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Ethical Training, Moral Development, and Ethical Decision Making in Master's-Level Counseling Students

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Abstract

The purpose of this study was to determine the effects of training in the use of an ethical decision making model on ethical decision making skills of master's-level counseling students. Sixty-seven participants volunteered and were randomly assigned to either the experimental or control group. Instruments used included the Defining Issues Test-Two (Rest, Narvaez, Bebeau, & Thoma, 1999), Ethical Dilemmas (Betan, 1996), and an information sheet developed by the researcher. Cohen and Cohen's (1999) theory-based Integrated Ethical Decision Making Model described in their book, *The Virtuous Therapist*, was taught and described. Neukrug's (1996) theory-based approach for teaching ethics served as the foundation for the intervention. The significant results of the study indicated that, regardless of training, those students who scored high on the DIT-2 also scored high on the ethical dilemmas. Results were not significant in determining the effects of training on those students who scored low on the DIT-2 and their resulting score on the ethical dilemma.

Scholars note that counselors face many complex ethical dilemmas in society, and some dilemmas defy simple solutions (Cooper & Gottlieb, 2000; Mabe & Rollins, 1986; Neukrug, Lovell, & Parker, 1996). Researchers have not been able to determine the content, format, or style of presentation of ethical education or training to be most effective in developing the ethical decision making skills of graduate counseling students. Several researchers (Eberlein, 1987; Tarvydas, 1987; Tymchuk, 1982, 1986) emphasized the importance of ethical education or training of graduate students. However, research results concerning the evaluation of the effectiveness of ethics education and training are mixed. Wefel (1992) reviewed the preceding 35 years of research pertaining to ethics education in graduate psychology programs and concluded that educators reported satisfaction with the decision making ability of students after taking an ethics course, but directors of psychology clinics reported that the graduate students were not prepared to manage effectively ethical dilemmas. The proponents of ethical training (Eberlein, 1987; Tarvydas, 1987; Tymchuk, 1982, 1986) emphasized the importance and benefit of ethical decision making models to counselors. Kitchener (1984) and Rest (1984) developed and provided theoretically based ethical decision making models as supportive tools for mental health professionals. Cottone and Claus (2000) reviewed the literature pertaining to ethical decision making models and reported that although there are a number of practice-based models, many of these models were apparently developed without regard to any theoretical or philosophical foundation. Additionally, Cottone and Claus highlighted the paucity of research on the training or teaching of ethical decision making models.

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The purpose of this study was to determine the effects of moral development and training in use of an ethical decision making model on the ethical decision making skills of master's-level counseling students at different levels of moral development. In this study, the independent variable was the training on the use of an ethical decision making model. The dependent variable was the resulting score on the ethical dilemma. The participant's DIT-2 score was used as an independent variable providing a baseline for moral judgment. The hypotheses stated:

1. Those students who score high on the DIT-2, regardless of training, will score high on the ethical dilemma.
2. Those students who score low on the DIT-2 and receive training on ethical decision making will score higher on the ethical dilemma than those students who score low on the DIT-2 and receive no such training.

Methods

Participants

The sample for this study included 15 male and 52 female participants enrolled in one or more introductory master's-level counseling courses at a regional state university in northeast Texas. The participants' ages ranged from 21 to 59 years of age, with an *M* of 35.6 and *SD* of 9.72. Thirty-two participants were enrolled in the school counseling track, 28 of the participants were enrolled in the community counseling track, and three participants indicated that they were enrolled in the student affairs track, while four declared that they were taking this counseling class while deciding what counseling track to pursue. Of the 67 participants, 58 held a bachelor's degree, and nine held a master's degree in another discipline. The ethnicity of the participants is described in Table 1.

TABLE 1
Ethnicity of Participants

Ethnicity	Frequency	Percent	Valid Percent	Cumulative Percent
African-American	18	26.9	26.9	26.9
Asian	1	1.5	1.5	28.4
Caucasian	44	65.7	65.7	94.0
Hispanic	3	4.5	4.5	98.5
Multi-ethnic	1	1.5	1.5	100.0
Total	67	100.0	100.0	

Instrumentation

Defining Issues Test-Two (DIT-2)

The instrument used in this study was the Defining Issues Test-Two (Rest & Narvaez, 1998). The DIT-2 is a paper-and-pencil test of moral judgment. In this study, the DIT-2 was given to all participants to obtain a moral judgment score. The DIT-2 is a revision of the Defining Issues Test (DIT), first developed by Rest, Cooper, Coder, Masanz, and Anderson in 1974. Rest and Narvaez (1998) document over 25 years of research providing normative data using both male and female participants with the DIT. Because both instruments are currently used in research, a description and comparison of the DIT and the revised DIT-2 will be presented.

Theoretical Foundation: A Neo-Kohlbergian Approach

Rest, Narvaez, Thoma, and Bebeau (1999) and Rest, Narvaez, Bebeau, and Thoma (1999) noted that Kohlberg's (1976) moral development theory has been consistently challenged. Many scholars question the theory from a philosophical perspective as well as from a psychological perspective. Perhaps the best known critique of Kohlberg's theory is from Carol Gilligan in her book, *In a Different Voice* (1993). Gilligan found fault with the all white male sample Kohlberg used to research his theory. She claimed that women develop differently than men and that Kohlberg's theory consistently evaluated women as less morally developed than men. Gilligan (1993) presented a moral development approach based on an ethic of care as opposed to Kohlberg's ethic of justice. Several researchers (Ford & Lowery, 1986; Rest, 1983; Vasudev, 1988; Walker, 1984, 1986, 1989, & 1991) conducted empirical research investigating Gilligan's claims, but her ideas were not confirmed. Rest, Narvaez, Bebeau, and Thoma (1999) cited over 20 years of research involving Kohlberg's moral development theory, demonstrating that age and education, not sex, are the primary influencing variables regarding moral development. Gilligan and Attanucci (1988) and Kohlberg (1984) eventually agreed that the ethics of justice and care are not mutually exclusive to either male or female. Gilligan and Kohlberg concluded that a morally mature individual requires both perspectives and uses them simultaneously when making a moral decision. Researchers Ford and Lowery (1986) and Stander and Jensen (1993) acknowledged both theories as valid and viewed them on a continuum with Gilligan's care orientation on one end and Kohlberg's justice orientation on the other.

Rest, Narvaez, Bebeau, and Thoma (1999) analyzed research results and developments pertaining to cognitive learning and moral development and revised several of the major points of Kohlberg's moral development theory. Rest et al. coined the terms "macromorality" and "micromorality" to illustrate the different phenomena and different levels of analysis in morality. Macromorality is concerned with the formal structure of society; its roles, laws, institutions, and organizations. Micromorality is concerned with the face-to-face relationships of people in everyday life. The virtues of macromorality can be described as acting objectively and obeying generalized principles of society. The virtues of micromorality include loyalty, dedicated care, and mutual caring needed for personal relationships. In the view of Rest and his fellow researchers, Kohlberg's theory was more pertinent to macromorality issues. Rest et al. further stated that more research is needed in deciding what approach best illuminates micromorality issues.

Nature of the Tests

The Defining Issues Test (DIT) and the Defining Issues Test-Two (DIT-2) are questionnaires concerning social problems. The DIT uses six hypothetical moral dilemmas and a list of 12 choice items per dilemma that serve as possible solutions in resolving each dilemma. The DIT-2 is shorter, using only five hypothetical moral dilemmas with a list of 12 choice items per dilemma. The format of the tests forces the participant to choose an item, then rate and rank the items as determined important by the participant (Rest, Narvaez, Thoma, Bebeau, 1999). Rest et al. have stated that neither the DIT nor the DIT-2 is linked to any particular moral philosopher, but Rest was inspired by Kohlberg's (1976) initial moral development studies. Rest et al. have asserted that prior research involving the DIT and current research involving the DIT-2 follow Kohlberg's moral development approach in four ways: (a) both emphasize the importance of cognition; (b) both highlight the development of cognition over time; (c) both conceptualize the developmental advance from adolescence to young adulthood as conventional to

postconventional moral thinking; and (d) both advocate that people can construct their own “epistemological categories,” or ways of understanding morality (Rest et al., p. 645).

Atunza (1986) noted that Gilligan (1977) highlighted the problem of sex bias within Kohlberg’s moral development model. Gilligan stated that the absence of women in Kohlberg’s original sample leads to a moral development model within which women scored lower than men. Empirical studies on sex differences in moral development have yielded inconsistent results. In a two year study published in 1984, Walker conducted an extensive meta-analytical evaluation of 80 studies that used Kohlberg’s original research and found no significant sex differences. Twelve studies did indicate a difference, but five of those resulted in women scoring higher than men (Arbuthnot, 1983; Biaggio, 1976; Blatt & Kohlberg, 1974; Krebs and Gillmore, 1982; Turiel, 1976).

Specifically pertaining to the DIT, Rest (1979) reviewed 22 studies using the instrument and found no significant sex differences. Two of the studies reviewed (Rest et al., 1974; Schomberg, 1978) indicated higher moral judgment scores for women than men. Rest (1979) suggested that when a sex difference is found, it is best to determine the influence of other variables, such as education and socio-economic status, on the resulting scores. In reviewing the empirical findings of the past 25 years, Rest and Narvaez (1998) reported that education and age, not sex, influence moral judgment scores on the DIT.

Research by Walker, De Vries, and Trevethan (1987) and Wilson (1995) lend further support to the notion that sex does not affect the level of moral judgment. Lewis (1998) reported that researchers now acknowledge both Gilligan’s (1977) and Kohlberg’s (1984) moral development theories are valid. Ford and Lowery (1986), and Stander and Jensen (1993) view the theories as on a continuum, and the theories are applicable to both male and female moral development. Gilligan (1993), in her later work, redefined her view stating gender may play a role but does not dictate an individual’s moral orientation, that individuals call upon both care and justice moral orientations.

Rest and Narvaez (1998) documented that both the DIT and DIT-2 are written on a 12-year-old reading level. Both tests can be administered individually or in a group setting. The administration of either test does not have to be monitored if the test administrator is confident that the participants will respond individually. Rest and Narvaez stated that participants need the test instruction booklet, the answer sheet, and a number 2 pencil, and that they need to make complete erasures if changing answers. Between 35 and 45 minutes is needed for participants taking either test to complete the full questionnaire. The researchers emphasized the use and importance of a unique 5-digit number for identifying individual or sub-grouped participants as well as for the computer scoring procedure of the tests.

Scoring the DIT and the DIT-2

The DIT and the DIT-2 are computer scored using optical scanning equipment and the statistical analysis procedures of SPSS (Rest & Narvaez, 1998). A statistical report is produced for each research project conducted. The scoring produces several indices including a moral judgment score, the P index for the DIT and the N2 index for the revised DIT-2. The P index, or moral judgment score of the DIT, is the percentage of postconventional reasoning in the rankings of items preferred by the participant. The N2 index, or moral judgment score of the DIT-2, incorporates both the ranking and rating of items by the participant, taking into account the participant’s preference for postconventional reasoning.

Five subject-reliability checks are methods for detecting bogus data. Scores pertaining to these checks are computed to establish a valid answer sheet and DIT-2 score. Over time, the previous subject-reliability checks of the DIT had proven to limit the range of usable scores (Rest & Narvaez, 1998). The new checks of subject-reliability allow for more test results to be used and

therefore to increase the range of useful scores in conducting research. The five checks examine rate-and-rank consistency, missing rates, missing ranks, non-differentiation of rates or ranks, and responses to pretentious syntax. Rest and Narvaez (1998) noted that the computer-generated report a researcher receives includes descriptive statistics and statistical analyses.

In *The Guide for DIT-2*, Rest and Narvaez (1998) observed that, based on 25 years of research with the DIT, college students usually yield a moral judgment score in the 40s, students graduating from professional school programs score in the 50s, and doctoral students in moral philosophy or political science programs score in the 60s. The researchers added that junior high students score in the 20s and high school students in the 30s. In the manual, *Exploring Moral Judgment*, Rest, Narvaez, Mitchell, and Thoma (1998) recommended dividing sample scores using a standardized definition of “high” and “low.” These researchers suggested cutoff scores of 0 up to 39.1 for “low” and 39.2 and up for “high.”

Characteristics of the DIT

Rest, Narvaez, Bebeau, and Thoma (1999) stated that the validity and reliability of the original DIT, developed in 1974 by Rest, Cooper, Coder, Masanz, and Anderson, has been assessed using six validity criteria and one reliability criteria over the last 25 years. Rest et al. (1999) referred to over 400 published studies to document the validity and reliability of the DIT. Listed below, items 1 through 6 address the validity of the DIT, and item 7 specifically addresses the reliability of the DIT:

1. Results of research have shown that DIT scores differentiate based upon educational and age groups; 30% to 50% of the variance of DIT scores is attributable to the level of education in heterogeneous samples (Ponemon & Glazer, 1990; Thoma, 1986).
 2. DIT scores show significant upward change in longitudinal studies. Pascarella and Terenzini (1991) indicate that gains in DIT scores have been one of the most dramatic longitudinal gains in college, showing an effect size of .80, $n=755$.
 3. DIT scores are significantly correlated with cognitive developmental capacity measures, mean $r = .60$. The DIT scores have lower correlations with other measurements ($r = .20$ to $.50$), such as IQ, GPA, or achievement scores (Narvaez, 1998).
 4. DIT scores are sensitive to moral educational interventions. An effect size of .41 is reported for dilemma discussion interventions, but a small effect size of .09 is reported for comparison groups. Rest and Narvaez (1998) reported a moderate effect size level of .40 for programs teaching moral education of more than 3 weeks, and a strong effect size level of .80 for gains in liberal arts colleges and universities.
 5. DIT scores significantly predict desired professional decision making and prosocial behaviors. Of 47 measures reported, 32 were statistically significant (Rest & Narvaez, 1994).
 6. DIT scores significantly predict political attitudes and choices. The range of correlations reported is .40 to .60 (Narvaez, Getz, Rest, & Thoma, 1999; Thoma, Barnett, Rest, & Narvaez, 1999).
 7. For reliability, Cronbach's alpha is reported in the upper .70s and low .80s. Rest, Narvaez, Bebeau, and Thoma (1999) report values in the same range for test-retest reliabilities.
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Characteristics of the DIT-2

Compared to the original DIT, the DIT-2 is shorter, using only five dilemmas instead of six. All the dilemmas were updated by using more current terminology and topics. The revisions also include a new checking system for bogus data and a new method for indexing data, referred to as N2 (Rest, Narvaez, Thoma, & Bebeau, 1999). According to these researchers, the DIT-2 has clearer instructions, which improve the validity of the instrument. As in the DIT, Rest and Narvaez (1998) asked participants to rank and rate the importance of the social problems presented in the dilemmas. In 1999, Rest et al. replicated the original 1974 study that first established the DIT.

Rest, Narvaez, Bebeau, & Thoma (1999) suggested seven criteria of construct validity for a test of moral judgment and report on four of these criteria in their 1999 replication study. Specifically, the four criteria of construct validity of the 1999 replication study are (a) a direct relation of increase of moral judgment with increase of age and education; (b) prediction of opinions (conservative or liberal) on controversial public policy issues; (c) high correlations between DIT and DIT-2; (d) adequate internal reliability as measured by Cronbach's alpha in DIT-2.

The results of the 1999 Rest et al. study indicated that the correlations between the DIT-2 and educational level (ninth grade, college freshmen, college seniors, and graduate students) show stronger educational trends with the DIT-2 than with the DIT. The correlation between the DIT-2 and three different instruments measuring political views, religious beliefs, and opinions of public policy reveals that the DIT-2 and opinion of public policy correlate at .50; controlling for religious and political beliefs, the DIT-2 correlates with opinion of public policy at .51.

Because the DIT-2 involves ranking data, individual items cannot be used as the unit of internal consistency. The internal reliability of the DIT-2 is on the story level, not the item level, because the items are ranked and the ranks are ipsative. That is, if one item in the story is ranked first, no other item can be in first place. The 1999 (Rest, Narvaez, Thoma, and Bebeau) replication study also resulted in a Cronbach's alpha of .81 for the DIT-2 and of .76 for the DIT. The researchers combined all 11 dilemmas on the DIT and the DIT-2 and arrived at a Cronbach's alpha of .90.

The DIT correlates with the DIT-2. Using the original P index and the standard checks for bogus data, the correlation is .71. Using the N2 indexing and the new checks, the correlation is .70.

Overall, Rest, Narvaez, Thoma, and Bebeau (1999) claim that the Defining Issues Test-Two using the N2 indexing (DIT2-N2) is shorter and clearer, purges fewer participants, and has somewhat better validity characteristics than the DIT. Rest et al. hold that the DIT remains valid, but invite other researchers to use the DIT-2 in their research in order to validate the usefulness of the instrument.

Ethical Dilemmas

Ethical dilemmas from Betan (1996) were used to assess participants' ethical decision making skill. These dilemmas originated in the work of Bernard and Jara (1986), where a panel of experts reviewed and validated them. Participants' ethical decision making abilities were assessed in this study using Bernard and Jara's list of interventions and criteria. The dilemmas involved a scenario in which a fellow graduate student and/or good friend has a drinking problem that may negatively affect her performance at work. The following is an example of a dilemma:

You are becoming increasingly aware of the drinking behavior of a fellow graduate student. Several times at parties, you have seen her too drunk to walk, and she had to be taken home. Yesterday, while you were borrowing a book, you

found liquor in her desk drawer. Lately, you have been aware that this student has been making a number of mistakes in the Department Clinic in which you both work. For example, she has missed or arrived late to therapy appointments, has forgotten meetings, and has been negligent when filing progress notes and reports. You have expressed some concern to her in the past that she might be drinking too much, but it obviously has had no impact. (Betan, 1996, p. 109)

The four dilemmas used in this study varied on the basis of the gender of the hypothetical problem drinker and the degree of association with the problem drinker (colleague or friend). The participants chose from 5 possible interventions described here: 1. Do nothing; 2. Suggest the problem drinker get help; 3. Keep trying to get the problem drinker to stop drinking; 4. Tell the problem drinker that if she does not get the drinking under control you will have to mention it to the director of clinical training; 5. Tell the director of clinical training. The most appropriate decision is to “Tell the director of clinical training” (Betan, 1996). Pertaining to their response and decision to the dilemma, the participants were asked, “According to what you have learned about ethics, what should you do?” A second question followed asking “Speaking pragmatically, what do you think you probably would do?” (Betan, 1996). A final question asked the participants to rate themselves on their confidence in whether they would actually take action on what they said should be done. The confidence rating question consisted of these possible answers: 1. Not at all confident to take action; 2. Somewhat confident; 3. Moderately confident; 4. very confident; 5. extremely confident to take action.

Information Sheet

The information sheet was used to describe further the participants of the study. The sheet consisted of ten statements or question items. Information concerning sex, age, ethnicity, degree(s) earned, educational goals, and sources of ethical education was helpful to describe the participants. The items were answered with a check mark or a number.

Teaching the Components of Moral Behavior

Neukrug (1996; 1999), Rest and Narvaez (1994), and Duckett, Ryden, Waithe, Schmitz, Caplan, and Crisham (1990) offered suggestions to consider when teaching ethics and ethical decision making. These researchers emphasized teaching the four-component model of moral behavior developed by Duckett, et al. (1990). The four components include (a) moral sensitivity or realizing that there is a problem; (b) moral reasoning, deciding what is the right thing to do; (c) commitment to giving priority to moral values over other competing values; (d) taking moral action. Rest (1984) highlighted potential difficulties for the counselor at every step. Rest noted that the counselor may fail to see an ethical problem; the counselor may be incapable of making a decision concerning a complex ethical situation; the counselor may be unable to develop a course of action; and the counselor may lack the will to act. Neukrug (1999) remarked that evidence suggests that the ability to make ethical decisions is influenced more by the counselor’s overall personal development and maturity, incorporating ethical, moral, and cognitive development, than mere ethical training.

Because of the theoretical foundation supporting Neukrug’s (1996) teaching model, his approach is implemented in this study. Neukrug founded his developmental approach of teaching ethical decision making upon Perry’s (1970) model of college student cognitive development, Piagetian concepts of accommodation and assimilation (Piaget, 1932/1997), and Rest’s (1984) four-component model of moral behavior with its emphasis upon cognitive development. Neukrug (1996) stated that most students in human service professions are dualistic in their

thinking regarding difficult situations. Students tend to think that there is one right answer to a problem. Even though there is not a consensus among scholars as to how to push students into higher level thinking, Neukrug's approach offered a way of presenting ethical subject matter while using techniques that enabled students to move from dualistic thinking into relative thinking. Neukrug's developmental approach promoted a safe environment for students as they explored their perceptions and were challenged with new knowledge that provided an opportunity for higher-level thinking. Neukrug (1996) stated that his teaching model can be used in a semester-long class or in a smaller segment of a course.

The five steps of Neukrug's approach (p.27), in summary, are listed below.

1. Initially offer structure to alleviate student anxiety and to build trust.
 - a. Provide a syllabus.
 - b. Provide the ethical standards and best practices of the profession.
 - c. Teach several ethical decision making models.
2. Support students' ways of viewing ethical issues.
 - a. Role model ethical dilemmas and listen to how students respond.
 - b. Ask students to use the ethical guidelines and ethical decision making models as they respond to the dilemmas and listen to their responses.
 - c. Encourage and support all student responses.
3. Challenge students to think in alternative ways to ethical dilemmas.
 - a. Point out varying responses to the ethical dilemmas presented.
 - b. Challenge traditional ways of responding to ethical dilemmas by offering alternative and nontraditional responses.
 - c. As their teacher, play the role of devil's advocate.
 - d. Offer a multicultural and diversity perspectives to ethical decision making.
4. Teach the difference between ethical relativism and commitment in relativism.
 - a. Explain to students how an individual can hold two or more beliefs at one time.
 - b. Explain how being a relativist does not mean you do not have an opinion.
5. Ask for and listen for feedback from your students; model commitment in relativism.

In consideration of the findings in this study, the researcher taught only one ethical decision making model. Following Neukrug's (1996) suggestion, the researcher employed a lecture approach to allow for student internal dialogue. Neukrug emphasized that allowing a student to contemplate his or her own attitudes and feelings internally is less threatening than dialoging and interacting within a group.

Integrative Ethical Decision Making Model

Cohen and Cohen's (1999) integrative ethical decision making model was taught in this study because the model incorporates the basic moral principles known within rule ethics (or Kantian ethics) with the concepts of virtuous traits and/or skills of virtue ethics (from Aristotle), as well as the social and relational focus of Gilligan's (1993) care ethics. Within the framework of Cohen and Cohen's model, the concept of counseling virtues is defined and identified as skills. The virtuous therapist develops activities and practices that promote the purpose of counseling, that is, to promote the welfare of the client. The authors agreed with Kitchener (1986) and emphasized that rather than being inborn traits, these various virtues or skills seem to increase and improve as counselors begin deliberating upon various ethical dilemmas present to them. Cohen and Cohen blended together the concepts of moral and professional virtues.

Stages of the Model

Cohen and Cohen's (1999) model contains five stages: (a) identifying and defining moral problems, (b), identifying morally relevant facts, (c) conducting a philosophical analysis of the defined problem in light of all morally relevant facts, (d) reaching a decision that is reasonable in light of the philosophical analysis, and (e) implementing the decision in action.

In the first stage of the Cohen and Cohen's (1999) model, the counselor must discern if there is a risk to the client's welfare, needs, or interests, as well as others that may be involved in the dilemma. The counselor must be morally sensitive when assessing the client's needs, and the counselor must be morally objective and avoid imposing her own values within the ethical decision making process. Cohen and Cohen highlight that the counselor may make a correct decision concerning an ethical dilemma, but still feel uncomfortable about what she has done. In other words, a "perfect" solution, a solution within which no one has to sacrifice, is not always possible.

In the second stage of Cohen and Cohen's (1999) model, the counselor needs to focus on the facts, not hearsay. The counselor needs to learn the facts about the client's socioeconomic situation, religious facts, any tests or evaluation results, medical and social history, as well as current behavior, cognitive, and emotional states.

The third stage of Cohen and Cohen's (1999) model involves the skill of reflective thinking involved within the principle of "moral considerateness." The counselor needs to ask herself critical reflective questions: Am I stereotyping my client? Am I catastrophizing what may occur next?

Cohen and Cohen's integrative ethical decision making model fourth stage urges the counselor against procrastinating and from making an erroneous decision by indecision. The authors suggest making a decision based on probability, not in hopes of certainty. The authors also warn the counselors not to be influenced by insurance companies, but to obey state and federal laws.

The fifth stage of Cohen and Cohen's model calls on the counselor to have the moral courage to implement the decisions she has reached by using the model. Here too in the fifth stage of the model, the counselor is called upon to be mindful of the power difference between self and clients.

Cohen and Cohen (1999) provide two questions to stimulate decision making. The question of "What should I do?" focuses the individual towards an action to take. The question of "What should I think or believe?" requires reflective thinking skills.

Procedure

The researcher met with the participants in three sessions, all during regular class time. The introduction session consisted of explaining the purpose and procedures of the study, obtaining informed consent, and administering the DIT-2 and the information sheet.

The DIT-2 and other documents were placed in an envelope. The DIT-2 and the information sheet had a 5-digit research number written on it for identification and computer scoring purposes. Those students who decided not to participate simply returned the blank documents in the envelope. Non-participating students were not identified, and no data were obtained from them. The introduction session took between 35 and 40 minutes. Throughout the investigation, all personal identifying information was kept in a locked cabinet within a locked office and will be destroyed 24 months after the study is completed.

The Center for Ethical Development at the University of Minnesota scored the DIT-2 answer sheets and returned the resulting scores to the researcher. The two second training sessions involved a female research assistant along with the primary researcher to reduce the

threat of experimenter bias. The teaching approach suggested by Neukrug (1996) was followed. All participants met together for the first 45 minutes of training concerning basic ethical theory, and ethical standards and codes of the counseling profession. After a five minute break, participants were randomly assigned to either the experimental ($n = 32$) or control ($n = 35$) group. Those participants assigned to the control group continued training in another classroom discussing the 1995 American Counseling Association Code of Ethics. The control group did not receive any training in using the ethical decision making model developed by Cohen and Cohen (1999). Those participants assigned to the experimental group resumed training specifically in using the ethical decision making model developed by Cohen and Cohen (1999). These second training sessions were approximately 45 minutes for both groups. All students were given an opportunity to receive equal information, instruction, and the general results of the research after the study was completed.

Both experimental and control groups met together one week later in class for the third and final session, which took 35 minutes. Participants were given Betan's (1996) ethical dilemmas. The participants' 5-digit number was printed on the envelope to ensure correct identification. To ensure that data were obtained for all four dilemmas, a dilemma was placed in each envelope and randomly distributed to the participants. Non-participating students received a specific ethical or other course-related reading exercise.

Statistical Analyses

Gall, Borg, and Gall (1996) suggested that correlational designs be used to explore relationships between variables and to predict scores on one variable from participants' scores on other variables. In order to test hypothesis 1, a Pearson product-moment correlation coefficient was computed between DIT-2 scores and each of the dependent variables ("Should," "Would," and "Confidence Level"). Hypothesis 2 was tested indirectly. If training has an effect on any one of the dependent variables, then that variable's correlations with DIT-2 scores should be lower in the training group than in the control group. In other words, the effect of a significant training variable should obscure the effect of the pre-existing DIT-2 scores. The interaction hypothesis was thus tested by computing the Pearson-Product-moment Correlation coefficient between DIT-2 scores and the three dependent variables separately for the training and the control conditions. If training has an effect on a dependent variable relative to the control condition, then the correlation between DIT-2 scores and that dependent variable ("Should," "Would," or "Confidence level") should be lower in the training condition than that for the control condition. The differences between the correlation coefficients for the control and training conditions were tested by converting the respective r values to z values using Fisher's r_z transformation. Computed differences in z values were assessed by comparison with the Gaussian (normal) distribution, resulting in exact probability values for the difference between correlation coefficients.

Results

The participants of the students were 67 master-level counseling students who were enrolled in introductory counseling classes. The simple descriptive analysis performed on the participants' Defining Issues Test-Two (DIT-2) scores is displayed in Table 2. The M for the sample was 33.0, SD of 14.72, with the scores ranging from 3.73 to 63.0.

TABLE 2
Descriptive Statistics for the Defining Issues Test-Two (DIT-2)

Scores	N	Minimum	Maximum	Mean	Standard Deviation
DIT-2	67	3.73	63.00	33.0039	14.72816

Hypothesis # 1

The first hypothesis of this study stated that DIT-2 scores, pertaining to a participant’s moral judgment development, would be predictive of that participant’s ethical decision making skill, as evaluated and scored using an ethical dilemma. To determine if participants’ DIT-2 scores had a positive relationship with participants’ ethical dilemma scores, a bivariate correlation was performed using *SPSS for Windows*, version 11.5 (2002). The test of significance was set at one-tailed, Pearson’s correlation coefficient was selected, and data of the variable conditions “Would,” “Should,” “Confidence level,” and DIT-2 scores were loaded into the correlation matrix.

The descriptive statistics analysis for the condition “Confidence level” yielded an *M* of 4.28, *SD* of .831; for the condition “Should,” an *M* of 3.44, *SD* of 1.00; for the condition “Would,” an *M* of 2.95, *SD* of .991.

The results in Table 3 indicate that participant DIT-2 scores are predictive of participant ethical dilemma scores specifically in the areas of what one would do concerning the ethical dilemma as well as feeling highly confident about one’s decision to act. Participant DIT-2 scores were significantly correlated at the .05 level with participants’ decisions of what they would do and one’s confidence level concerning following through with action. However, participant DIT-2 scores were not significantly correlated with the participants’ choice of what they should do concerning the ethical dilemma.

Though not specifically delineated in the hypothesis, the correlation between what one should do and what one would do concerning the ethical dilemma is significant at the .01 level. It is a stronger correlation than those pertaining to the actual hypothesis and may reflect the conceptual closeness of the two variable conditions.

TABLE 3
Correlations for Hypothesis # 1

Variables	DIT-2	Should	Would	Confidence
DIT-2		.120	.210(*)	.207(*)
Should	.120		.462(**)	.027
Would	.210(*)	.462(**)		-.058
Confidence	.207(*)	.027	-.058	

* Correlation is significant at the 0.05 level (1-tailed).

** Correlation is significant at the 0.01 level (1-tailed).

Hypothesis # 2

The second hypothesis of this study stated that those participants who scored low on the DIT-2 and received training on an ethical decision making model will score higher on the ethical dilemma than those participants who scored low on the DIT-2 and did not receive training on an ethical decision making model. To analyze the effects of training on using an ethical decision

making model on ethical decision making, correlations were generated from *SPSS for Windows*, version 11.5 (2002). Table 4 highlights information for the control group.

TABLE 4
Correlations for the Control Group

Statistics	Variables	Would	DIT-2	Should	Confidence
Pearson Correlation	Would	1.000	.224	.606	-.101
	DIT-2	.224	1.000	.253	.269
	Should	.606	.253	1.000	-.083
	Confidence	-.101	.269	-.083	1.000
Sig. (1-tailed)	Would		.098	.000	.282
	DIT-2	.098		.071	.059
	Should	.000	.071		.318
	Confidence	.282	.059	.318	

Except for the moderate strength correlation between the “Should” condition with the “Would” condition, the strength of the relationships between the variables is weak. No relationship between the variables proved to be significant.

With a sample size of 35 for the control group, the descriptive statistics yielded an *M* of 3.05, *SD* of 1.05 for the “Would” condition; an *M* of 33.7, *SD* of 15.25 for the DIT-2; an *M* of 3.51, *SD* of 1.01 for “Should” condition; and an *M* of 4.40, *SD* of .774 for “Confidence level” condition.

With a sample size of 32 for the training group, the descriptive statistics yielded an *M* of 2.84, *SD* of .919 for the “Would” condition; an *M* of 32.1, *SD* of 14.32 for the DIT-2; an *M* of 3.37, *SD* of 1.00 for “Should” condition; and an *M* of 4.15, *SD* of .883 for the “Confidence level” condition. Table 5 includes information concerning the training group results. Again, the correlations for the training group are not significant and indicate weak relationships between the variables.

TABLE 5
Correlations for the Training Group

Statistic	Variables	Would	DIT-2	Should	Confidence
Pearson Correlation	Would	1.000	.180	.274	-.048
	DIT-2	.180	1.000	-.043	.134
	Should	.274	-.043	1.000	.113
	Confidence	-.048	.134	.113	1.000
Sig. (1-tailed)	Would		.162	.065	.396
	DIT-2	.162		.407	.233
	Should	.065	.407		.269
	Confidence	.396	.233	.269	

When comparing the results of each analysis, the correlations between the DIT-2 and the dependent variables are lower for the training group than the control group. Even though it is not a significant relationship, it can be concluded that if training on the ethical decision making model had an effect on the dependent variables, then the correlations with the DIT-2 should be lower in the training group than in the control group. The correlations of the training group are thought to be lower than the correlations of the control group because the effects of participants' DIT-2 scores are diminished, highlighting the effects of the training on an ethical decision making model. Though not at a significant level, it appears that training on an ethical decision making model did have some effect on participants ethical decision making skill concerning the ethical dilemma.

To analyze more closely the possibility that training on the ethical decision making model affected ethical decision making skill, the correlation coefficients were compared between the control and training groups, as well as between the DIT-2 scores and the conditions "Would," "Should," and "Confidence level." To determine any differences between group coefficients, the r values were converted to z values using Fisher's r_z transformation formula (Ferguson, 1981), and the results were not significant. Differences in z values were assessed by comparing the results with the Gaussian (normal) distribution. Probability levels of .20 for the "Should" condition, .21 for "Confidence level" condition, and .43 for "Would" condition indicate no significant differences.

Discussion

Hypothesis # 1

The first hypothesis stated that those students who score high on the DIT-2, regardless of training, will score high on the ethical dilemma. Even with a small sample, the results of the first hypothesis in this study support the results of over 25 years of research summarized by Rest, Narvaez, Bebeau, and Thoma (1999) that DIT-2 scores are significantly correlated with cognitive developmental capacity. In this study, those participants who scored high on the DIT-2 also scored high on the "Would" and "Confidence level" conditions in the ethical dilemma. Rest et al. stated that the DIT-2 emphasizes cognition and the changes over time in terms of cognitive development. Specifically, the results support Rest and Narvaez (1998) conclusions that the DIT-2 activates schemas already in the test taker's head; those "top-down" schemas or structures that guide the test taker's thinking in decision making beyond the test situation. Neukrug's (1999) description of a developmentally mature counselor is supported by the results of this study. Neukrug emphasized that a counselor needs to be developmentally mature cognitively and morally, and not rely only on codes of ethics or ethical decision making models when addressing difficult ethical dilemmas.

Hypothesis # 2

The second hypothesis stated that those students who score low on the DIT-2 and receive training on an ethical decision making model will score higher on the ethical dilemma than those students who score low on the DIT-2 and receive no such training. The results of hypothesis two yielded non-significant findings.

Focusing on this predicted direction of the training group correlations, the results of this study support the findings of other researchers (Bebeau, 2002; Eberlein, 1987; Neukrug, 1999; Rest & Narvaez, 1994; & Tarvydas, 1987), who emphasize the importance of teaching ethics as well as the benefit of teaching ethical decision making models to graduate students. The predicted direction of the correlations lends support to the research of those who emphasize that ethical

decision making is largely a cognitive process; a skill to be practiced and learned, and that ethical decision making models can provide the counselor with a more comprehensive and flexible approach in making ethical decisions (Neukrug, 1999; Rest, 1984; & Tarvydas, 1987).

Additional Discussion

Other results of this study, though not hypothesized, may be of interest to mental health professionals. Participant scores of knowing what they “Should” do and “Would” do were significantly correlated at .01. Performing simple frequencies on the data using the *Statistical Programming for Social Sciences* (SPSS), version 11.5 (2002), indicated that some participants chose what they “Should” do at less severity or intensity than what they “Would” do concerning the ethical dilemma. Yet, 67.2% of the sample (n=67) indicated that they knew they “Should” tell the clinical director about the drinking problem of the acquaintance or friend, and only 29.9% indicated that they “Would” tell the clinical director.

Concerning the choices or level of intervention pertaining to the ethical dilemma, the results of this study may be compared to Betan’s (1996) results: from a sample of 258 clinical psychology students, 54% indicated that they “Should” tell the clinical director, and 49.6% denoted that they “Would” do less than tell the clinical director. Results are further comparable to Bernard and Jara’s (1986) findings with 170 graduate psychology students where 55% of the sample indicated that they “Would” do less than what they had indicated they “Should” do concerning a colleague/friend drinking problem.

Research concerning the moral development of graduate students in mental health professions continues to reveal that most students are able to recognize and make moral judgments concerning ethical dilemmas. In other words, most students are able to recognize and know what they should do when confronted with an ethical dilemma. However, questions remain concerning graduate students’ ability to commit and act based on what they know they should do. What students state they would do is often less than what is required of them as a professional.

Conclusions and Implications

The purpose of this study was to determine the effectiveness of moral development and training of master’s-level counseling students on the use of an ethical decision making model in making ethical decisions.

The results of this study pertaining to the efficacy of training on the use of an ethical decision making model to improve master’s-level counselor’s ethical decision making skills were not significant. The conclusions of this study did not satisfactorily answer the question asked by Cottone & Claus (2000), “Do ethical decision making models really work?” (p.81).

Implications resulting from this study will contribute to the knowledge base concerning the use of ethical decision making models among mental health professionals. A theory-based ethical decision making model (Cohen & Cohen, 1999) and a theory-based curriculum or training approach (Neukrug, 1999) were used in this study. The use of theory-based models and training approaches, as suggested by Cottone and Claus (2000), should assist researchers to compare and contrast results from future studies.

Much research indicates that cognitive development is correlated with moral development (Rest, Narvaez, Bebeau, & Thoma, 1998). Rest and his associates state that the DIT-2 specifically addresses the second component of the model concerning moral judgment. The results of this study also support that finding. Those participants with a high DIT-2 score did complete the ethical dilemma correctly regardless of receiving training on the ethical decision making model. Rest et al. report that much research has been conducted to support the first two

components of his model: sensitivity to moral dilemmas, and judging or knowing what to do concerning a moral dilemma. He and other researchers (Bebeau, 2002), as well as this researcher, encourage future research on the third and fourth component of Rest's model.

Bebeau and Thoma (2003) continue to research ethical development based on their late colleague's model; Rest died in 1999. Bebeau and Thoma are building a database with the results from the DIT-2, and they encourage the use of the DIT-2 instrument in further studies. The DIT-2 now offers data pertaining to several variables that can enhance researchers knowledge concerning the effectiveness of teaching ethics to students.

Bebeau and Thoma (2003) present Moral Judgment Schema Scores. These scores yield results concerning the three schemas first described by Rest, Narvaez, Bebeau, and Thoma (1999). The schemas are the Personal Interests, Maintaining Norms, and Postconventional Thinking. These scores have thus far proven more sensitive to the effects of educational interventions. To determine any significant effects of an educational intervention, Bebeau and Thoma look for a test taker to acquire "new thinking" with higher Postconventional scores as well as lower Personal Interests scores as the test taker learns to reject simplistic thinking while reading and answering the story on the DIT-2 instrument.

Bebeau and Thoma (2003) have been able to solidify further the results and the positive uses of the Utilizer Score. The Utilizer Score represents the degree of match between items selected as most important and the choice of action on the DIT-2 stories. The Utilizer Score is used as a moderator variable to increase the predictability of moral judgment to actual moral behavior.

Because of these advances and advantages of the DIT-2 Test, the researcher concludes that more valuable information pertaining to the effectiveness of training master's-level counseling students on the use of an ethical decision making model could be obtained with the continued use of the instrument. Because of the advances made with the use of the DIT-2 and the resulting data, the DIT-2 should be used in further research concerning the effectiveness of educating graduate students about ethics and ethical behavior.

Limitations to Note

With a larger sample, the effects of training may have been more obvious rather than inconclusive within this study. Perhaps too, if the intervention had been of longer duration, the effects of the intervention would have been more obvious. Bebeau and Thoma (2003) recently reported that ethics educational or training programs lasting at least three weeks in length show stronger possibility in having a measurable effect on participant's moral judgment ability. The intervention in this study was one and one-half hours in length.

Bebeau (2002) described another difficulty inherent in most studies, as in this study, concerning the ethical treatment of the participants in the control group. One of the challenges for educators is to determine whether an educational intervention is effective, because it is seldom possible randomly to assign participants to control and experimental groups. Institutional Review Boards are not likely to approve research using a true control group.

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