. In an attempt to balance the need to limit the length of the questionnaire to ensure an acceptable return rate while providing an adequate sample of the ethical principles, only 25 dilemmas were written. The items represent a broad overview of the APA and NASP ethics codes but are not representative of every subprinciple. Table 7 presents the 25 dilemmas and their corresponding ethical principles.

Table 7

Ethical Dilemmas Sampled and Their Corresponding Ethical Principles

| Dilemma | Principle |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Being asked to not disclose information about a student's educational status. | APA Principle 5; NASP Principle IIIE |
| 2. Being asked to make a decision by a parent/administrator/teacher that you felt was unwise or unwarranted. | APA Principle 4; NASP Principle IIIA |
| 3. Being asked to provide a service that you did not feel you were qualified to give. | APA Principle 2; NASP Principle II |
| 4. Using an instrument or intervention technique that you did not feel you were adequately trained or experienced to use. | APA Principle 2; NASP Principle II |
| 5. Having your personal values and beliefs interfere with your decision-making as a school psychologist. | APA Principle 3; NASP Principle IIIE |
| 6. Being aware of information about a student being disclosed for other than a professional purpose. | APA Principle 5; NASP Principle IIIE |
| 7. Persons who were not directly involved in the intervention of a student having access to that student's confidential records. | APA Principle 5; NASP Principle IVE |
| 8. Being asked to provide service to a minor who did not consent to your services. | APA Principle 6; NASP Principle IIIB |
| 9. Having concerns or goals of a student or parent not viewed as being as important as the concerns and goals of the organization that employed you. | APA Principle 6; NASP Principle IIIA |
| 10. Not knowing what resources were available in the community that might help you to meet the specific needs of a student. | APA Principle 7; NASP Principle IIIC |
| 11. Being ware of an ethical violation committed by a fellow school psychologist or other professional. | APA Principle 7; NASP Principle IIIF |
| 12. Being unable to provide the student or parent with an adequate explanation of the nature and purpose of the assessment techniques you used. | APA Principle 8; NASP Principle IIIB and IIIC |

Table 7
(Continued)

Ethical Dilemmas Sampled and Their Corresponding Ethical Principles

| Dilemma | Principle |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 13. Being asked to use assessment materials that were obsolete or otherwise inappropriate. | APA Principle 3; NASP Principle IVB |
| 14. Not having adequate opportunity to increase your professional development. | APA Principle 2; NASP Principle II |
| 15. Having parents not being encouraged to take an active role in their child's education. | APA Principle 6; NASP Principle IIIC |
| 16. Not being able to inform a student of the outcomes of assessment, counseling, or other services you provided. | APA Principle 8; NASP Principle IIIB |
| 17. Working for an organization that did not make it clear what role and function they wished school psychologists to play. | APA Principle 2; NASP Principle IIID |
| 18. Not having the opportunity to improve your quality of service delivery to students. | APA Principle 2; NASP Principle II |
| 19. Not knowing what specific ethical guidelines were applicable to your activities as a school psychologist. | APA Principle 1; NASP Principle IIIA |
| 20. Having education decisions about a student being made without the use of a multi-disciplinary team or other relevant information. | APA Principle 3; NASP Principle IIIF |
| 21. Using computerized data interpretation programs without knowledge of their psychometric properties. | APA Principle 8; NASP Principle IVC |
| 22. Being unable to adequately monitor the effectiveness of an intervention strategy you had initiated. | APA Principle 6; NASP Principle IVB |
| 23. Providing services for a fee in private practice to students who were entitled to publicly supported services. | APA Principle 3; NASP Principle VA |
| 24. Making a recommendation for a student or family that your employer refused to accept. | APA Principle 6; NASP Principle IIIA |
| 25. Being pressured to accept students from inappropriate referral sources. | APA Principle 7; NASP Principle IIIF |

Subjects were asked to provide two responses to each dilemma. Subjects were first asked to determine whether they had encountered a similar dilemma in the past 24 months. Subjects responded either "yes" or "no" to this question. These responses were used as the basis for a higher order construct used in the statistical analysis called "Experience." This construct reflected the sum of the affirmative responses to each dilemma. The meaning of this construct was thought to be an indication of the subject's ability to recognize dilemmas of the same or similar nature based on prior experience in solving them.

Next, subjects were asked to determine how well he/she perceived published professional ethics had prepared him/her to handle each dilemma. A 5-point Likert-type scale was used to make this rating. The following assessment scale was used: 1=very adequate; 2=adequate; 3=undecided; 4=inadequate; 5=very inadequate. These responses were used as the basis for a higher order construct called "Preparedness." This construct was assumed to reflect the subject's perception of his/her level of ability to solve each dilemma. A "preparedness" rating for each dilemma was formed by summing the percentage of "very adequate" and "adequate" responses to each dilemma. A sum greater than 50% was thought to reflect a high level of subject preparedness or confidence in solving each dilemma.

Procedure

A cover letter, questionnaire, and return envelope were sent to each of the 200 randomly selected subjects in December 1988. Two follow-up mailings were conducted at four and eight weeks to those subjects who had yet to respond in order to maximize the overall return rate. Responses were tabulated by frequency across each variable.

RESULTS

A review of the responses to section II of the questionnaire suggests that subjects did not perceive themselves as having encountered many of the dilemmas sampled during the past two years. Only 8 dilemmas were found to have been encountered by 50% or more of the respondents. These dilemmas included: being asked to make an unwise decision by parents or school personnel (item 2; 77.5%); perception of incompetence in some area (item 3; 51%); loss of client confidentiality (item 6; 52.9%); difficulty establishing the importance of client goals (item 9; 60.8%); lack of awareness of community resources (item 10; 67.6%) awareness of an ethical violation by a peer (item 11; 61.8); decisions made without benefit of a multi-disciplinary team (item 20; 51.0%); inability to monitor the effects of an intervention (item 22; 63.7%). Two dilemmas (item 12, inability to provide adequate explanation of services; and item 21, use of computerized data interpretation programs) were encountered by less than 10% of the respondents.

A measure of the respondents' perception of preparedness to solve ethical dilemmas indicates that the majority of subjects perceived themselves to be well prepared to solve the types of ethical problems presented in this study. In only three cases did fewer than 50% of the subjects perceive themselves to be less than adequately

prepared to solve ethical dilemmas. Those dilemmas that subjects held the least confidence in solving were: item 10 (lack of knowledge of community resources); item 22 (inability to monitor the effects of an intervention), and item 25 (pressure to accept students from inappropriate referral sources). Table 8 presents the percentage of respondents who indicated they had previous experience with each dilemma, and their perceived level of preparedness.

Coefficient Alpha was calculated to test the reliability of the preparedness measure. Alpha was computed by summing the preparedness ratings across the 25 dilemmas. An Alpha of .90 was obtained, suggesting that subjects were highly reliable in their responses.

Coefficient Alpha was also computed as a measure of reliability for the concept of "experience." Alpha was calculated by summing the ratings of experience across the 25 dilemmas. An Alpha of .89 was obtained, indicating subjects were highly reliable in their responses. These findings suggest that as a group, subjects were consistent in the perception of themselves as well prepared to solve ethical dilemmas and that they had limited occasion to solve dilemmas similar to those sampled in the last 24 months.

Chi-square analyses were used to investigate hypothesis one which predicted that the subject's own estimate of their level of preparedness to solve a particular dilemma would not be significantly related to

Table 8

Percentage of Respondents Encountering each Dilemma, and Respondents' Perception of Preparedness to Solve Dilemmas by Percentage, Mean, and Standard Deviation

| Item | Percent Encountered | Rating | | | | | Mean Rating | Standard Deviation |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------|------|------|------|-----|----------------|-----------------------|
| | | 1 | 2 | 3 | 4 | 5 | | |
| 1. Being asked to not disclose information about a student's educational status. | 43.1 | 38.2 | 36.3 | 14.7 | 8.8 | 2.0 | 2.0 | 1.0 |
| 2. Being asked to make a decision by a parent/administrator/teacher that you felt was unwise or unwarranted. | 77.5 | 26.5 | 46.1 | 7.8 | 16.7 | 2.9 | 2.2 | 1.1 |
| 3. Being asked to provide a service that you did not feel qualified to give. | 51.0 | 46.1 | 31.4 | 14.7 | 7.8 | 0 | 1.8 | 1.0 |
| 4. Using an instrument or intervention technique that you did not feel you were adequately trained or experienced to use. | 35.3 | 48.0 | 33.3 | 10.8 | 7.8 | 0 | 1.8 | 0.9 |
| 5. Having your personal values and beliefs interfere with your decision-making as a school psychologist. | 39.2 | 21.6 | 29.4 | 27.5 | 18.6 | 2.9 | 2.5 | 1.1 |
| 6. Being aware of information about a student being disclosed for other than professional purpose. | 52.9 | 27.5 | 37.3 | 13.7 | 17.6 | 3.9 | 2.3 | 1.2 |
| 7. Persons who were not directly involved in the intervention of a student having access to that student's confidential records. | 45.1 | 33.3 | 39.2 | 14.7 | 8.8 | 3.9 | 2.1 | 1.1 |
| 8. Being asked to provide services to a minor who did not consent to your services. | 35.3 | 15.7 | 34.3 | 26.5 | 21.6 | 2.0 | 2.6 | 1.0 |
| 9. Having concerns or goals of a student or parent not viewed as being an important as the concerns and goals of the organization that employed you. | 60.8 | 16.7 | 36.3 | 20.6 | 24.5 | 2.0 | 2.6 | 1.1 ⁵ |

Table 8
(Continued)

Percentage of Respondents Encountering each Dilemma, and Respondents' Perception of Preparedness to Solve Dilemmas by Percentage, Mean, and Standard Deviation

| Item | Percent Encountered | Rating | | | | | Mean Rating | Standard Deviation |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------|------|------|------|-----|----------------|-----------------------|
| | | 1 | 2 | 3 | 4 | 5 | | |
| 10. Not knowing what resources were available in the community that might help you to meet the specific needs of a student. | 67.6 | 16.7 | 30.4 | 19.6 | 28.4 | 4.9 | 2.7 | 1.2 |
| 11. Being aware of an ethical violation committed by a fellow school psychologist or other professional. | 61.8 | 34.3 | 38.2 | 13.7 | 11.8 | 2.0 | 2.1 | 1.1 |
| 12. Being unable to provide the student or parent with an adequate explanation of the nature and purpose of the assessment techniques you used. | 8.8 | 42.2 | 35.3 | 16.7 | 5.9 | 0 | 1.9 | 0.9 |
| 13. Being asked to use assessment materials that were obsolete or otherwise inappropriate. | 34.3 | 44.1 | 37.3 | 9.8 | 8.8 | 0 | 1.8 | 0.9 |
| 14. Not having adequate opportunity to increase your professional development. | 27.5 | 26.5 | 30.4 | 20.6 | 29.6 | 2.9 | 2.4 | 1.2 |
| 15. Having parents not being encouraged to take an active role in their child's education. | 46.1 | 27.5 | 29.4 | 20.6 | 20.6 | 2.0 | 2.4 | 1.2 |
| 16. Not being able to inform a student of the outcomes of assessment, counseling, or other services you provided. | 21.6 | 26.5 | 35.3 | 29.4 | 8.8 | 0 | 2.2 | 0.9 |
| 17. Working for an organization that did not make it clear what role and function they wished school psychologists to play. | 29.4 | 21.6 | 32.4 | 22.5 | 20.6 | 2.9 | 2.5 | 1.1 |

Table 8
(Continued)

Percentage of Respondents Encountering each Dilemma, and Respondents' Perception of Preparedness to Solve Dilemmas by Percentage, Mean, and Standard Deviation

| Item | Percent Encountered | Rating | | | | | Mean Rating | Standard Deviation |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------|------|------|------|-----|----------------|-----------------------|
| | | 1 | 2 | 3 | 4 | 5 | | |
| 18. Not having the opportunity to improve your quality of service delivery to students. | 45.1 | 16.7 | 33.3 | 25.5 | 23.5 | 1.0 | 2.6 | 1.0 |
| 19. Not knowing what specific ethical guidelines were applicable to your activities as a school psychologist. | 15.7 | 39.2 | 41.2 | 11.8 | 7.8 | 0 | 1.9 | 0.9 |
| 20. Having educational decisions about a student being made without the use of a multi-disciplinary team or other relevant information. | 51.0 | 32.4 | 35.3 | 11.8 | 16.7 | 3.9 | 2.2 | 1.2 |
| 21. Using computerized data interpretation programs without knowledge of their psychometric properties. | 9.8 | 26.5 | 36.3 | 19.6 | 13.7 | 3.9 | 2.3 | 1.1 |
| 22. Being unable to adequately monitor the effectiveness of an intervention strategy you had initiated. | 63.7 | 9.8 | 32.4 | 29.4 | 26.5 | 2.0 | 2.8 | 1.0 |
| 23. Providing services for a fee in private practice to students who were entitled to publicly supported services. | 11.8 | 50.0 | 30.4 | 9.8 | 7.8 | 2.0 | 1.8 | 1.0 |
| 24. Making a recommendation for a student or family that your employer refused to accept. | 39.2 | 23.5 | 29.4 | 18.6 | 25.5 | 2.9 | 2.5 | 1.2 |
| 25. Being pressured to accept students from inappropriate referral sources | 36.3 | 15.7 | 29.4 | 30.4 | 20.6 | 3.9 | 2.7 | 1.1 |

their ability to recognize each item as a moral problem. A Chi-square was calculated for each dilemma to investigate the relationship between the five Likert ratings and whether the subjects had experienced each dilemma based on their yes or no responses. Twenty-five 2 ("experience"; yes or no) by 5 ("preparedness"; Likert ratings 1-5) Chi-squares were calculated. Chi-square values and levels of significance are presented in Table 9. The results of these analyses indicate that for all but 8 of the dilemmas sampled (items 5, 6, 7, 10, 11, 12, 13, 17), subjects' perception of their preparation to solve each dilemma was positively associated with prior experience with similar problems. These results indicate that hypothesis one cannot be rejected. It is unclear why experience was not found to be associated with the ability to solve certain types of moral problems.

The second hypothesis stated that subjects' level of education would not be significantly related to his/her perception of preparedness to solve ethical dilemmas. Analysis of variance was used to address this issue. A one-way analysis of variance was performed for the three levels of education (Master's, Specialist, or Doctorate) and the average level of preparedness. These results were not significant, $F(2,99)=1.69$, $p=.919$. Table 10 presents the results of this analysis. A one-way analysis of variance comparing level of education and the average experience subjects had in solving dilemmas was also found

Table 9

Chi-square Analyses of Preparedness by Prior Experience with Each Dilemma

| Item | | Chi-square (4,N=102) | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------|
| | | Value | P |
| 1. | Being asked to not disclose information about a student's educational status. | 10.50 | .03 |
| 2. | Being asked to make a decision by a parent/administrator/teacher that you felt was unwise or unwarranted. | 13.09 | .01 |
| 3. | Being asked to provide a service that you did not feel you were qualified to give. | 12.27 | .01 |
| 4. | Using an instrument or intervention technique that you did not feel you were adequately trained or experienced to use. | 13.37 | <.01 |
| 5. | Having your personal values and beliefs interfere with your decision-making as a school psychologist. | 8.13 | .09 |
| 6. | Being aware of information about a student being disclosed for other than a professional purpose. | 7.09 | .13 |
| 7. | Persons who were not directly involved in the intervention of a student having access to that student's confidential records. | 6.96 | .14 |
| 8. | Being asked to provide service to a minor who did not consent to your services. | 10.75 | .03 |
| 9. | Having concerns or goals of a student or parent not viewed as being as important as the concerns and goals of the organization that employed you. | 18.95 | <.01 |
| 10. | Not knowing what resources were available in the community that might help you to meet the specific needs of a student. | 4.52 | .34 |
| 11. | Being ware of an ethical violation committed by a fellow school psychologist or other professional. | 4.89 | .30 |
| 12. | Being unable to provide the student or parent with an adequate explanation of the nature and purpose of the assessment techniques you used. | 1.54 | .67 |

Table 9
(Continued)

Chi-square Analyses of Preparedness by Prior Experience with Each Dilemma

| Item | <u>Chi-square (4,N=102)</u> | |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------|
| | Value | P |
| 13. Being asked to use assessment materials that were obsolete or otherwise inappropriate. | 6.28 | .10 |
| 14. Not having adequate opportunity to increase your professional development. | 22.14 | <.01 |
| 15. Having parents not being encouraged to take an active role in their child's education. | 10.40 | .03 |
| 16. Not being able to inform a student of the outcomes of assessment, counseling, or other services you provided. | 9.48 | .02 |
| 17. Working for an organization that did not make it clear what role and function they wished school psychologists to play. | 8.35 | .08 |
| 18. Not having the opportunity to improve your quality of service delivery to students. | 23.72 | <.01 |
| 19. Not knowing what specific ethical guidelines were applicable to your activities as a school psychologist. | 17.43 | <.01 |
| 20. Having education decisions about a student being made without the use of a multi-disciplinary team or other relevant information. | 17.90 | <.01 |
| 21. Using computerized data interpretation programs without knowledge of their psychometric properties. | 16.58 | <.01 |
| 22. Being unable to adequately monitor the effectiveness of an intervention strategy you had initiated. | 13.38 | .01 |
| 23. Providing services for a fee in private practice to students who were entitled to publicly supported services. | 13.10 | .01 |
| 24. Making a recommendation for a student or family that your employer refused to accept. | 11.50 | <.01 |
| 25. Being pressured to accept students from inappropriate referral sources. | 16.34 | <.01 |

to be nonsignificant ($F(2,99)=1.61$, $p=.204$). The results of this analysis are presented in Table 11. These findings indicate that the second hypothesis cannot be rejected. Level of education does not appear to be significantly related to subjects' perception of their ability to solve ethical problems, nor is education significantly related to subjects' prior experience with similar dilemmas.

Hypothesis three stated that the subjects' level of experience in school psychology would not be significantly related to his/her level of preparedness in solving ethical dilemmas. For this analysis, the variable "experience" was divided into two levels based on the average number of years experience in school psychology for all subjects ($\bar{X}=9$ years). A high level of experience was defined as 9 or more years in school psychology. A low level of experience was defined as fewer than 9 years of experience in school psychology. A one-way analysis of variance comparing the two levels of professional experience (high and low) with the average level of preparedness was computed. This analysis proved to be nonsignificant, $F(1,100)=.98$, $p=.325$. A correlation between experience and preparedness was computed. A correlation of .10 was obtained, indicating a weak relationship between level of professional experience and subject's average level of preparedness. An additional one-way analysis of variance was computed comparing the two levels of professional experience with the average level of experience with ethical dilemmas. This analysis was also

Table 10

Analysis of Variance Summary Table: Comparison of Level of Preparedness to Solve Ethical Dilemmas to Level of Education (Master's, Specialist, or Doctorate)

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|------|------|
| Between Groups | 2 | 913.25 | 456.62 | 1.69 | .191 |
| Within Groups | 99 | 26817.07 | 270.88 | | |
| Total | 101 | 27730.32 | 727.50 | | |

Table 11

Analysis of Variance Summary Table: Comparison of Experience with Ethical Dilemmas to Level of Education (Master's, Specialist, or Doctorate)

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|------|------|
| Between Groups | 2 | 814.72 | 407.36 | 1.61 | .204 |
| Within Groups | 99 | 24998.86 | 252.51 | | |
| Total | 101 | 25813.58 | 659.87 | | |

found to be nonsignificant, $F(1,100)=.98$, $p=.325$. A correlation between these two variables was computed. A correlation of .10 was obtained, indicating a weak relationship exists between level of professional experience and subject's average level of experience with ethical dilemmas. The results of these two analyses indicate hypothesis two cannot be rejected. The number of years spent as a school psychologist is not significantly related to the professional having prior experience with certain ethical dilemmas or to his/her level of self-confidence in solving these dilemmas. Table 12 presents the results of the analysis of experience by level of preparedness. Table 13 presents the results of the analysis of professional experience with prior experience with ethical dilemmas.

Two additional one-way analyses of variance were computed to assess the effects of sex on level of preparedness and prior experience with ethical dilemmas. A one-way analysis of variance comparing sex of subjects (male or female) and the average level of preparedness was found to be nonsignificant, ($F(1,100)=1.51$, $p=.223$). A correlation between sex of subject and level of preparedness was computed. A correlation of .12 was obtained, indicating a weak relationship between these two variables. A comparison of sex of subjects with the average level of experience with dilemmas was found to be nonsignificant, using a one-way analysis of variance,

Table 12

Analysis of Variance Summary Table: Comparison of Level of Preparedness to Solve Ethical Dilemmas to Level of Experience in School Psychology (High or Low)

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|-----|------|
| Between Groups | 1 | 269.17 | 269.17 | .98 | .325 |
| Within Groups | 100 | 27461.15 | 274.61 | | |
| Total | 101 | 27730.32 | 543.88 | | |

Table 13

Analysis of Variance Summary Table: Comparison of Experience with Ethical Dilemmas to Level of Experience in School Psychology (High or Low)

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|-----|------|
| Between Groups | 1 | 249.95 | 249.95 | .98 | .325 |
| Within Groups | 100 | 25563.63 | 255.64 | | |
| Total | 101 | 25813.78 | 505.59 | | |

($F(1,100)=1.22$, $p=.272$). A correlation between sex of subjects and level of experience was computed. A correlation of .11 was obtained, indicating a weak relationship between sex of subject and subject's average level of experience with ethical dilemmas. These results indicate that sex of subject did not significantly influence either of the subjects' level of preparedness or prior experience solving ethical dilemmas. Table 14 presents the results of the analysis of sex on preparedness and Table 15 presents the results of the analysis of sex on prior experience with dilemmas.

Hypothesis four stated that subject's familiarity with the ethical codes of the APA and NASP would not be significantly related to his/her level of confidence in solving ethical dilemmas. Analysis of variance was used to examine this relationship. Two one-way analyses of variance were calculated to compare the three levels of familiarity (very familiar, somewhat familiar, unfamiliar) with NASP and APA codes of ethics and the average degree of preparedness of subjects to solve dilemmas. The subject's level of familiarity with NASP ethics codes was not found to be significantly associated with level of preparedness to solve dilemmas ($F(2,99)=1.01$, $p=.367$). Table 16 presents the results of this analysis. Level of familiarity with APA codes was also found not to be significantly related to the subject's perception of

Table 14

Analysis of Variance Summary Table: Comparison of Sex of Subjects to Level of Preparedness to Solve Ethical Dilemmas

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|------|------|
| Between Groups | 1 | 411.30 | 411.30 | 1.51 | .223 |
| Within Groups | 100 | 27319.01 | 273.19 | | |
| Total | 101 | 27730.31 | 684.49 | | |

Table 15

Analysis of Variance Summary Table: Comparison of Sex of Subject to Experience with Ethical Dilemmas

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|------|------|
| Between Groups | 1 | 310.59 | 319.59 | 1.22 | .272 |
| Within Groups | 100 | 25502.98 | 255.03 | | |
| Total | 101 | 25813.57 | 565.62 | | |

Table 16

Analysis of Variance Summary Table: Comparison of Degree of Familiarity (very familiar, somewhat familiar, unfamiliar) with NASP Ethical Codes to Level of Preparedness to Solve Ethical Dilemmas

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|------|------|
| Between Groups | 2 | 555.34 | 277.67 | 1.01 | .367 |
| Within Groups | 99 | 27174.97 | 274.49 | | |
| Total | 101 | 27730.31 | 552.16 | | |

Table 17

Analysis of Variance Summary Table: Comparison of Degree of Familiarity (very familiar, somewhat familiar, unfamiliar) with APA Ethical Codes to Level of Preparedness to Solve Ethical Dilemmas

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|------|-----|
| Between Groups | 2 | 1907.17 | 953.59 | 1.66 | .29 |
| Within Groups | 99 | 25823.14 | 260.84 | | |
| Total | 101 | 27730.31 | 1214.43 | | |

preparedness ($F(2,99)=1.66$, $p=.29$). Table 17 presents the results of this analysis.

Analyses of variance were computed to investigate the relationship between familiarity with ethical codes and prior experience in solving dilemmas. A one-way analysis of variance was computed to determine the relationship between the three levels of familiarity (very familiar, somewhat familiar, and unfamiliar) with NASP ethics codes and the average level of experience solving dilemmas. The level of familiarity with NASP ethical codes was not found to be significantly related to the subject's prior experience with dilemmas ($F(2,99)=.92$, $p=.401$). The results of this analysis are presented in Table 18. Subject's level of familiarity with APA codes and the average level of experience solving dilemmas summed across subjects was found to be significantly related ($F(2,99)=3.32$, $p=.040$). Table 19 presents the results of this analysis.

The results of the analyses of level of familiarity with NASP and APA codes on level of preparedness and prior experience with ethical dilemmas indicate the hypothesis four cannot be rejected. The degree of familiarity with either NASP or APA codes do not appear to significantly influence the subjects' perception of preparedness to solve ethical dilemmas. Subjects' familiarity with NASP ethics codes are not significantly related to subjects' prior experience with solving similar moral dilemmas, although

Table 18

Analysis of Variance Summary Table: Comparison of Degree of Familiarity (very familiar, somewhat familiar, unfamiliar) with NASP Ethical Codes to Experience with Ethical Dilemmas

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|-----|------|
| Between Groups | 2 | 472.25 | 236.12 | .92 | .401 |
| Within Groups | 99 | 25341.33 | 255.97 | | |
| Total | 101 | 25183.58 | 492.09 | | |

Table 19

Analysis of Variance Summary Table: Comparison of Degree of Familiarity (very familiar, somewhat familiar, unfamiliar) with APA Ethical Codes to Experience with Ethical Dilemmas

| Source of Variance | df | Sum of Squares | Mean Square | F | p |
|--------------------|-----|----------------|-------------|------|------|
| Between Groups | 2 | 1622.21 | 811.10 | 3.32 | .040 |
| Within Groups | 99 | 24191.37 | 244.36 | | |
| Total | 101 | 25813.58 | 1055.46 | | |

familiarity with the APA codes does appear to be positively related to prior experience with dilemmas. This may be related to the fact that NASP codes were written specifically with the school psychologist in mind, while APA codes were written more broadly to encompass all disciplines of psychology. The greater specificity of the NASP codes to the profession of school psychology is likely to facilitate the decision-making process, whereas the more general APA codes may force psychologists to rely more heavily on prior experience in helping them determine how ethical decisions should be made.

DISCUSSION

The results of this investigation indicate that respondents were mature both in their age and number of years of practice in school psychology, although a wide range of age and experience was sampled. Subject's education level was found to be approximately equally divided between the Master's, Specialist, and Doctorate levels. The majority of respondents were employed in traditional K-12 educational settings in urban areas. A comparison of this sample to that of NASP (1989) survey of applicants for National School Psychology Certification suggests that subjects were quite similar. Based on this comparison, it is likely that the present sample reflects a fairly accurate representation of the 1988 NASP membership.

The majority of subjects indicated they had at least some familiarity with APA and NASP ethical codes, although only 50% of the sample stated they were very familiar with NASP codes and only 28% indicated they were very familiar with APA codes. Less than one third of the respondents indicated they were members of APA, suggesting NASP may be perceived as better representing the issues and interests of the typical school psychologist. The number of subjects who indicated they were very familiar with ethics codes was surprisingly low. This finding may reflect a difficulty in identifying moral problems. A review of subject's level of

perceived preparedness to solve ethical dilemmas indicated that in all but three situations (items 10, 22, 25), subjects were highly confident of their ability to solve dilemmas. The subjects also indicated that they had limited experience with the type of dilemmas sampled in this study. Only eight dilemmas (items 2, 3, 6, 9, 10, 11, 20, 22) were encountered by 50% or more of the respondents during the previous 24 months. Because the dilemmas sampled were developed for specific NASP or APA principles, these findings lend support to the hypothesis that subjects had difficulty recognizing the situations as dilemmas. Further support is provided by the finding that subjects perceived themselves to be highly skilled at solving dilemmas given their admission of being only somewhat familiar with major ethical codes.

An alternative hypothesis may be that the dilemmas were not written in a form that allowed subjects to readily identify them based on their prior experience with similar dilemmas. The dilemmas generated for this study were not written in a very realistic manner. Indeed, it was the author's intention to describe a particular ethical subprinciple in as few words as possible and allow each subject to generate his/her own examples. In doing so, the lack of specificity may have made it more difficult for subjects to relate their own experiences to the situations sampled. Flanagan (1954) argued that more accurate information about human decision making could be gathered

if stimulus questions were based on actual examples of the behavior in question. Flanagan developed a flexible set of principles for gathering important facts concerning behavior in carefully defined situations. He called this procedure the "critical incident technique." Haas, Malouf, & Mayerson (1986) used this technique to investigate ethical dilemmas encountered in psychological practice. These authors developed short vignettes based in actual ethical dilemmas they had collected. A range of choices was provided to solve each dilemma that reflected realistic courses of action. The investigators believed that the subject's ethical knowledge would be reflected by the maturity of the solution he/she selected to solve each dilemma. The authors argued that the critical incident format permitted subjects to respond to the vignettes using a complex and multifaceted reasoning process that was more reflective of real-life problem solving than other research techniques.

Chi-square analyses of the association between subject's perception of preparedness to solve each dilemma and his/her prior experience with that type of dilemma indicated that experience and level of preparedness tended to be highly related. In only eight cases (items 5, 6, 7, 10, 11, 12, 13, 17) were there found to be no relationship between prior experience and level of preparation to solve dilemmas. It is not clear why experience and preparedness were unrelated in these cases. The data do not permit an

investigation of this issue. Pope et al. (1987) and Tymchuk et al. (1982) provide a possible explanation for this finding. These investigators found that psychologists tend to rely on their internal belief system to make moral decisions when established ethical standards were either unavailable or unclear. It may be that in the present study subjects were unsure of which ethical standards applied to these eight situations and based their responses more on instinct or personal values rather than an actual ethical knowledge. Alternatively, the principles represented by those particular eight situations may not have been representative of the type of problems encountered by school psychologists. Once again, the manner in which the dilemmas were written may have reduced the subject's ability to identify with their own particular experiences.

Subject's age, sex, level of education, and number of years experience as a school psychologist were all found to have no significant relation to their prior experience with dilemmas or preparedness to solve ethical dilemmas. Familiarity with NASP and APA ethics codes did not significantly influence respondent's perception of preparedness. Previous experience with dilemmas was not found to be related to the level of familiarity with NASP ethics but was positively associated with familiarity with APA ethics. These findings seem to imply that knowledge about professional ethics is acquired independently of

expertise and highest degree obtained. It may be that knowledge about ethics is more highly related to variables such as the type of ethics training received (i.e. type of curriculum, formal versus informal study), and the duration of such training rather than on the number of years experience and level of graduate training obtained. There is evidence to support this hypothesis. Baldick (1980) found that psychology interns who had participated in a formal ethics course were better able to identify relevant issues relating to ethical dilemmas than interns who received no formal training or who received informal training. Subjects in the present study indicated that their education in ethics took many forms. Most respondents (82%) indicated they had received some formal coursework in ethics, although the nature and duration of this training was not investigated. Kitchener (1984) and Rest (1984) have argued that the curriculum of any ethics course should include an investigation of the cognitive processes involved in making moral decisions. Kitchener (1984) and Rest (1984) each proposed a model that could be used as a means of developing a student's awareness of the types of variables and information that should be considered when making ethical decisions. Ethics training must also include an examination of the student's personal value system. This strategy will help to reduce the number of decisions that are made by intuition and feeling rather than on sound ethical principles. Studies by Tymchuk et

al., (1982) and Pope et al. (1987) have found that far too many ethical decisions made by psychologists are based on his/her personal belief system rather than on sound ethical principles.

Ethics training may be one critical variable that predicts an individual's ability to make moral decisions. Basic principles of behavior suggest that skills are best acquired when they are learned in a variety of settings and when a variety of instructional methods are used. This is also likely to be true for ethics training. There is a greater likelihood of enhancing an individual's decision-making abilities when ethics training is presented in formal courses, during the course of supervision, and through discussion. Graduate training programs in school psychology should be encouraged to not only develop a formal course in ethics if they have not already done so, but to provide opportunities for extending this instruction to other settings. Continuing education in ethics is also a necessity for professionals who have completed their graduate training so that they may keep up with new developments in service delivery and refine existing skills. Establishing requirements for continuing training in ethics (i.e. via regional workshops, graduate courses, etc.) as part of a professional's recertification is one way of ensuring practitioners maintain and refine skills in ethical decision-making. Further investigation into the efficacy of specific instruction methods and curricula are

vital to the development of ethically-minded school psychologists.

A code of ethics that is in touch with the current issues and needs of a profession is likely to be another critical variable. The APA codes were published in 1981 and the NASP codes were published in 1984. The rapid changes occurring in the delivery of school psychology services increases the possibility that the existing codes have limited utility in helping solve the types of dilemmas school psychologists are facing now or will face in the future. For example, when working with families with infants as mandated by PL 99-457 (the Education of Handicapped Infants and Toddlers Act), who becomes the primary client? How does the school psychologist address the diverse needs of a dynamic family system when all members do not agree with the goals of the intervention? These issues are not easily addressed by the existing APA or NASP codes since traditional intervention approaches recognize only one client.

Organizations such as the APA and NASP could become more effective in setting standards for ethical behavior by changing the manner in which they review their ethics codes. Instituting an ethics committee that meets at least on a monthly basis provides the opportunity for the organization to review current trends in practice and respond to potential dilemmas before they are experienced by the wider membership. Revisions to existing codes could

be disseminated in the organization's newsletter. By employing this strategy, changes in ethics codes could occur much more frequently than the current 5 to 10 year lag between revisions.

The need to revise the present ethical codes is not likely to be able to account for the finding that subjects indicated they encountered few dilemmas alone. When subject's level of familiarity with APA and NASP ethics is considered, it seems very likely that respondents overestimated their ability to solve dilemmas. Subjects may have relied more heavily on their personal beliefs and values in formulating ethical decisions in the mistaken perception that their beliefs were supported by existing ethical codes.

The present study's finding that familiarity with APA but not NASP ethical codes was related to subject's prior experience with dilemmas provides an indication that the NASP codes may be more useful to school psychologists because of their greater specificity to the practice of school psychology. Tymchuk et al. (1984) reported psychologists tended to rely more often on intuition when making ethical decisions when they were unfamiliar with the existing moral standards. Because the APA codes were written to provide guidelines for moral conduct across all disciplines of psychology, professionals who use these codes may rely more heavily on their personal experiences and belief system when making decisions.

The question that remains to be answered is which factor holds greater influence over an individual's ethical decision making ability - ethics training or specific and current ethics codes? The present study was not designed to address this issue. However, in light of the relative unfamiliarity respondents had with APA and NASP codes, it is possible that ethics training is the more potent factor. Practitioners who have experienced a broad-based ethics education may be more familiar with ethical principles in general, but may also need to consult ethical codes less often because they have developed strong decision-making skills. Future investigation is needed to determine whether ethics education or ethics codes is more important in relation to ethical decision-making. The use of a more direct method of data gathering, such as Flanagan's (1954) critical incident technique or the use of analog situations is important for future investigation in order to more fully understand the decision-making process.

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APPENDIX A

Ethical Principles of Psychologists

Published by the American Psychological Association

PREAMBLE

Psychologists respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights. They are committed to increasing knowledge of human behavior and of people's understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare. While pursuing these objectives, they make every effort to protect the welfare of those who seek their services and of the research participants that may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others. While demanding for themselves freedom of inquiry and communication, psychologists accept the responsibility this freedom requires: competence, objectivity in the application of skills, and concern for the best interests of clients, colleagues, students, research participants, and society. In the pursuit of these ideals, psychologists subscribe to principles in the following areas: 1. Responsibility, 2. Competence, 3. Moral and Legal Standards, 4. Public Statements, 5. Confidentiality, 6. Welfare of the Consumer, 7. Professional Relationships, 8. Assessment Techniques, 9. Research With Human Participants, and 10. Care and Use of Animals.

Acceptance of membership in the American Psychological Association commits the member to adherence to these principles.

Psychologists cooperate with duly constituted committees of the American Psychological Association, in particular, the Committee on Scientific and Professional Ethics and Conduct, by responding to inquiries promptly and completely. Members also respond promptly and completely to inquiries from duly constituted state association ethics committees and professional standards review committees.

Principle 1 RESPONSIBILITY

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

a. As scientists, psychologists accept responsibility for the selection of their research topics and the methods used in investigation, analysis, and reporting. They plan their research in ways to minimize the possibility that their findings will be misleading. They provide thorough discussion of the limitations of their data, especially where their work touches on social policy or might be construed to the detriment of persons in specific age, sex,

ethnic, socioeconomic, or other social groups. In publishing reports of their work, they never suppress disconfirming data, and they acknowledge the existence of alternative hypotheses and explanations of their findings. Psychologists take credit only for work they have actually done.

b. Psychologists clarify in advance with all appropriate persons and agencies the expectations for sharing and utilizing research data. They avoid relationships that may limit their objectivity or create a conflict of interest. Interference with the milieu in which data are collected is kept to a minimum.

c. Psychologists have the responsibility to attempt to prevent distortion, misuse, or suppression of psychological findings by the institution or agency of which they are employees.

d. As members of governmental or other organizational bodies, psychologists remain accountable as individuals to the highest standards of their profession.

e. As teachers, psychologists recognize their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship by presenting psychological information objectively, fully, and accurately.

f. As practitioners, psychologists know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organizational, financial, or political situations and pressures that might lead to misuse of their influence.

This version of the Ethical Principles of Psychologists (formerly entitled Ethical Standards of Psychologists) was adopted by the American Psychological Association's Council of Representatives on January 24, 1981. The revised Ethical Principles contain both substantive and grammatical changes in each of the nine ethical principles constituting the Ethical Standards of Psychologists previously adopted by the Council of Representatives in 1979, plus a new tenth principle entitled Care and Use of Animals. Inquiries concerning the Ethical Principles of Psychologists should be addressed to the Administrative Officer for Ethics, American Psychological Association, 1200 Seventeenth Street, N.W., Washington, D.C. 20036.

These revised Ethical Principles apply to psychologists, to students of psychology, and to others who do work of a psychological nature under the supervision of a psychologist. They are also intended for the guidance of nonmembers of the Association who are engaged in psychological research or practice.

Any complaints of unethical conduct filed after January 24, 1981, shall be governed by this 1981 revision. However, conduct (a) complained about after January 24, 1981, but which occurred prior to that date, and (b) not considered unethical under prior versions of the principles but considered unethical under the 1981 revision, shall not be deemed a violation of ethical principles. Any complaints pending as of January 24, 1981, shall be governed either by the 1979 or by the 1981 version of the Ethical Principles, at the sound discretion of the Committee on Scientific and Professional Ethics and Conduct.

Principle 2 COMPETENCE

The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and the profession as a whole. Psychologists recognize the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience. In those areas in which recognized standards do not yet exist, psychologists take whatever precautions are necessary to protect the welfare of their clients. They maintain knowledge of current scientific and professional information related to the services they render.

a. Psychologists accurately represent their competence, education, training, and experience. They claim as evidence of educational qualifications only those degrees obtained from institutions acceptable under the Bylaws and Rules of Council of the American Psychological Association.

b. As teachers, psychologists perform their duties on the basis of careful preparation so that their instruction is accurate, current, and scholarly.

c. Psychologists recognize the need for continuing education and are open to new procedures and changes in expectations and values over time.

d. Psychologists recognize differences among people, such as those that may be associated with age, sex, socioeconomic, and ethnic backgrounds. When necessary, they obtain training, experience, or counsel to assure competent service or research relating to such persons.

e. Psychologists responsible for decisions involving individuals or policies based on test results have an understanding of psychological or educational measurement, validation problems, and test research.

f. Psychologists recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly, they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of their personal problems, they seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional and/or scientific activities.

Principle 3 MORAL AND LEGAL STANDARDS

Psychologists' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists. Regarding their own behavior, psychologists are sensi-

tive to prevailing community standards and to the possible impact that conformity to or deviation from these standards may have upon the quality of their performance as psychologists. Psychologists are also aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

a. As teachers, psychologists are aware of the fact that their personal values may affect the selection and presentation of instructional materials. When dealing with topics that may give offense, they recognize and respect the diverse attitudes that students may have toward such materials.

b. As employees or employers, psychologists do not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions. Such practices include, but are not limited to, those based on considerations of race, handicap, age, gender, sexual preference, religion, or national origin in hiring, promotion, or training.

c. In their professional roles, psychologists avoid any action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions.

d. As practitioners and researchers, psychologists act in accord with Association standards and guidelines related to practice and to the conduct of research with human beings and animals. In the ordinary course of events, psychologists adhere to relevant governmental laws and institutional regulations. When federal, state, provincial, organizational, or institutional laws, regulations, or practices are in conflict with Association standards and guidelines, psychologists make known their commitment to Association standards and guidelines and, wherever possible, work toward a resolution of the conflict. Both practitioners and researchers are concerned with the development of such legal and quasi-legal regulations as best serve the public interest, and they work toward changing existing regulations that are not beneficial to the public interest.

Principle 4 PUBLIC STATEMENTS

Public statements, announcements of services, advertising, and promotional activities of psychologists serve the purpose of helping the public make informed judgments and choices. Psychologists represent accurately and objectively their professional qualifications, affiliations, and functions, as well as those of the institutions or organizations with which they or the statements may be associated. In public statements providing psychological information or professional opinions or providing information about the availability of psychological products, publications, and services, psychologists base their statements on scientifically acceptable psycholog-

ical findings and techniques with full recognition of the limits and uncertainties of such evidence.

a. When announcing or advertising professional services, psychologists may list the following information to describe the provider and services provided: name, highest relevant academic degree earned from a regionally accredited institution, date, type, and level of certification or licensure, diplomate status, APA membership status, address, telephone number, office hours, a brief listing of the type of psychological services offered, an appropriate presentation of fee information, foreign languages spoken, and policy with regard to third-party payments. Additional relevant or important consumer information may be included if not prohibited by other sections of these Ethical Principles.

b. In announcing or advertising the availability of psychological products, publications, or services, psychologists do not present their affiliation with any organization in a manner that falsely implies sponsorship or certification by that organization. In particular and for example, psychologists do not state APA membership or fellow status in a way to suggest that such status implies specialized professional competence or qualifications. Public statements include, but are not limited to, communication by means of periodical, book, list, directory, television, radio, or motion picture. They do not contain (i) a false, fraudulent, misleading, deceptive, or unfair statement; (ii) a misinterpretation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts; (iii) a testimonial from a patient regarding the quality of a psychologists' services or products; (iv) a statement intended or likely to create false or unjustified expectations of favorable results; (v) a statement implying unusual, unique, or one-of-a-kind abilities; (vi) a statement intended or likely to appeal to a client's fears, anxieties, or emotions concerning the possible results of failure to obtain the offered services; (vii) a statement concerning the comparative desirability of offered services; (viii) a statement of direct solicitation of individual clients.

c. Psychologists do not compensate or give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of or in return for professional publicity in a news item. A paid advertisement must be identified as such, unless it is apparent from the context that it is a paid advertisement. If communicated to the public by use of radio or television, an advertisement is prerecorded and approved for broadcast by the psychologist, and a recording of the actual transmission is retained by the psychologist.

d. Announcements or advertisements of "personal growth groups," clinics, and agencies give a clear statement of purpose and a clear description of the experiences to be provided. The education, training, and experience of the staff members are appropriately specified.

e. Psychologists associated with the development or promotion of psychological devices, books, or other products offered for commercial sale make reasonable efforts

to ensure that announcements and advertisements are presented in a professional, scientifically acceptable, and factually informative manner.

f. Psychologists do not participate for personal gain in commercial announcements or advertisements recommending to the public the purchase or use of proprietary or single-source products or services when that participation is based solely upon their identification as psychologists.

g. Psychologists present the science of psychology and offer their services, products, and publications fairly and accurately, avoiding misrepresentation through sensationalism, exaggeration, or superficiality. Psychologists are guided by the primary obligation to aid the public in developing informed judgments, opinions, and choices.

h. As teachers, psychologists ensure that statements in catalogs and course outlines are accurate and not misleading, particularly in terms of subject matter to be covered, bases for evaluating progress, and the nature of course experiences. Announcements, brochures, or advertisements describing workshops, seminars, or other educational programs accurately describe the audience for which the program is intended as well as eligibility requirements, educational objectives, and nature of the materials to be covered. These announcements also accurately represent the education, training, and experience of the psychologists presenting the programs and any fees involved.

i. Public announcements or advertisements soliciting research participants in which clinical services or other professional services are offered as an inducement make clear the nature of the services as well as the costs and other obligations to be accepted by participants in the research.

j. A psychologist accepts the obligation to correct others who represent the psychologist's professional qualifications, or associations with products or services, in a manner incompatible with these guidelines.

k. Individual diagnostic and therapeutic services are provided only in the context of a professional psychological relationship. When personal advice is given by means of public lectures or demonstrations, newspaper or magazine articles, radio or television programs, mail, or similar media, the psychologist utilizes the most current relevant data and exercises the highest level of professional judgment.

l. Products that are described or presented by means of public lectures or demonstrations, newspaper or magazine articles, radio or television programs, or similar media meet the same recognized standards as exist for products used in the context of a professional relationship.

Principle 5 CONFIDENTIALITY

Psychologists have a primary obligation to respect the confidentiality of information obtained from persons

in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

a. Information obtained in clinical or consulting relationships, or evaluative data concerning children, students, employees, and others, is discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation, and every effort is made to avoid undue invasion of privacy.

b. Psychologists who present personal information obtained during the course of professional work in writings, lectures, or other public forums either obtain adequate prior consent to do so or adequately disguise all identifying information.

c. Psychologists make provisions for maintaining confidentiality in the storage and disposal of records.

d. When working with minors or other persons who are unable to give voluntary, informed consent, psychologists take special care to protect these persons' best interests.

Principle 6 WELFARE OF THE CONSUMER

Psychologists respect the integrity and protect the welfare of the people and groups with whom they work. When conflicts of interest arise between clients and psychologists' employing institutions, psychologists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments. Psychologists fully inform consumers as to the purpose and nature of an evaluative, treatment, educational, or training procedure, and they freely acknowledge that clients, students, or participants in research have freedom of choice with regard to participation.

a. Psychologists are continually cognizant of their own needs and of their potentially influential position vis-à-vis persons such as clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, research with and treatment of employees, students, supervisees, close friends, or relatives. Sexual intimacies with clients are unethical.

b. When a psychologist agrees to provide services to a client at the request of a third party, the psychologist assumes the responsibility of clarifying the nature of the relationships to all parties concerned.

c. Where the demands of an organization require psy-

chologists to violate these Ethical Principles, psychologists clarify the nature of the conflict between the demands and these principles. They inform all parties of psychologists' ethical responsibilities and take appropriate action.

d. Psychologists make advance financial arrangements that safeguard the best interests of and are clearly understood by their clients. They neither give nor receive any remuneration for referring clients for professional services. They contribute a portion of their services to work for which they receive little or no financial return.

e. Psychologists terminate a clinical or consulting relationship when it is reasonably clear that the consumer is not benefiting from it. They offer to help the consumer locate alternative sources of assistance.

Principle 7 PROFESSIONAL RELATIONSHIPS

Psychologists act with due regard for the needs, special competencies, and obligations of their colleagues in psychology and other professions. They respect the prerogatives and obligations of the institutions or organizations with which these other colleagues are associated.

a. Psychologists understand the areas of competence of related professions. They make full use of all the professional, technical, and administrative resources that serve the best interests of consumers. The absence of formal relationships with other professional workers does not relieve psychologists of the responsibility of securing for their clients the best possible professional service, nor does it relieve them of the obligation to exercise foresight, diligence, and tact in obtaining the complementary or alternative assistance needed by clients.

b. Psychologists know and take into account the traditions and practices of other professional groups with whom they work and cooperate fully with such groups. If a person is receiving similar services from another professional, psychologists do not offer their own services directly to such a person. If a psychologist is contacted by a person who is already receiving similar services from another professional, the psychologist carefully considers that professional relationship and proceeds with caution and sensitivity to the therapeutic issues as well as the client's welfare. The psychologist discusses these issues with the client so as to minimize the risk of confusion and conflict.

c. Psychologists who employ or supervise other professionals or professionals in training accept the obligation to facilitate the further professional development of these individuals. They provide appropriate working conditions, timely evaluations, constructive consultation, and experience opportunities.

d. Psychologists do not exploit their professional relationships with clients, supervisees, students, employees, or research participants sexually or otherwise. Psychol-

ogists do not condone or engage in sexual harassment. Sexual harassment is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwanted by the recipient.

e. In conducting research in institutions or organizations, psychologists secure appropriate authorization to conduct such research. They are aware of their obligations to future research workers and ensure that host institutions receive adequate information about the research and proper acknowledgment of their contributions.

f. Publication credit is assigned to those who have contributed to a publication in proportion to their professional contributions. Major contributions of a professional character made by several persons to a common project are recognized by joint authorship, with the individual who made the principal contribution listed first. Minor contributions of a professional character and extensive clerical or similar nonprofessional assistance may be acknowledged in footnotes or in an introductory statement. Acknowledgment through specific citations is made for unpublished as well as published material that has directly influenced the research or writing. Psychologists who compile and edit material of others for publication publish the material in the name of the originating group, if appropriate, with their own name appearing as chairperson or editor. All contributors are to be acknowledged and named.

g. When psychologists know of an ethical violation by another psychologist, and it seems appropriate, they informally attempt to resolve the issue by bringing the behavior to the attention of the psychologist. If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience, such an informal solution is usually appropriate. Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved. If the violation does not seem amenable to an informal solution, or is of a more serious nature, psychologists bring it to the attention of the appropriate local, state, and/or national committee on professional ethics and conduct.

Principle 8 ASSESSMENT TECHNIQUES

In the development, publication, and utilization of psychological assessment techniques, psychologists make every effort to promote the welfare and best interests of the client. They guard against the misuse of assessment results. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations. Psychologists make every effort to maintain the security of tests and other assessment techniques within limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others.

a. In using assessment techniques, psychologists re-

spect the right of clients to have full explanations of the nature and purpose of the techniques in language the clients can understand, unless an explicit exception to this right has been agreed upon in advance. When the explanations are to be provided by others, psychologists establish procedures for ensuring the adequacy of these explanations.

b. Psychologists responsible for the development and standardization of psychological tests and other assessment techniques utilize established scientific procedures and observe the relevant APA standards.

c. In reporting assessment results, psychologists indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested. Psychologists strive to ensure that the results of assessments and their interpretations are not misused by others.

d. Psychologists recognize that assessment results may become obsolete. They make every effort to avoid and prevent the misuse of obsolete measures.

e. Psychologists offering scoring and interpretation services are able to produce appropriate evidence for the validity of the programs and procedures used in arriving at interpretations. The public offering of an automated interpretation service is considered a professional-to-professional consultation. Psychologists make every effort to avoid misuse of assessment reports.

f. Psychologists do not encourage or promote the use of psychological assessment techniques by inappropriately trained or otherwise unqualified persons through teaching, sponsorship, or supervision.

Principle 9 RESEARCH WITH HUMAN PARTICIPANTS

The decision to undertake research rests upon a considered judgment by the individual psychologist about how best to contribute to psychological science and human welfare. Having made the decision to conduct research, the psychologist considers alternative directions in which research energies and resources might be invested. On the basis of this consideration, the psychologist carries out the investigation with respect and concern for the dignity and welfare of the people who participate and with cognizance of federal and state regulations and professional standards governing the conduct of research with human participants.

a. In planning a study, the investigator has the responsibility to make a careful evaluation of its ethical acceptability. To the extent that the weighing of scientific and human values suggests a compromise of any principle, the investigator incurs a correspondingly serious obligation to seek ethical advice and to observe stringent safeguards to protect the rights of human participants.

b. Considering whether a participant in a planned

study will be a "subject at risk" or a "subject at minimal risk," according to recognized standards, is of primary ethical concern to the investigator.

c. The investigator always retains the responsibility for ensuring ethical practice in research. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom, however, incur similar obligations.

d. Except in minimal-risk research, the investigator establishes a clear and fair agreement with research participants, prior to their participation, that clarifies the obligations and responsibilities of each. The investigator has the obligation to honor all promises and commitments included in that agreement. The investigator informs the participants of all aspects of the research that might reasonably be expected to influence willingness to participate and explains all other aspects of the research about which the participants inquire. Failure to make full disclosure prior to obtaining informed consent requires additional safeguards to protect the welfare and dignity of the research participants. Research with children or with participants who have impairments that would limit understanding and/or communication requires special safeguarding procedures.

e. Methodological requirements of a study may make the use of concealment or deception necessary. Before conducting such a study, the investigator has a special responsibility to (i) determine whether the use of such techniques is justified by the study's prospective scientific, educational, or applied value; (ii) determine whether alternative procedures are available that do not use concealment or deception; and (iii) ensure that the participants are provided with sufficient explanation as soon as possible.

f. The investigator respects the individual's freedom to decline to participate in or to withdraw from the research at any time. The obligation to protect this freedom requires careful thought and consideration when the investigator is in a position of authority or influence over the participant. Such positions of authority include, but are not limited to, situations in which research participation is required as part of employment or in which the participant is a student, client, or employee of the investigator.

g. The investigator protects the participant from physical and mental discomfort, harm, and danger that may arise from research procedures. If risks of such consequences exist, the investigator informs the participant of that fact. Research procedures likely to cause serious or lasting harm to a participant are not used unless the failure to use these procedures might expose the participant to risk of greater harm, or unless the research has great potential benefit and fully informed and voluntary consent is obtained from each participant. The participant should be informed of procedures for contacting the investigator within a reasonable time period following participation should stress, potential harm, or related questions or concerns arise.

h. After the data are collected, the investigator provides the participant with information about the nature of the study and attempts to remove any misconceptions that may have arisen. Where scientific or humane values justify delaying or withholding this information, the investigator incurs a special responsibility to monitor the research and to ensure that there are no damaging consequences for the participant.

i. Where research procedures result in undesirable consequences for the individual participant, the investigator has the responsibility to detect and remove or correct these consequences, including long-term effects.

j. Information obtained about a research participant during the course of an investigation is confidential unless otherwise agreed upon in advance. When the possibility exists that others may obtain access to such information, this possibility, together with the plans for protecting confidentiality, is explained to the participant as part of the procedure for obtaining informed consent.

Principle 10 CARE AND USE OF ANIMALS

An investigator of animal behavior strives to advance understanding of basic behavioral principles and/or to contribute to the improvement of human health and welfare. In seeking these ends, the investigator ensures the welfare of animals and treats them humanely. Laws and regulations notwithstanding, an animal's immediate protection depends upon the scientist's own conscience.

a. The acquisition, care, use, and disposal of all animals are in compliance with current federal, state or provincial, and local laws and regulations.

b. A psychologist trained in research methods and experienced in the care of laboratory animals closely supervises all procedures involving animals and is responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

c. Psychologists ensure that all individuals using animals under their supervision have received explicit instruction in experimental methods and in the care, maintenance, and handling of the species being used. Responsibilities and activities of individuals participating in a research project are consistent with their respective competencies.

d. Psychologists make every effort to minimize discomfort, illness, and pain of animals. A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value. Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.

e. When it is appropriate that the animal's life be terminated, it is done rapidly and painlessly.

APPENDIX B

Principles for Professional Ethics

Published by the National Association of School Psychologists

I. INTRODUCTION

Standards for professional conduct, usually referred to as ethics, recognize the obligation of professional persons to provide services and to conduct themselves so as to place the highest esteem on human rights and individual dignity. A code of ethics is an additional professional technique which seeks to ensure that each person served will receive the highest quality of service. Even though ethical behavior involves interactions between the professional, the person served and employing institutions, responsibility for ethical conduct must rest with the professional.

School psychologists are a specialized segment within a larger group of professional psychologists. The school psychologist works in situations where circumstances may develop which are not clearly dealt with in other ethical guidelines. This possibility is heightened by intense concern for such issues as due process, protection of individual rights, record keeping, accountability and equal access to opportunity.

The most basic ethical principle is that of the responsibility to perform only those services for which that person has acquired a recognized level of competency. Recognition must be made of the uncertainties associated with delivery of psychological services in a situation where rights of the student, the parent, the school and society may conflict.

The intent of these guidelines is to supply clarification which will facilitate the delivery of high quality psychological services in the school or community. Thus they acknowledge the fluid and expanding functions of the school and community. In addition to these ethical standards, there is the ever present necessity to differentiate between legal mandate and ethical responsibility. The school psychologist is urged to become familiar with applicable legal requirements.

The ethical standards in this guide are organized into several sections representing the multifaceted concerns with which school psychologists must deal. The grouping arrangement is a matter of convenience, and principles discussed in one section may also apply to other areas and situations. The school psychologist should consult with other experienced psychologists and seek advice from the appropriate professional organization when a situation is encountered for which there is no clearly indicated course of action.

II. PROFESSIONAL COMPETENCY

A) General

1. The school psychologist's role mandates a mastery of skills in both education and psychology. In the interest of children and adults served in both the public and private sector, school psychologists strive to maintain high standards of competence. School psychologists recognize the strengths, as well as limitations, of their training and experience, and only provide services in areas of competence. They must be professional in the on-going pursuit of knowledge, training and research with the welfare of children, families and other individuals in mind.
2. School psychologists offer only those services which are within their individual area of training and experience. Competence levels, education, training and experience are accurately represented to schools and clients in a professional manner. School psychologists do not use affiliations with other professional persons or with institutions to imply a level of professional competence which exceeds that which has actually been achieved.
3. School psychologists are aware of their limitations and enlist the assistance of other specialists in supervisory, consultative or referral roles as appropriate in providing services competently.
4. School psychologists recognize the need for continuing professional development and pursue opportunities to learn new procedures, become current with new research and technology, and advance with changes that benefit children and families.
5. School psychologists refrain from involvement in any activity in which their personal problems or conflicts may interfere with professional effectiveness. Competent professional assistance is sought to alleviate such problems and conflicts in professional relationships.

III) PROFESSIONAL RELATIONSHIPS AND RESPONSIBILITIES

A) General

1. School psychologists take responsibility for their actions in a multitude of areas of service, and in so doing, maintain the highest standards of their profession. They are committed to the application of professional expertise for promoting improvement in the quality of life available to the student, family, school, and community. This objective is pursued in ways that protect the dignity and rights of those served. School psychologists accept responsibility for the consequences of their acts and ensure that professional skills, position and influence are applied only for purposes which are consistent with these values.
2. School psychologists respect each person with whom they are working and deal justly and impartially with each regardless of his/her physical, mental, emotional, political, economic, social, cultural, racial or religious characteristics.
3. School psychologists apply influence, position and professional skills in ways that protect the dignity and rights of those served. They promote the improvement of the quality of education and of life in general when determining assessment, counseling and intervention.
4. School psychologists define the direction and the nature of personal loyalties, objectives and competencies, and advise and inform all persons concerned of these commitments.
5. School psychologists working in both public schools and private settings maintain professional relationships with students, parents, the school and community. They understand the importance of informing students/clients of all aspects of the potential professional relationship prior to beginning psychological services of any type. School psychologists recognize the need for parental involvement and the significant influence the parent has on the student/client's growth.
6. In a situation where there are divided or conflicting interests (as between parents, school, student, supervisor, trainer) school psychologists are responsible for attempting to work out a plan of action which protects the rights and encourages mutual benefit and protection of rights.
7. School psychologists do not exploit their professional relationships with students, employees,

clients or research participants sexually or otherwise. School psychologists do not engage in, nor condone, deliberate comments, gestures or physical contacts of a sexual nature.

B) Students

1. School psychologists are guided by an awareness of the intimate nature of the examination of personal aspects of an individual. School psychologists use an approach which reflects a humanistic concern for dignity and personal integrity.
2. School psychologists inform the student/client about important aspects of their relationship in a manner that is understood by the student. The explanation includes the uses to be made of information, persons who will receive specific information and possible implications of results.
3. School psychologists recognize the obligation to the student/client and respect the student's/client's right of choice to enter, or to participate, in services voluntarily.
4. School psychologists inform the student/client of the outcomes of assessment, counseling or other services. Contemplated changes in program, plans for further services and other pertinent information are discussed with the student as a result of services. An account of alternatives available to the student/client is included.
5. The student/client is informed by the school psychologist of those who will receive information regarding the services and the type of information that they will receive. The sharing of information is formulated to fit the age and maturity of the student/client and the nature of the information.

C) Parents

1. School psychologists confer with parents regarding assessment, counseling and intervention plans in language understandable to the parent. They strive to establish a set of alternatives and suggestions which match the values and skills of each parent.
2. School psychologists recognize the importance of parental support and seek to obtain this by assuring that there is direct parent contact prior to seeing the student/client. They secure continuing parental involvement by a frank and prompt reporting to the parent of findings and progress.
3. School psychologists continue to maintain contact with the parent even though the parent objects to having their child receive services. Alternatives are described which will enable the student to get needed help.
4. School psychologists discuss recommendations and plans for assisting the student/client with the parent. The discussion includes alternatives associated with each set of plans. The parents are advised as to sources of help available at school and in the community.
5. School psychologists inform parents of the nature of records made of parent conferences and evaluations of the student/client. Rights of confidentiality and content of reports are shared.

D) Service Delivery

1. School psychologists employed by school districts prepare by becoming knowledgeable of the organization, philosophy, goals, objectives and methodology of the school.
2. School psychologists recognize that a working understanding of the goals, processes and legal requirements of the educational system is essential for an effective relationship with the school.
3. Familiarization with organization, instructional materials and teaching strategies of the school are basic to enable school psychologists to contribute to the common objective of fostering maximum self development opportunities for each student/client.
4. School psychologists accept the responsibility of being members of the staff of those schools. They recognize the need to establish an integral role within the school system and familiarize themselves with the system and community.

E) Community

1. Although enjoying professional identity as a school psychologist, school psychologists are also citizens, thereby accepting the same responsibilities and duties expected of all members of society. School psychologists are free to pursue individual interests, except to the degree that these may compromise fulfillment of their professional responsibilities and have negative impact on the profession. Awareness of such impact guides public behavior.
2. As citizens, school psychologists may exercise their constitutional rights as the basis for procedures and practices designed to bring about social change. Such activities are conducted as involved citizens and not as representatives of school psychologists.
3. As employees or employers, in public or private domains, school psychologists do not engage in or condone practices based on race, handicap, age, gender, sexual preference, religion, or national origin.
4. School psychologists avoid any action that could violate or diminish civil and legal rights of clients.
5. School psychologists in public and private practice have the responsibility of adhering to federal, state and local laws and ordinances governing their practice. If such laws are in conflict with existing ethical guidelines, school psychologists proceed toward resolution of such conflict through positive, respected and legal channels.

F) Related Professions

1. School psychologists respect and understand the areas of competence of other professions. They work in full cooperation with other professional disciplines in a relationship based on mutual respect and recognition of the multidisciplinary service needed to meet the needs of students and clients. They recognize the role and obligation of the institution or agency with which other professionals are associated.
2. School psychologists recognize the areas of competence of related professions and other professionals in the field of school psychology. They encourage and support use of all the resources that best serve the interests of their students/clients. They are obligated to have prior knowledge of the competency and qualifications of a referral source. Professional services, as well as technical and administrative resources, are sought in the effort of providing the best possible professional service.
3. School psychologists working within the school system explain their professional competencies to other professionals including role descriptions, assignment of services, and the working relationships among varied professionals within the system.
4. School psychologists cooperate with other professionals and agencies with the rights and needs of their student/client in mind. If a student/client is receiving similar services from another professional, school psychologists assure coordination of services. Private practice school psychologists do not offer their own services to those already receiving services. As school psychologists working within the school system, a need to serve a student may arise as dictated by the student's special program. In this case, consultation with another professional serving the student takes place to assure coordination of services for the welfare of the student.
5. When school psychologists suspect the existence of detrimental or unethical practices, the appropriate professional organization is contacted for assistance and procedures established for questioning ethical practice are followed.

G) Other School Psychologists

1. School psychologists who employ, supervise and train other professionals accept the obligation of providing experiences to further their professional development. Appropriate working conditions, fair and timely evaluation and constructive consultation are provided.
2. School psychologists acting as supervisors to interns review and evaluate assessment results, conferences, counseling strategies, and documents. They assure the profession that training in the field is supervised adequately.
3. When school psychologists are aware of a possible ethical violation by another school psychologist, they attempt to resolve the issue on an informal level. If such informal efforts are not productive and a violation appears to be enacted, steps for filing an ethical complaint as outlined by the appropriate professional association are followed.

IV. PROFESSIONAL PRACTICES - PUBLIC SETTINGS

A) Advocacy

1. School psychologists consider the pupils/clients to be their primary responsibility and act as advocates of their rights and welfare. Course of action takes into account the rights of the student, rights of the parent, the responsibilities of the school personnel, and the expanding self-independence and mature status of the student.
2. School psychologists outline and interpret services to be provided. Their concern for protecting the interests and rights of students is communicated to the school administration and staff. Human advocacy is the number one priority.

B) Assessment and Intervention

1. School psychologists strive to maintain the highest standard of service by an objective collecting of appropriate data and information necessary to effectively work with students. In conducting a psychoeducational evaluation or counseling/consultation services, due consideration is given to individual integrity and individual differences. School psychologists recognize differences in age, sex, socioeconomic and ethnic backgrounds, and strive to select and use appropriate procedures, techniques and strategies relevant to such differences.
2. School psychologists insist on collecting relevant data for an evaluation that includes the use of valid and reliable instruments and techniques that are applicable and appropriate for the student.
3. School psychologists combine observations, background information, multi-disciplinary results and other pertinent data to present the most comprehensive and valid picture possible of the student. School psychologists utilize assessment, counseling procedures, consultation techniques and other intervention methods that are consistent with responsible practice, recent research and professional judgment.
4. School psychologists do not promote the use of psychoeducational assessment techniques by inappropriately trained or otherwise unqualified persons through teaching, sponsorship or supervision.
5. School psychologists develop interventions which are appropriate to the presenting problems of the referred student/client, and which are consistent with the data collected during the assessment of the referral situation.
6. The student/client is referred to another professional for services when a condition is identified which is outside the treatment competencies or scope of the school psychologist.
7. When transferring the intervention responsibility for a student/client to another professional, school psychologists ensure that all relevant and appropriate individuals, including the student/client when appropriate, are notified of the change and reasons for the change.

C) Use of Materials and Computers

1. School psychologists are responsible for maintaining security of psychological tests which might be rendered useless by revealing the underlying principles or specific content. Every attempt is made by school psychologists to protect test security and copyright restrictions.
2. Copyright laws are adhered to regarding reproduction of tests or any parts thereof. Permission is obtained from authors of noncopyrighted published instruments.
3. School psychologists who utilize student/client information in lectures or publications, either obtain prior consent in writing or remove all identifying data.
4. When publishing, school psychologists acknowledge the sources of their ideas and materials. Credit is given to those who have contributed.
5. School psychologists do not promote or encourage inappropriate use of computer-generated test analysis or reports.
6. School psychologists maintain full responsibility for computerized or any other technological services used by them for diagnostic, consultative or information management purposes. Such services, if used, should be regarded as tools to be used judiciously without abdication of any responsibility of the psychologist to the tool or to the people who make its operation possible.

7. In the utilization of technological data management services, school psychologists apply the same ethical standards for use, interpretation and maintenance of data as for any other information. They are assured that the computer programs are accurate in all areas of information produced prior to using the results.

D) School-Based Research and Evaluation

1. School psychologists continually assess the impact of any treatment/intervention/counseling plan and terminate or modify the plan when the data indicate that the plan is not achieving the desired goals.
2. In performing research, school psychologists accept responsibility for selection of topics, research methodology, subject selection, data gathering, analysis and reporting. In publishing reports of their research, they provide discussion of limitations of their data and acknowledge existence of disconfirming data, as well as alternate hypotheses and explanations of their findings.

E) Reporting Data and Conferencing Results

1. School psychologists ascertain that student/client information reaches responsible and authorized persons and is adequately interpreted for their use in helping the student/client. This involves establishing procedures which safeguard the personal and confidential interests of those concerned.
2. School psychologists communicate findings and recommendations in language readily understood by the school staff. These communications describe possible favorable and unfavorable consequences associated with the alternative proposals.
3. When reporting data which are to be representative of a student/client, school psychologists take the responsibility for preparing information that is written in terms that are understandable to all involved. It is made certain that information is in such form and style as to assure that the recipient of the report will be able to give maximum assistance to the individual. The emphasis is on the interpretations and recommendations rather than the simple passing along of test scores, and will include an appraisal of the degree of reliance and confidence which can be placed on the information.
4. School psychologists ensure the accuracy of their reports, letters and other written documents through reviewing and signing such.
5. School psychologists comply with all laws, regulations and policies pertaining to the adequate storage and disposal of records to maintain appropriate confidentiality of information.

V. PROFESSIONAL PRACTICES - PRIVATE SETTINGS

A) Relationship with School Districts

1. Many school psychologists are employed in both the public and private sectors, and in so doing, create a possible conflict of services if they do not adhere to standards of professional ethics. School psychologists operating in both sectors recognize the importance of separation of roles and the necessity of adherence to all ethical standards.
2. School psychologists engaged in employment in a public school setting and in private practice, may not accept a fee, or any other form of remuneration, for professional work with clients who are entitled to such service through the schools where the school psychologists are currently assigned.
3. School psychologists in private practice have an obligation to inform parents of free and/or mandated services available from the public school system before providing services for pay.
4. School psychologists engaged in employment in a public, as well as private, practice setting, maintain such practice outside the hours of contracted employment in their school district.
5. School psychologists engaged in private practice do not utilize tests, materials or services belonging to the school district without authorization.
6. School psychologists carefully evaluate the appropriateness of the use of public school

facilities for part-time private practice. Such use can be confusing to the client and may be criticized as improper. Before the facility is utilized, school psychologists enter into a rental agreement with the school district and clearly define limits of use to the district and the client.

B) Service Delivery

1. School psychologists clarify financial arrangements in advance of services to ensure to the best of their ability that they are clearly understood by the client. They neither give nor receive any remuneration for referring clients for professional services.
2. School psychologists in private practice adhere to the conditions of a contract with the school district, other agency, or individual until service thereunder has been performed, the contract has been terminated by mutual consent, or the contract has otherwise been legally terminated. They have responsibility to follow-up a completed contract to assure that conclusions are understood, interpreted and utilized effectively.
3. School psychologists in private practice guard against any misunderstanding occurring from recommendations, advice or information given a parent or child which a school may not be prepared to carry out, or which is in conflict with what the district is doing for the child. Such conflicts are not avoided where the best interests of those served require consideration of different opinion. Direct consultation between the school psychologist in private practice and the school psychologist assigned to the case at the school level may avoid confusing parents by resolving at the professional level any difference of interpretation of clinical data.
4. School psychologists provide individual diagnostic and therapeutic services only within the context of a professional psychological relationship. Personal diagnosis and therapy are not given by means of public lectures, newspaper columns, magazine articles, radio and television programs or mail. Any information shared through such media activities is general in nature and utilizes only current and relevant data and professional judgment.

C) Announcements/Advertising

1. Considerations of appropriate announcement of services, advertising and public media statements are necessary in the role of the school psychologist in private practice. Such activities are necessary in assisting the public to make appropriate and knowledgeable decisions and choices regarding services. Accurate representation of training, experience, services provided and affiliation are made by school psychologists. Public statements must be made on sound and accepted theory, research and practice.
2. Individual, agency or clinical listings in telephone directories are limited to the following: name/names, highest relevant degree, certification status, address, telephone number, brief identification of major areas of practice, office hours, appropriate fee information, foreign languages spoken, policy with regard to third party payments and license number.
3. Announcements of services by school psychologists in private practice, agency or clinic are made in a formal, professional manner limited to the same information as is included in a telephone listing. Clear statements of purposes with clear descriptions of the experiences to be provided are given. The education, training and experience of the staff members are appropriately specified.
4. School psychologists in private practice may utilize brochures in the announcement of services. The brochures may be sent to professional persons, schools, business firms, governmental agencies and other similar organizations.
5. Announcements and advertisements of the availability of publications, products and services for sale are presented in a professional, scientific and factual manner. Information may be communicated by means of periodical, book, list, directory, television, radio or motion picture and must not include any false, misleading or comparative statements.
6. School psychologists in private practice do not directly solicit clients for individual diagnosis or therapy.
7. School psychologists do not compensate in any manner a representative of the press, radio or television in return for personal professional publicity in a news item.
8. School psychologists do not participate for personal gain in commercial announcements or advertisements recommending to the public the purchase or use of products or services.

APPENDIX C

Return to: Karol Basel
 Dept. of Psychology
 ASH 347
 Univ. of Nebraska-Omaha
 Omaha, NE 68182-0274

Code No. _____

ETHICS QUESTIONNAIRE

All Individual Responses Will be Confidential

Section I: General Information:

1. Excluding years of training, how many years of experience do you have in school psychology? _____
2. Highest degree obtained? (Check one)
 - a. Masters _____
 - b. Specialist _____
 - c. Doctorate _____
3. Age to nearest year. _____
4. Sex: Male _____ Female _____
5. Method(s) by which you learned about ethics in school psychology? (Choose all that apply.)
 - a. formal course(s) _____
 - b. workshops/in-services _____
 - c. journal articles/readings _____
 - d. discussion with colleagues _____
 - e. other (specify) _____
6. In what setting(s) do you practice school psychology? (Choose all that apply.)
 - a. preschool/elementary school _____
 - b. middle school/junior high _____
 - c. high school _____
 - d. post secondary school _____
 - e. private school _____
 - f. other (specify) _____
7. In what primary type of community do you practice school psychology? (Check one)
 - a. urban _____
 - b. rural _____
 - c. combination (specify) _____
 - d. other (specify) _____
8. Are you a member of the American Psychological Association (APA)?
 Yes _____ No _____

9. How familiar are you with APA ethics? (Check one)
- a. very familiar _____
 - b. somewhat familiar _____
 - c. unfamiliar _____
10. How familiar are you with the National Association of School Psychologists (NASP) ethics? (Check one)
- a. very familiar _____
 - b. somewhat familiar _____
 - c. unfamiliar _____

Section II:

The following are 25 dilemmas you may have encountered as a school psychologist. Beside each item, please provide two responses. In the first column, indicate if you have encountered this dilemma in the past 24 months by responding "Yes" or "No" in the first column. In the second column, rate each item according to how well you believe published professional ethics (regardless of source) prepare you to deal with each dilemma. Use the following rating system: 1 = Very adequate; 2 = Adequate; 3 = Undecided; 4 = Inadequate; 5 = Very inadequate.

| Encountered? | Prepared? |
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1. Being asked to not disclose information about a student's educational status.
2. Being asked to make a decision by a parent/administrator/teacher that you felt was unwise or unwarranted.
3. Being asked to provide a service that you did not feel you were qualified to give.
4. Using an instrument or intervention technique that you did not feel you were adequately trained or experienced to use.
5. Having your personal values and beliefs interfere with your decision-making as a school psychologist.
6. Being aware of information about a student being disclosed for other than a professional purpose.
7. Persons who were not directly involved in the intervention of a student having access to that student's confidential records.
8. Being asked to provide services to a minor who did not consent to your services.
9. Having concerns or goals of a student or parent not viewed as being as important as the concerns and goals of the organization that employed you.

