THE EFFECTIVENESS OF CONSULTATION IN ETHICALLY CHALLENGING SITUATIONS

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ABSTRACT

This study examined the effectiveness of consultation of psychology graduate students given ethically challenging scenarios. Graduate students worked either alone (N = 19) or in conjunction (N = 30) with another graduate student on ten vignettes. The vignettes were representative of scenarios that are likely to be encountered in clinical settings. Students were asked two forced choice questions for each vignette. The first question asked what the student(s) should do given the ethical considerations in the scenario presented. The second question asked what the student(s) would do if presented with such a scenario while in actual practice. Student responses were scored based on the degree of similarity with expert responses based on the APA ethics code. Results indicated that consultation did not make a difference in the effectiveness of responses. Scores obtained on the vignettes were similar to those obtained by professionals in other studies, which suggests the students were acting ethically regardless of whether they acted alone or with another student. Finally, the effectiveness and quality of responses were examined and applications to real world scenarios discussed.

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CHAPTER I

INTRODUCTION

Since the introduction of the American Psychological Association's Ethics Code in December of 1992, the underlying intention has been the "welfare and protection of the individuals and groups with whom psychologists work" (American Psychological Association, 1992, p. 1600). Perhaps the largest threat to this protection is through the intentional or unintentional practice of unethical behavior. There are two types of interventions that can decrease unethical behavior. The first type of intervention attempts to make clients more aware of unethical practices and behaviors that are exhibited by therapists. The second type of intervention increases the awareness of psychologists themselves and increases the practice of self-policing. This study was done to examine the latter intervention.

Increases in Ethical Violations

With the exception of 1995, there has been an increase in the number of active ethical complaints that have been filed with the APA since 1990 (APA, 1998). The complaints that were brought to the attention of APA represent the total number of ethical complaints that had enough information to warrant further investigation. Very few of these complaints make it to the next level of preliminary investigation, and fewer still make it to the final stage in which a formal case is opened (APA, 1998). Though relatively few cases made it this far, 40% of formal cases opened in 1997 involved sexual misconduct on the part of the therapist (APA, 1998). Pope, Keith-Spiegel, & Tabachnick (1986) found a similar tendency in unethical practices by noting that between the years of 1981 and 1986

there had been a doubling of cases involving sexual misconduct investigated by the APA Ethics Committee. This increase reemphasizes the fact psychologists need to focus on self-policing so as to minimize ethical breeches. Through self-monitoring, psychologists can focus on reducing and minimizing behaviors that are detrimental to both client and therapist.

Interventions With Clients

Attempts to make clients more aware of unethical practices have been shown to be largely ineffective. This is evident even when blatant sexual ethical breeches are performed by therapists with clients who recently read ethical guidelines for psychologists (Donovan, 1997). Donovan recruited female volunteers to attend two career counseling sessions with a male therapist. In the first session, participants read a brochure describing psychological ethics and were presented three vignettes which dealt with ethical situations, two of which were unethical in nature. Participants were asked to answer whether they believed the scenarios were ethical or unethical, and if they answered incorrectly, the counselor encouraged reexamination of the ethical brochure until the correct answer was derived. In the second counseling session, two ethical violations were performed by the counselor. In the first, the counselor shared with the participant that he had been examining the participant's file with his roommate the night before. In the second ethical violation, the male counselor asked the participant for a lunch date. Only nine percent of the 80 participants noted that an unethical violation had occurred, and only the lunch date invitation was noted as unethical. Though all participants recalled the two ethical breeches once reminded during debriefing, only six percent confronted the counselor about his

actions at the time of violation. This study indicates that clients are unlikely to confront therapists about unethical behavior. Additionally, it suggests that only the most blatant ethical misconduct is noted. Alternatively, this suggests that a number of unethical behaviors are going unreported, and only the most serious violations are acted upon. In 1997, sexual misconduct was implicated in 64% of the cases that involved loss of licensure (APA, 1998).

Interventions With Therapists

Previous research has shown that mental health professionals often do less than they should to resolve ethical dilemmas (Haas, Malouf, & Mayerson, 1988). In this study, 294 psychologists, with an average of 15 years experience, were presented ten vignettes describing ethical dilemmas. Results showed that therapists with more experience were more likely to act passively with ethical issues than were those therapists with less experience. Perhaps intervening minimally or not at all is the standard of many experienced therapists in that guidelines for therapist intervention are relatively new. However, it has been shown that this tendency is not just reserved for experienced therapists. It has been suggested that both psychology graduate students (Bernard & Jara, 1986) and clinical psychologists (Bernard, Murphy, & Little, 1987) fail to uphold ethical guidelines that they know they should impose when faced with an ethical dilemma. Keeping the APA Ethical Standards (1992) in mind, respondents were asked what they should and would do given unethical dilemmas that involved colleagues. Responses showed that 50% of the graduate students and 37% of clinical psychologists responded that they would do less than they knew they should. These percentages indicate the need for increased ethics education and

improvement in the ability to decipher ethical violations.

In a study by Smith, McGuire, Abbott, & Blau (1991), the primary reasons behind the discrepancies between what a therapist knew he or she should do and would do were examined. In this study, 102 mental health professionals (75% nondoctoral, 25% doctoral) from a wide array of mental health agencies were selected to complete a ten-item questionnaire. The questionnaire consisted of ten ethical vignettes based on actual clinical cases that asked participants what they should do and what they would do given the circumstances. Following each should and would response, participants were asked to give the reason that best explained the reasons behind the rationale used to make the decision. Participants chose from among the following eight options: (a) upholding the law; (b) upholding a code of ethics; (c) unable to identify a specific reason/it just feels right; (d) upholding personal moral values/standards; (e) financial need; (f) fear of legal reprisal; (g) fear of verbal/social reprisal by supervisor, colleague, or client; (h) protection of personal/professional reputation. Results of the study indicated significant differences between what the professionals knew they should do and would do in six of the ten vignettes. In analyzing the results more closely, it appeared that the therapists chose what they should do based on ethical codes and laws, yet when deciding what they would do, the professionals responded to more personal values and beliefs. This study again points to the importance of making therapists more aware of their own ethical decision-making process and of potential violations that can occur.

A similar unethical practice is the tendency of psychologists attempting to practice in areas that are outside their expertise (Keith-Spiegel & Koocher, 1985). To best serve

clients, therapists must practice only within their competence. One of the primary methods of countering this problem is through the use of professional consultation (Medway & Updyke, 1985). This is especially true when dealing with difficult cases that might involve legal implications for either another colleague or client (Haas & Malouf, 1995). Such instances include dual relationship issues in which the therapist could lose his or her license, the possibility of sexual and/or violent tendencies towards a child, and unethical practices of a colleague. Pope, Tabachnick, and Keith-Spiegel (1987) reported that upwards of 71% of psychologists in a national survey considered collaboration with a colleague an excellent source of information for enhancing their practice. This percentage was the highest ranked source of information about regulating the practice of psychologists. It was ranked ahead of graduate coursework, internship experience, the APA ethical principles, and ten other information sources.

Use of Consultation

Studies examining the actual use of consultation show a surprisingly low rate of use. One explanation for this low occurrence is the perception among mental health workers that there is inadequate access to effective consultation (Fryer, Poland, Bross, & Krugman, 1988). In this survey of 299 child protective workers, 39.1% reported that they 'disagree' or 'strongly disagree' that access was available to them involving professional matters in which they needed help. Another explanation for the low use of consultation is the perception among some professionals that its effectiveness is questionable. This sentiment has lead to results such as those found by Ketterer (1981). In this analysis of survey studies done over a 10 year period, it was found that between only 4% to 6% of

staff time at community mental health centers was used for consultation.

Effectiveness of Consultation

This lack of use comes despite evidence of consultation effectiveness. In a meta-analysis of 54 consultation studies, Medway and Updyke (1985) found that therapists who used consultation were reported as more effective therapists by their clients. In their study, only articles that had quantifiable outcomes as defined by attitudinal, behavioral, and achievement descriptors were used. Effect sizes for each study were calculated by finding the difference between the means of the treatment group and of the control group. This number was then divided by the standard deviation of the control group. Effect sizes were calculated for each dependent variable and for each study as a whole. Studies were then grouped for final analysis across several different domains. The first of these was the type of consultation used: mental health consultation, behavioral consultation, or organization development consultation. The second domain into which studies were classified was the source of outcome information, that is, descriptors of who was assessing the outcome of consultation. The third and final domain was the nature of the outcome variable, that is, whether the outcome was related to attitudes, behaviors, or school achievement. Overall, there were 192 effects that yielded an average effect size of .47 in favor of consultation when compared to controls. This indicates that when measures assessing attitudes, behavior, and achievement were examined following consultation interventions, those individuals who received consultation based interventions fared nearly 68% better than those who did not. All remaining effect sizes regarding sources of improvement (client vs. consultee) and type of improvement (attitudinal, behavioral, achievement) remained

positive; however, the strength of values found varied between .31 and .82.

In a similar study that reviewed 35 consultation outcome studies, Mannino and Shore (1975) found that 69% of the studies examined produced a positive change for the consultee, client, system, or some combination of the three. Only studies that dealt with consultation effectiveness were reviewed; surveys and other studies that did not deal with effectiveness were not included. The form of consultation used was widely varied in that some studies examined consultation with physicians, some with school personnel, and some examined changes in the client through other means, such as through achievement test scores. Positive change in each was defined as self reported improvements in functioning from either the client, therapist, system (e.g., family), or some combination of the three (e.g., client & therapist). In 24 of the 35 studies examined, there was some type of positive change. This change was most evident in the consultee condition, in which 74% of the studies examined showed some sort of positive change as a result of consultation for the consultee. Positive change among clients was shown to be greatly enhanced as a result of consultation, with 58% of studies examined showing improvements in client functioning. This study suggests that while there are different measures of consultation effectiveness, the overall effect is positive for those involved.

In a study examining the effectiveness of consultation in family therapy cases, Green and Herget (1989) found that groups that consulted once a week for four weeks on "difficult" cases produced more effective problem resolution at a one month follow up of clients than did those groups that did not consult. "Difficult" cases were those which were not making the expected progress as viewed by the therapist. Conclusions of this study

were examined by evaluating results from the Goal Attainment Scale, the client's rating of global change, and the therapist's rating of global change.

A study by Lewis, Greenburg, and Hatch (1988), found that nearly 80% of psychologists who were presently involved or had been involved in peer consultation reported that their needs were met or exceeded in consultation. These needs included suggestions for problematic cases, discussions of professional issues, sharing of information, and the countering of both isolation and burnout. The authors also found that two thirds of the psychologists who were not or had not been in a consultation environment expressed a desire to be in such a group if one was available.

Lack of Consultation Use

There are any number of reasons that could account for the low rate of consultation among mental health professionals. One explanation is a practitioner's lack of confidence regarding laws and guidelines dealing with informed consent and confidentiality. This confusion often leads to a failure to consult out of a concern that confidentiality will be breeched if the therapist consults (Bongar, 1991). Other times this confusion leads to careless dissemination of client information with colleagues in which anonymity of the client is not insured (Applebaum & Gutheil, 1991). The ethical principles (APA, 1992) state that psychologists "do not share confidential information that could lead to the identification of an individual or organization with whom they have had a confidential relationship unless prior consent has been obtained" (p. 1606). This leads to confusion in that professionals perceive that consultation without prior permission would breech confidentiality. This is especially true among professionals in a hospital or

in-patient setting where consultation with a fellow colleague could lead to identification of a particular patient (Clayton & Bongar, 1994).

Another explanation for the low use of consultation is the lack of consistent ethical education (Haas, Malouf, & Mayerson, 1986). In a survey of 294 randomly selected psychologists, it was found that the average number of hours spent in graduate coursework regarding ethical education was only 11.5 hours. This figure was the second lowest source of ethical education with only continuing education courses lower at 2.7 hours. This is despite the fact that the 294 psychologists ranked the perceived utility of ethical graduate coursework a 4.4 on a 5 point Likert scale (1 being not useful, 5 being extremely useful). The most often used source of ethical education, discussions with colleagues, was also rated a 4.4 out of five. These figures indicate that while graduate coursework is perceived as being very useful and important, there is a lack of ethical education found in graduate psychology programs.

In a similar study of 289 graduate psychology programs, Handelsman (1986) found that although 252 (87%) of the programs studied offered some sort of ethical training, only 84 (29%) reported having a formal course on ethics. A follow-up to the original study asked why a formal course in ethics was not taught and 137 of the 289 programs responded. Of these, 77 (57%) felt ethics could be better taught by some other means, 24 (18%) reported having no time, and 15 programs (11%) felt there was no need for such a course.

These results are prevalent despite empirical evidence that suggests that ethical training of graduate students is positively related to better ethical decisions. In a survey

conducted by Baldick (1980) clinical psychology interns who received formal ethics education in their graduate programs were able to better discriminate ethical issues in a series of case vignettes than were those interns who received little to no such education. In this study, 234 graduate students and interns from APA accredited counseling and clinical psychology programs were mailed 12 vignettes. The vignettes covered 12 different ethical dilemmas or considerations. Each of the 12 vignettes were scored by three licensed psychologists who had taught or written about ethics, and a set criteria was agreed upon as to the best mode of action. Results indicated that those interns who had completed a formal course in ethics were better able to construe important ethical considerations in the vignettes then were those interns who had not received such coursework.

In a similar study by Fine and Ulrich (1988) psychology graduate students reported that they felt the teachings of ethical standards taught in a 15 week class were beneficial in both attitudinal and behavioral aspects. Students reported these feelings at a three month follow up after the class was completed. The students specifically stated that they felt the course helped with understanding topics such as laws that govern psychologists, confidentiality, and ethical implications of therapeutic techniques.

Similar improvements were found at the undergraduate level in a related study by Gawthrop and Uhlemann (1992). Participants who engaged in an interactive ethical decision- making workshop showed better quality in responses than did those participants who did not engage in the workshop. In this study, all participants (N = 59) were undergraduate mental health oriented students who had never received any sort of ethical training. The treatment group (N = 24) received a three hour workshop on ethical decision

making based on Canadian codes of ethics. They were then asked what action they would take if they were the counselor in the situation. The scenario involved a school counselor who was caught between counseling services needed in the school and financial impositions levied by her boss that restricted her from acquiring such services. There were two control groups, the first (N = 17) of which received a copy of the Canadian ethics code and brief instructions to use the code when answering the vignette. The second control group (N = 18) was not given the ethics code and was told simply to write what they would do if they were the counselor in the situation. Responses to all three groups were compared qualitatively to predetermined criteria. Two raters scored out responses using the four point Likert scale developed by Tymchuk (Ouslander, Tymchuk, & Rahbar, 1989). This system ranks responses from one (not being able to make a decision or show a preference) to four (a decision based on a risk-benefit analysis and consideration of most potential outcomes). The interrater reliability for the instrument is reported to be .85, and Gawthrop and Uhlemann obtained a reliability of .81. Results showed that those who received the workshop education made significantly better ethical decision making capabilities.

In summary, results suggest that consultation is viewed as an important and useful therapeutic tool among many psychologists. With this in mind, studies show that the actual use, education, and formal training of consultation is surprisingly low. This is likely due to a myriad of factors including confusion regarding confidentiality laws, a lack of specific training models to teach professionals consultation methods, and a lack of effective consultation outlets among professionals. Though results of attitudinal measures suggest

consultation is effective and worthwhile, there is little empirical data that shows consultation leads to either ethically appropriate behavior or an increase in treatment options. More evidence needs to be gathered to support the notion of effectiveness based upon appropriateness, and this is the premise behind the current study.

The Present Study

The purpose of this study was to examine the effectiveness of consultation when graduate students in psychology are presented with ethically challenging scenarios from which to work. Specifically, the effectiveness of consultation when presented with challenging scenarios was examined. All responses were scored based upon the correct modes of action as defined in the APA code of conduct (APA, 1992). By scoring responses based upon the code of conduct, results were measured by appropriateness, not just helpfulness or satisfaction as is the case with attitudinal measures. Attitudinal measures often neglect or emphasize issues that effect the types of answers that are derived (Schwarz, 1999). It was hypothesized that a team of two graduate psychology students would produce more ethical responses to difficult dilemmas than would a graduate student working alone. Likewise, it was hypothesized that there would be a greater consistency among the consultation group in terms of what students say they should do and what they would do than there would be among those students who worked alone.

CHAPTER II

METHODS

Participants & Design

Participants were 49 psychology graduate students who were recruited on a voluntary basis from midsouth universities. Of these, 39 were women, and ten were men. Ages ranged from 22 to 51 years, with a mean of 31.8 years (SD = 8.90). Participants were primarily Caucasian (47), with one African American, and one of Middle Eastern descent. The median number of weeks spent in a clinical setting (e.g. internship experience, mental hospitals) was eight. The median was used for this analysis because of five individuals who had a substantial amount of experience (nine years or more) in clinical settings. Each field of study was well represented with 21 participants from clinical/counseling orientations, 10 from school psychology programs, and seven from both industrial/organization and guidance/agency orientations. The remaining four participants were from experimental/psychological science orientations (2), and mental health orientations (2).

The design for the study was a post-test between subjects design. There were two dependent variables. The first was responses to the 'should' and 'would' questions. The second was the discrepancy between the 'should' and 'would' responses. The independent variable was the level of consultation (none vs. consulting).

Measures

Demographics. The demographic questionnaire included the biographical information of age, gender, race, field of study, amount of time, if any, spent in clinical

settings, and exposure to the APA Code of Ethics (see Appendix A).

Ethical Decision Making. There were ten vignettes used in the study, all of which encompass scenarios that could be encountered by psychologists on a professional level (see Appendix B). Vignettes were taken from Smith et al. (1991). The vignettes were selected by Smith et al. from a pool of 150 examples that were drawn from actual cases described by students and professionals attending workshops and seminars on ethics. The vignettes that were chosen were meant to encompass a wide array of issues that could arise, such as confidentiality issues, informed consent, and competency. All vignettes that were chosen have more than one possible resolution based upon the APA ethics code, however all vignettes have one best answer that is most consistent with the ethical code.

In scoring the vignettes, Smith et al. (1991) used a forced choice response style. Each scenario had potential responses rank-ordered in terms of their consistency with the APA (1981) ethics code. Choices that were the most congruent with the ethics code received the highest score based upon the number of total potential responses (ranging between two and four). In those scenarios that had more than one option that could be supported by the APA ethical guidelines, a "tie-breaking" rule was established. This rule stated that the choice that carried with it the greater responsibility and/or potentially harsher consequences as a result of action would be given the highest value. The current study used the more recent 1992 APA ethics code in assigning values; however these values did not differ from those used by Smith et al. Illustrations and rationales behind scoring are discussed in Appendix D. Total ethical choice scores (ECS) ranged from 10 (least consistent with APA principles) to 28 (most consistent with ethical principles). A

total ECS was derived for both the 'should' and 'would' conditions and compared among groups.

Procedure

Participants were recruited on a voluntary basis from local midsouth universities. Each of the participants was randomly assigned to condition and completed the study in a university classroom. Random assignment was structured such that 19 participants were in the no- consultation condition and 30 in the consultation condition. Participants completed the demographic questionnaire first and then were randomly assigned to a condition. In the no-consultation condition, participants read and responded to the vignettes by themselves. In the consultation condition, participants read and responded to the vignettes after discussing them with a fellow graduate student. Only one set of responses was completed and turned in by the participants in this condition. Detailed instructions were provided so as to minimize confusion or error (see Appendix B). The study took approximately 30 minutes to complete, and all participants were debriefed in full at the conclusion of the study (see Appendix C).

CHAPTER III

RESULTS

The first set of analyses compared should and would responses between the consultation and no consultation conditions. The second set of analyses examined the differences between the should and would responses. For each of the analyses, a Bonferroni correction (Pedhazur, 1982) of $p = .025$ was used to determine statistical significance.

Effectiveness of consulting

Should scores. The total ECS for both the no consultation and the consultation conditions was computed for should responses. In the no consultation condition, there was a mean ECS of 23.26 ($SD = 1.56$). In the consultation condition, the mean ECS was 23.53 ($SD = 1.77$). This difference was not significant ($t\ (32) = -0.47$, $p = .64$).

Would scores. The total ECS for both the no consultation and the consultation conditions was computed for would responses. In the no consultation condition, there was a mean ECS of 23.11 ($SD = 2.1$). In the consultation condition, the mean ECS was 23.13 ($SD = 1.69$). This difference was not significant ($t\ (32) = -.042$, $p = .97$).

Examining differences between should and would responses

Should versus would responses were compared in the no consultation condition. In this condition, there were no significant differences ($t\ (18) = .49$, $p = .63$) between what participants felt they should ($M = 23.26$, $SD = 1.39$) and would do ($M = 23.11$, $SD = 1.25$).

Finally, should versus would responses were compared in the consultation condition. In this condition, there were no significant differences (t (14) = .92, p = .37) among what participants felt they should (M = 23.53, SD = 1.68) , and would do (M = 23.13, SD = 1.50).

CHAPTER IV

DISCUSSION

This study examined whether there were differences in responses to ethical vignettes as a condition of either working alone or consulting with another student. The first hypothesis under study predicted that those students who consulted would act in a more ethical manner as defined by the APA Code of Ethics than would those students who worked alone. The results of the present study did not support this hypothesis. The second hypothesis under study predicted that participants who consulted would be more likely to say they would do what they should do than would those participants who worked alone. This hypothesis, too, was not supported. There were no differences in either condition between should and would responses. These results suggest that students who consult with other students do not make more ethical decisions than do students who work alone. One explanation why this may have occurred is that it appears that students in both conditions scored highly on the ECS for should statements.

The mean ECS for the study for should responses was 23.40, and the mean ECS for would responses was 23.12. This average is comparable to those found by Smith et al. (1991), in which participants averaged 23.68 on should responses and 22.59 on would responses. The participants in the study by Smith et al. were all mental health professionals, meaning that they all possessed at least a master's degree. This suggests that the students in this study possess an appropriate level of ethical training when compared to the responses of practicing professionals. Though these results are comparable to those of the professionals, the total scores in both studies were below the

possible 28 points that could be earned. While it is possible that the professionals and the graduate students in this study scored equally low, it is more likely that there is a ceiling effect with the instrument used. Perhaps professionals consider more than just the most ethical choice when making decisions in ethical dilemmas. For instance, legal considerations in each of the vignettes may have been considered most important even though they may not have been the most ethical choice. This same sort of approach may have been taken by our participants and may help explain why no differences were found between groups.

An additional reason why no differences were found between groups may be due to the relatively small number of participants (N = 49) in this study which generated low power. However, given the small effect size ($\underline{d}$ = .16 for should responses, $\underline{d}$ = .02 for would responses), the number of participants would have needed to greatly increase to find any significant differences.

One additional point should be made regarding the clinical utility of differentiating should and would responses. Among practicing professionals, there are external pressures that influence should and would distinctions. These additional considerations make differences between should and would responses more clinically ecological then do differences among graduate students. Graduate students without these types of pressures may expect that one would always do what one should, regardless of the circumstances. This approach may help to explain why there were no differences in responses in the current study.

One limitation of our study is that it may not have ecological validity. In a typical

consultation scenario, an individual consults with a fellow colleague who has more experience in dealing with difficult scenarios. Our study examined the responses of master's level psychology graduate students, the majority (51%) of which had fewer than 10 hours of clinical experience. Additionally, most participants (81%) responded that they had received little to no exposure to the APA code of ethics. Though most of the participants listed that they had been briefly exposed to the ethics code in graduate coursework, very few listed their day to day graduate training as a source of ethical education. Perhaps our participants did not consider the ethical exposure and consultation they receive from their colleagues as clinical experience. If this is the case, it is very likely that our participants have received more ethical training than they acknowledged in our study.

These results reemphasize the importance of continued ethical training and exposure. The lack of differences between the ECS in either the consultation or alone group suggests that consultation is no more effective then working alone. This is contrary to findings that suggest consultation is effective among mental health professionals in difficult situations (Green & Herget, 1989; Mannino & Shore, 1975). In the study done by Green & Herget, eleven therapists consulted once a week for four weeks on "difficult" cases. Clients who were part of these "difficult" cases reported at a one month follow up more positive results of therapy than did those who those clients who did not receive consultation. One primary difference between this study and the present study is that our study concentrated on proposed modes of action in ethically challenging situations among Master's level graduate students. The study done by Green and Herget examined

satisfaction and progress of therapy among clients who took part in consultation sessions with experienced therapists in "real world" problems. The fact that these clients were given the ability to discuss and evaluate their progress with an experienced counselor facilitated the positive progress of therapy via consultation. This was an aspect that was not present in the current study.

The study done by Mannino and Shore (1975) examined changes in the consultee, client, system, or some combination of the three. The form of consultation varied greatly in this meta-analytic study, varying from consultation with physicians, school personnel, and changes in achievement test scores. Positive change in each of the 35 studies examined was defined as self reported improvements in functioning from either the client, therapist, system, or combination of the three. This study differs from the current study in that the current study relies upon the APA Code of Ethics to measure the overall effectiveness of consultation, not on self report measures. Though the results of Mannino and Shore showed positive results regardless of the type of consultation that was examined, attitudinal measures often neglect or emphasize issues that effect the types of answers that are derived (Schwarz, 1999). By relying upon the APA Code of Ethics as sole determinant of consultation effectiveness, the current study minimizes this problem and employs goals that are tangible to all therapists.

Perhaps the limited exposure our participants had in consultation roles and experiences contributed to the lack of any significant differences between groups. However, results of should and would responses were similar to those found among professionals in the field (Smith et al., 1991). These findings again suggest a ceiling effect

with the instrument that was used. Nonetheless, many of the participants in this study and many more like them will soon be in an applied practice of some sort where consultation is not only commonplace, but is required for Master's level practitioners. Continued exposure and practice with consultation in graduate school would help these students become more effective and ethical in handling real world difficult situations that are likely to arise.

In conclusion, the current study examined the differences between responses to ethically challenging scenarios among Master's level graduate students when working either alone or in conjunction with another graduate student. The results indicated that there were no differences between the responses of the two groups. These results suggest that students who consult with other students do not make more ethical decisions than do students who work alone. Likewise, results showed that those students who consulted with another student were no more likely to indicate that they would do what they should do than were those students who worked alone. Though the results attained on the scale used to derive these results were comparable to those found among mental health professionals, the conclusion that consultation is no more effective than working alone is not consistent with the existing literature (Green & Herget, 1989). Possible explanations for such findings in the current study include a small number of participants, and a lack of participant exposure in clinical "real world" settings. Further study of consultation effectiveness with these limitations minimized should be pursued so as to reflect a true measure of ethical knowledge and appropriateness in Master's level psychology graduate students.

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APPENDICES

APPENDIX A

DEMOGRAPHIC SURVEY

APPENDIX A

DEMOGRAPHIC SURVEY

Age _____

Gender _____

Race _____

Field of Study (e.g. clinical psychology, school psychology, etc.)_____

Amount of time, if any, spent working in clinical settings (e.g. mental hospitals, internship experience, etc.). If any, please explain duration and setting._____

_____

_____

_____

Exposure to the APA Code of Ethics. _____

_____

_____

_____

APPENDIX B

VIGNETTES

APPENDIX B

VIGNETTES

Instructions: This questionnaire contains 10 scenarios that as a professional in the field of psychology you may possibly encounter one day. For each scenario please state what you think **SHOULD** be done and then answer what you **WOULD** do given the circumstances.

Sample: You have just begun to see a client who appears to be very motivated regarding therapy. However, he cannot afford your fee and his insurance will not pay for the diagnosis for which you have given him.

(1) Change the diagnosis to one which your client's insurance will pay without informing him (2) Change the diagnosis to one which the client's insurance will pay, after discussing it with your client (3) Refer the client to someone who charges less than yourself (4) Agree to see the client even if he cannot pay

SHOULD_____.....WHY_____
WOULD_____.....WHY_____

If you believe that you should (4) agree to see the client even if he cannot pay, then you should place the number 4 beside the SHOULD space. If you believe that you should see the client because not to do so would be violating your own personal standards (selection 4), then place the number 4 on the space beside WHY.

Next, decide what you WOULD actually do in the exact situation. In the example above, if you thought that you WOULD (3) refer the client to someone who charges less than yourself, then you should place a 3 on the space beside WOULD. If you made this decision out of the interest of the client ("welfare of the consumer") then you would place the number 2 in the space beside WHY in the would row.

Marked on your answer sheet the above selections would appear:

SHOULD__4__.....WHY__4__
WOULD__3__.....WHY__2__

Rationale Choices

(1) Upholding the law
(2) Upholding a Code of Ethics
(3) Unable to identify a specific reason/it just feels right (intuition)
(4) Upholding personal moral personal/professional values/standards
(5) Financial Need
(6) Fear of reprisal (e.g. malpractice suit)
(7) Fear of verbal/social reprisal by supervisor, colleague, or client
(8) Protection of reputation

Scenario 1. You are a therapist in a community mental health center. You are about to move to another state, and must terminate or refer your caseload. Your clinical director tells you to refer a particular individual to a therapist whose ability you do not respect.

(1) Refer the patient (2) Refer the patient and indicate your reservations to him (3) Refuse to refer the patient to that particular therapist

SHOULD_____.....WHY_____
WOULD_____.....WHY_____

Scenario 2. A client of yours tells you that she is still quite upset at her previous therapist for, among other things, making unwanted sexual advances toward her. This is the third client from whom you have heard such allegations about this particular therapist.

(1) Call the ethics committee or state licensing board (2) Tell the patient that she has the right to bring her charge to the ethics committee or the state licensing board (3) Call the previous therapist and tell him that the behavior you have heard about violates professional standards (4) Discuss the patient's anger but do not discuss the issue of professional standards

SHOULD_____.....WHY_____
WOULD_____.....WHY_____

Scenario 3. A psychologist whom you have met at occasional meetings but do not know well appears in a TV spot endorsing a local health spa. He says "As a child psychologist I find relaxation important- I go to the Palm Spa to get my head and body together."

(1) Do nothing (2) Call the psychologist and indicate that you think the ad violates professional standards (3) Call the professional standard committee of your psychological association and report the incident.

SHOULD_____.....WHY_____
WOULD_____.....WHY_____

Scenario 4. You have been treating a married couple conjointly for about six months. The wife arrives early and tells you that she is thinking of leaving her husband as she has been involved with another man. You have not previously discussed your policy regarding secrets.

(1) Do not agree to keep the secret (2) Agree to keep the secret

SHOULD_____.....WHY_____
WOULD_____.....WHY_____

Rationale Choices

(1) Upholding the law
(2) Upholding a Code of Ethics
(3) Unable to identify a specific reason/it just feels right (intuition)
(4) Upholding personal moral personal/professional values/standards
(5) Financial Need
(6) Fear of reprisal (e.g. malpractice suit)
(7) Fear of verbal/social reprisal by supervisor, colleague, or client
(8) Protection of reputation

Scenario 5. The mother of a 12 year old boy comes to pick him up after his initial appointment with you. The mother asks you if he is taking drugs. The boy has in fact revealed to you that he has been sniffing glue. You have not previously discussed your policy regarding secrets with the mother.

(1) Tell her the information is her son's to reveal or not as he sees fit
(2) Tell her what you know

SHOULD_____.....WHY_____
WOULD_____.....WHY_____

Scenario 6. A man with no previous experience in therapy contacts you and asks for sex therapy. While you understand the general principles of sex therapy, you would not consider it your area of expertise. However, he looks like an interesting prospective client.

(1) Do not accept him as a client and refer him to another therapist (2) Accept him as a client only after discussing your qualifications (3) Accept him as a client

SHOULD_____.....WHY_____
WOULD_____.....WHY_____

Scenario 7. You are treating a Vietnam veteran with a history of impulsive antisocial actions. You and he have established a good therapeutic relationship (his first after 3 previous attempts at therapy). At the end of the session, he discloses that he is planning to kill his current girlfriend because she has been dating another man.

(1) Plan to discuss this further at the next session (2) Contact his girlfriend and/or the police without informing him (3) Inform him that you must warn his girlfriend and/or the police.

SHOULD_____.....WHY_____
WOULD_____.....WHY_____

Scenario 8. During the course of your treatment of a 45 - year-old male who has drinking problems, his wife telephones and tells you that he has been sexually molesting his 7-year-old stepdaughter (her daughter of a previous marriage).

(1) Report the case to the child protection bureau (2) Encourage her to report the matter to the child protection bureau (3) Reflect her concern but take no further action

SHOULD_____.....WHY_____
WOULD_____.....WHY_____

Rationale Choices

(1) Upholding the law
(2) Upholding a Code of Ethics
(3) Unable to identify a specific reason/it just feels right (intuition)
(4) Upholding personal moral personal/professional values/standards
(5) Financial Need
(6) Fear of reprisal (e.g. malpractice suit)
(7) Fear of verbal/social reprisal by supervisor, colleague, or client
(8) Protection of reputation

Scenario 9. A client of yours who is a CPA (certified public accountant) suggests that he prepare your own tax return in partial payment for therapy. You have been preparing your own taxes and find it increasingly burdensome.

(1) Decline his offer (2) Accept his offer

SHOULD_____.....WHY_____

WOULD_____.....WHY_____

Scenario 10. You work in the emergency room of a community mental health center located within a general hospital. You are about to admit a man best diagnosed as paranoid schizophrenic; his insurance will cover the cost of hospitalization. This diagnosis may make it difficult for him to obtain other kinds of insurance (e.g. life insurance) later. You suspect that learning of this will make him resist hospitalization since he cannot afford it without insurance.

(1) Do not inform him of the risks; give him a much 'milder' diagnosis (2) Do not inform him of the risks; diagnose him as indicated (3) Inform him of the risks involved; diagnose him as indicated

SHOULD_____.....WHY_____

WOULD_____.....WHY_____

Rationale Choices

(1) Upholding the law
(2) Upholding a Code of Ethics
(3) Unable to identify a specific reason/it just feels right (intuition)
(4) Upholding personal moral personal/professional values/standards
(5) Financial Need
(6) Fear of reprisal (e.g. malpractice suit)
(7) Fear of verbal/social reprisal by supervisor, colleague, or client
(8) Protection of reputation

APPENDIX C

DEBRIEFING STATEMENT

APPENDIX C

DEBRIEFING STATEMENT

Thank you for your participation in the research study entitled "The effectiveness of consultation in ethically challenging situations" which is being conducted by Chris Newton and supervised by Dr. Frederick Grieve, Ph.D. of the Psychology Department at Austin Peay State University. The purpose of this study was to examine the effectiveness of decision making abilities of psychology graduate students given ethical dilemmas. Our study proposed that difficult scenarios that are likely to arise in professional settings would be more effectively handled by a group of two psychology graduate students rather than one acting alone.

Studying the effectiveness of consultation in terms of treatment proposals in ethically challenging scenarios is an important aspect to examine regardless of one's field of psychological study. Research shows that while the majority of psychologists favor consultation with a colleague, situations such as litigious clientele, and low job satisfaction cause very few to do so. By examining the outcomes of consultation versus sole practice in difficult situations, we are hoping to provide evidence that indeed "two minds are better than one" in difficult situations, especially those in which there is limited field experience.

If you have any further questions about your participation in this research, please feel free to ask the researcher now or at a later time. You may contact me at work at 648-6242 or through the psychology office at 648-7233. However, if you prefer, you may feel free to contact Dr. Frederick Grieve at the Psychology Department, Room 307B, Clement (221-7235) between 10 A.M. and 4 P.M. M-F if you have further questions concerning this project. Thank you again for your participation.

APPENDIX D

SCORING CRITERIA

APPENDIX D

SCORING CRITERIA

The ten vignettes were scored based upon the 1981 APA Ethics code for psychologists, and responses given by students were evaluated as to the congruence of the APA ethical standards. Since some of the vignettes have multiple courses of action that could be employed and still be ethical under the APA ethics code, various scores are attainable based upon responses. Choices were awarded a value between 1 and 4 (the higher the number, the more congruence with the APA code) depending on the total number of choices per vignette. 'Should' responses for each vignette were averaged and compared to the averaged 'would' responses. Comparisons between groups were then conducted by means of a one way ANOVA to find significant differences. Comparisons were made between groups for each vignette. Scoring criteria and the corresponding ethical principle that describes the rationale behind awarding such values are described below.

Scenario 1: Three points for choice three. "...[psychologists] offer to help locate alternative sources of [mental health] assistance." (Principle 6, subsection c). By assuming that if a psychologist believed that one would not benefit from a particular therapist, that it would be in the best interest of the client not to refer a client to that therapist. This choice is most consistent with the ethical principles, and is thus given a rating of three. Choice two is the second most consistent mode of action, and it receives a value of two, Lastly, choice one is the least ethical, and therefore gains a value of one.

Scenario 2: Four points for choice one. The ethical code is quite explicit about this type of unethical behavior. (Principles 6a, 1f, 2, 3). The therapist must at least inform the client that she may report the behavior, and such a response gains a value of three points. After evaluating the responsibility involved on professional and community levels, it is apparent that choice one is more proactive and takes on more responsibility for all people involved. Choice three assumes some sort of action, but it does not ensure any sort of follow up and

receives a score of 2 points. Finally, choice four does not deal with the issue at all and thus receives a score of one.

Scenario 3: Three points for choice two. Since the behavior does not appear to be harmful to another, the necessity to report a one-time occurrence of such an event is unnecessary. Principle 4j states that "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." Choice three would receive the next highest value of two because it corresponds to principles 1 and 3 regarding the responsibilities to "ensure their services are employed appropriately, and through ensuring public trust is not eroded." Choice one receives one point because of inaction.

Scenario 4: Two points for choice two. Agreeing to keep the secret is most compatible with APA guidelines (principle 5). Specifically, it is stated that "[psychologists reveal such information to others only with the consent of the person or the person's legal representative. Therefore, choice one (telling the secret) receives a value of one.

Scenario 5: Two points for choice one. Principle 5d applies to confidentiality of a minor and states that "...psychologists take special care to protect these person's best interests." It does not appear that the client represents a "clear danger" (preamble, p. 636) to himself, thus it would not be consistent with the code of conduct to reveal such information. Response two therefore gains a value of one.

Scenario 6: Score three points for choice one. "Psychologists recognize the boundaries of their competence and the limitations of their techniques" (Preamble). Choice two earns two points as it allows for the client to make an informed decision (principle 6). Choice three is clearly unethical, and earns a value of one.

Scenario 7: Score three points for choice three. This situation deals with confidentiality, and duty to warn issues. Principle five states that confidential material can be revealed if "...not to do so would result in clear danger to the person or to others." A decision not to act would violate principle 3c which states that "psychologists avoid any action that will violate or diminish the legal and civil rights of clients or others who may be affected by their actions." Case history involving Tarasoff v. Regents University of California also suggests that choice three is most consistent with the APA ethics code. Choice two would be the next best choice, earning two points, followed by choice one which earns one point.

Scenario 8: Score three points for choice one. In order to uphold principle 3c and its preamble dealing with public trust, the most consistent choice with the code of ethics is choice one. This is followed by choice two which earns two points, followed by choice three which earns one point. In resolving tie breaking questions, choice one was given the higher value because it involves a more active stance on reporting the abuse him/herself.

Scenario 9: Score two points for choice one. Principle 6d deals with this issue and states "...they [psychologists] neither receive nor give remuneration for professional services." Therefore, choice one is most ethical and earns two points, while choice two earns one point.

Scenario 10: Score three points for choice three. Keeping the client informed of consequences by which he may be adversely affected while still providing the services which he needs is most ethical according to principle 6b (welfare of the client). Choice two is assigned a value of two as it involves less responsibility on the part of the psychologist. Choice one is clearly unethical and is assigned a value of one.

APPENDIX E

SCORING CRITERIA RESPONSE SHEET

APPENDIX E

SCORING CRITERIA SHEET

Case #: _____ Alone Consult

Scenario 1: Should: _____ Why: _____
Would: _____ Why: _____

Scenario 2: Should: _____ Why: _____
Would: _____ Why: _____

Scenario 3: Should: _____ Why: _____
Would: _____ Why: _____

Scenario 4: Should: _____ Why: _____
Would: _____ Why: _____

Scenario 5: Should: _____ Why: _____
Would: _____ Why: _____

Scenario 6: Should: _____ Why: _____
Would: _____ Why: _____

Scenario 7: Should: _____ Why: _____
Would: _____ Why: _____

Scenario 8: Should: _____ Why: _____
Would: _____ Why: _____

Scenario 9: Should: _____ Why: _____
Would: _____ Why: _____

Scenario 10: Should: _____ Why: _____
Would: _____ Why: _____

Rationale Choices

(1) Upholding the law
(2) Upholding a Code of Ethics
(3) Unable to identify a specific reason/it just feels right (intuition)
(4) Upholding personal moral personal/professional values/standards
(5) Financial Need
(6) Fear of reprisal (e.g. malpractice suit)
(7) Fear of verbal/social reprisal by supervisor, colleague, or client
(8) Protection of reputation

APPENDIX F

INFORMED CONSENT

APPENDIX F

INFORMED CONSENT DOCUMENT

You are being asked to participate in the following research study. Please read the following material carefully. It contains the purpose of the investigation, the procedures to be used, risks/side effects and benefits of your participation in the study, and what will happen to the information collected as part of the research project in which you are participating.

1. The purpose of the current study.

Researchers will investigate the effectiveness of discussing issues of consultation among psychology graduate students in ethically challenging situations.

2. The procedures to be used. *What you will be asked to do.*

The participant, you, will be asked to complete two questionnaires. The first includes questions regarding demographic information (i.e., age, gender, etc.). The second questionnaire consists of ten scenarios that you as a mental health professional may encounter one day. For each scenario, you will be asked what you should do given the circumstances and then you will be asked what you probably would do in the situation. For each should and would choice, you will pick from one of eight categories as to why you chose to act in the behavioral response indicated.

3. Regarding risks and benefits.

You are being asked to respond as honestly and as accurately as possible to each question on the scenario questionnaire. Every precaution will be taken to ensure that all information be kept confidential. There will be no deception involved in the study. There is a minimal risk that the information on the questionnaire may bring about psychological stress. However, if you wish at any point to terminate your participation, you may do so with no questions asked.

As a participant in the study, you will be contributing to science and helping researchers gain insight about the efficiency of consultation with colleagues in difficult cases. In some cases, extra credit may be rewarded to college students, if professors so choose.

4. What will happen to the information collected.

The information collected from you will be used for purposes of scientific presentation and publication. In any such use of this information, your identity will be carefully protected. The identity of participants will never be revealed in any published or oral presentation of the results of this study. The data collected from the study will be made public only in summary form, which make it impossible to identify individual participants.

Please read the statements below. They describe your rights and responsibilities as a participant in this research project.

1. I agree to participate in the present study conducted by Chris Newton, a graduate student in the Department of Psychology at Austin Peay State University, and by Dr. Rick Grieve, a faculty member in the Department of Psychology at Austin Peay State University. I agree to complete two questionnaires.

2. I have been informed in writing of the procedures to be followed and about any risks that may be involved. I have also been told of any benefits that may result from my participation. Dr. Grieve has offered to answer any further inquiries that I may have regarding the research, and he can be contacted in 307B, Clement, or by phone at (931) 221-7235.

3. I understand that I may withdraw from participation at any time without any penalty or prejudice. I also understand that any data obtained from me will be withdrawn from the study and destroyed if I withdraw.

4. I realize that by signing this form, I willingly consent to participate in the current study. I also acknowledge that I have been given a copy of this form to keep for my records.

_____ _____

Name (Please print) Date

_____

Signature

_____

Witness

VITA

Christopher Charles Newton was born in Atlanta, Georgia on April 21, 1974. He attended elementary schools in the Roswell (Atlanta) Area School District and graduated from Marist High School in May 1992. The following January, he enrolled in the University of Mississippi, and in May of 1994, he enrolled at the University of Georgia. He earned a BA in psychology in June of 1997, and the following September, he enrolled in Austin Peay State University. He is scheduled to earn a MA degree in Clinical Psychology in May of 2000, and he plans to enroll in doctorate school in the Fall of 2000.

He is presently employed as a Graduate Assistant within the Psychology Department at Austin Peay State University. He is additionally working as a therapist-intern at an inpatient residence as part of his internship fulfillment.