Teaching Ethical Decision Making: Helping Students Reconcile Personal and Professional Values

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Because conflicts between personal and professional values can interfere with ethical decision making, a goal of counselor education must be helping students reconcile such conflicts. This article describes one counselor educator’s experience teaching ethical decision making and the effects on student learning. Growth was observed in increased tolerance for ambiguity, awareness of how values influenced decision making, use of multiple factors in decision making, and emphasis on the welfare of clients. Implications for teaching and future research directions are discussed.

Keywords: ethical decision making, professional ethics, values, teaching ethics, value conflicts

The articles in this special section of the Journal of Counseling & Development, along with recent legal cases (e.g., Keeton v Anderson-Wiley, 2010; Ward v Wilsanks, 2010), highlight the challenges professional counselors face when confronted with what they perceive as conflicts between professional codes of ethics and their own values. Although even the most experienced professionals find such situations difficult, the process of learning to make value-laden, ethical decisions is even more challenging for students. As a counselor educator, I see students struggle to let go of their needs for black/white, right/wrong answers and to reconcile their long-held beliefs with the standards set by the profession. In this article, I describe my approach to teaching ethical decision making and share observations about the process that one group of students went through as they learned to grapple with these challenges.

Learning Ethical Decision Making

Becoming an ethical professional has been described as a developmental process (Neukrug, Lovell, & Parker, 1996) that involves movement from memorizing standards toward learning to integrate professional ethics with personal values (Handelsman, Gottlieb, & Knapp, 2005). To facilitate this movement, training programs need to help students develop the “philosophical sophistication” to reconcile personal and professional values (Mintz et al., 2009, p. 644). Similarly, Basche, Anderson, Handelsman, and Klevansky (2007) noted that students enter graduate programs with preexisting ideas of right and wrong professional behavior, based in large part on their own backgrounds. For students, learning to make ethical decisions is a developmental process of acculturating to the ethics of the profession and eventually integrating professional ethics with their own values and beliefs.

Handelsman et al. (2005) adapted Berry’s (2003) model of social or ethnic acculturation to describe four strategies (marginalization, separation, assimilation, and integration) that students use as they try to adapt to a new professional culture that may differ significantly from the values and beliefs of their cultures of origin. Each strategy reflects a high or low level of identification with the culture of origin and with the new professional culture. To illustrate how a counselor facing an ethical dilemma might use these acculturation strategies, consider a counselor faced with a 16-year-old client who is threatening to commit suicide and is pleading with the counselor not to tell her parents.

Marginalization reflects low identification with both old (personal) and new (professional) cultures, without either a well-developed personal moral sense or a sense of professional ethics (Handelsman et al., 2005). A counselor using a marginalization strategy in this scenario would not be aware of personal values or beliefs about suicide, the parents’ right to know, or an adolescent’s ability to make such a decision. This person would also not have an understanding of the profession’s stance on the ethical issues raised by the case, such as a counselor’s responsibility to keep the client safe.

A separation strategy (Handelsman et al., 2005) describes someone who has a well developed personal, moral sense but does not identify with the values of the profession. In this case, the counselor would be aware of his or her personal values or beliefs about suicide (e.g., suicide is a personal choice and people have a right to commit suicide), but would not be influenced by the profession’s ethical stance (e.g., do no harm/keep clients safe). Decision making would be based only on personal beliefs about suicide.

The assimilation strategy (Handelsman et al., 2005) reflects complete adoption of the new culture’s values while discarding the values of the culture of origin. Thus, a counselor who entered the profession believing strongly in the right to commit suicide may decide to inform the client’s parents about the suicide threat because the profession’s code
of ethics gives the counselor the responsibility to judge the seriousness of a threat and protect the client from serious and foreseeable harm. This counselor would work to protect the client and prevent suicide, no longer acknowledging the previously held personal belief that people have a “right to commit suicide.”

Finally, the integration strategy (Handelsman et al., 2005) reflects adoption of the new profession’s values while retaining important aspects of one’s personal values. In the aforementioned scenario, the counselor would consider the specifics of this case, along with the profession’s values to protect the client and involve family when appropriate. No conflict is experienced because this counselor can set aside, but maintain, personal beliefs about suicide and act in a way that is consistent with professional ethics and standards.

From an acculturation perspective, the process of training counselors to engage in sound ethical decision making requires that they learn to reconcile their personal, culture-of-origin values with the counseling profession’s values. Basche et al. (2007) proposed that the goal of ethics training is to help students move toward integration strategies, first by helping them “identify, clarify, and challenge personal values, individual needs, and ethical perspectives” (p. 62) and then by helping them recognize these changes.

Others have also discussed the need for counselors to be aware of their values and beliefs in order to make sound ethical decisions. Most of the ethical decision making models reviewed by Cottone and Claas (2000) include steps in which decision makers must consider personal values and/or their beliefs about the ethical principles of autonomy, nonmaleficence, beneficence, justice, and fidelity. Garcia, Cartwright, Winston, and Borzuchowska (2003) noted that counselors’ awareness about their own cultural identities and role socialization can affect not only how they view a dilemma, but also whether they view a situation as an ethical dilemma. Mattison (2000) argued that the value system of the decision maker is a prominent factor in how ethical dilemmas are resolved and that biases, even those of which the decision maker is unaware, will influence behavior. Thus, in the earlier scenario, a counselor who lacks awareness of his/her belief about a person’s right to commit suicide may never seriously consider ways to protect the client, for example by involving the client’s parents.

If awareness of one’s values is an essential step in making an ethical decision, and if a central goal of ethics training is to help students reconcile personal and professional values, it follows that a goal of counselor education should be to increase students’ awareness of the role their values play in their ethical decisions. As Mintz et al. (2009) noted, professionals are not expected to be without bias, but they are expected to engage in a process of self-examination so that their biases can be evaluated, wrestled with, and ultimately reconciled with the standards of the profession.

Teaching Counseling Ethics

The content and design of counseling ethics courses is addressed extensively throughout the literature, with widespread agreement that the complex process of learning how to make ethical decisions requires much more than information about the profession’s ethical standards. Although didactic information about codes of ethics, ethical principles, ethical decision-making models, and legal issues must be presented, significant emphasis must also be placed on increasing students’ awareness of their own values, motivations, and behaviors (Corey, Corey, & Callanan, 2005; Jordan & Stevens, 2001; Remley & Herlihy, 2010; Urofsky & Sowa, 2004). This may be accomplished by having students apply information in case studies, role-playing, discussion and interaction with peers, and self-reflection. Similarly, Kaczmarek (2001) noted that experiential activities and class discussion are key to helping students gain the higher order cognitive skills necessary for ethical decision making. Neukrug et al. (1996) referred to this as “cognitive development in the moral domain” (p. 104).

The Ethics Course

With the literature on ethical decision making in mind, I designed the course, Ethical, Legal, and Professional Issues in Community/Clinical Mental Health Counseling. Students take this class after they have completed much of their course work and, for many, while they are working under supervision with their first “real” clients. The overarching goal of the course is to help students move beyond knowledge of the ethical code to understanding the complexities of the ethical decision-making process. Ideally, students learn that there are few clear-cut answers but that they can be systematic in their decision making and learn to recognize better choices.

A primary goal for me, as a counselor educator, was to make my students’ learning visible (Bernstein, 2008). I wanted to better understand the process that students go through as they learn to make ethical decisions. The components of ethical decision-making models served as the foundation for specific course objectives, which included the following:

1. In making decisions that involve ethical dilemmas, students will identify relevant ethical standards and laws, ethical principles, and personal values.
2. Students will use multiple components (ethical standards, laws, personal values, ethical principles) of decision-making models.
3. Students’ awareness of how they are making decisions will improve. They will be able to explain how they use these components in their decisions.
4. Students will move toward integration of personal values and professional ethics. They will begin to reconcile their own values with professional ethics.
As a counselor educator, I was interested in whether students’ perceptions of their learning differed from their “performance” (on papers, in small group discussions) and/or from my perceptions. I also wanted to know what factors they viewed as most helpful to their learning.

Course Content and Activities

Early class sessions and required readings focused on ethical decision making, covering principle ethics, virtue ethics, and several practice-based models. The role that counselor values play in ethical decision making was discussed in readings and in class. Early in the semester, they read Kitchener’s (1984) seminal article on ethical decision making and Handelsman et al.’s (2005) work on the acculturation model of learning to be an ethical professional.

Following coverage of these foundational concepts, each class session focused on a section of the ACA Code of Ethics (American Counseling Association [ACA], 2005). I began with a presentation/discussion of the topic, followed by small group discussions of ethical dilemma scenarios, and then a large group discussion. I moved back and forth between small groups to identify key issues that I wanted to discuss when students returned to the large group. After every class meeting, I recorded my thoughts and reactions about what had transpired.

Assignments

The goal of course assignments was to help students examine their decision-making process when confronted with an ethical dilemma. At the beginning of the course, students wrote an “ethics autobiography” (Basche et al., 2007) in which they responded to questions about the personal values, cultural background, and beliefs that they brought to this course. The purpose of this assignment was to raise students’ awareness of the personal beliefs and values that they brought to the study of professional ethics. At the end of the course, students wrote a final reflection paper (Ethics Autobiography Revisited) in which they responded to questions about their development during the semester and what had been most helpful in that process.

Throughout the course, students wrote papers in which they discussed how they would handle counseling situations that posed ethical dilemmas. An ethical dilemma was defined as “a problem for which no course of action seems satisfactory. The dilemma exists because there are good, but contradictory ethical reasons to take conflicting and incompatible courses of action” (Kitchener, 1984, p. 43). Students were required to identify the ethical dilemma/problem and the relevant ethical standards, laws, ethical principles, and personal values/beliefs that were relevant to making a decision. Next, they were asked to describe how they used these factors in deciding how they would proceed with the clients.

Observations About Student Learning

I developed an evaluation rubric reflecting the components and development of ethical decision making. The components consisted of ethical standards and principles, laws, and personal values; development consisted of reconciliation of personal with professional values, and use of multiple factors in decision making. For every ethical dilemma paper, I evaluated the components and the development of ethical decision making as insufficient, developing, or proficient. I also identified recurring themes in the ethics autobiographies and in my journal. For a more extensive discussion of the rubric and the observations reported here, see Ametrano (in press).

Self-perceptions: Ethics autobiographies. For the most part, students came into the course knowing the beliefs that they held about right and wrong and the significant formative experiences that accounted for these beliefs. It was also clear that they understood the values underlying the ACA Code of Ethics (ACA, 2005). A recurring theme in these early papers was the belief (or knowledge) that counselors should not “impose” their values on clients, whose autonomy should be respected. Most students implied that this would be relatively easy, perhaps because another recurring theme was the perception that their own values were quite congruent with the underlying values of the profession (e.g., treating clients with dignity and respect regardless of their behaviors and beliefs, promoting the welfare of the client, doing no harm). At this point in the course, many saw themselves in Handelsman et al.’s (2005) integration stage. They anticipated little conflict between their own values and the Code of Ethics and/or the law. Given what they knew about the profession’s ethical code and their own beliefs and values at the beginning of the course, many underestimated the challenges they would face in integrating personal values and beliefs with the ethics of the profession (Basche et al., 2007).

Students’ behavior/performance. From the beginning, students correctly identified the most relevant ethical standards and laws in the scenarios. Initially, they had difficulty identifying ethical principles (autonomy, nonmaleficence, beneficence, justice, fidelity), but, over the course of the semester, most improved in doing this. At the beginning, only a few students recognized the role that their values played in ethical decision making, but, as the semester progressed, more were able to identify the personal values and beliefs that came up as they considered the ethical dilemmas.

The most noticeable changes evident during the semester were in students’ strategies for making ethical decisions. They used more factors in decision making, were able to more clearly articulate how those factors contributed to their decisions, and demonstrated greater awareness that the ACA Code of Ethics (ACA, 2005), and even state law, leave room for counselor judgment and choice. As the semester progressed, students were more aware of their struggles, and they began to discuss how they tried to reconcile conflicting factors in making decisions. I now discuss how these changes were illustrated in the ethical dilemma papers submitted throughout the semester.

The scenario in the first assignment described a counselor who had not provided the client with adequate information at
the beginning of counseling. After the client revealed that she struggled with depression, the counselor’s inexperience with depression and inability to ever see suicide as an option led her to refer the client abruptly and without explanation. Most students were quite articulate in describing how they would handle this situation more effectively, reflecting awareness of relevant ethical standards on informed consent and proper termination and referral procedures. However, in discussing how they decided what to do, most relied on one decision-making component, either the *ACA Code of Ethics* (ACA, 2005; “Due to the ethical standards, I never have to wonder how long my informed consent should be.”) or personal values (“I would have concerns about letting down a client who was going through such distress . . . . It was more my personal values that influenced my decision.”). These responses illustrate Handelsman et al.’s (2005) assimilation and separation strategies. However, few recognized the counselor’s reliance on her needs and values in decision making as unethical.

In the second scenario, a 15-year-old client, referred for counseling by his parents, told the counselor that he smoked marijuana often, although he told his parents that he had stopped. At that point, he reminded the counselor that confidentiality had been promised unless he was in danger. It was clear that strong personal values played a role in how students approached this case, but most stopped short of explaining how those values factored into their decisions or how they reconciled those values with ethics and state law. Several students neglected to note that Michigan law allows a 15-year-old to be in counseling for a limited period of time without parental permission or notification; they focused, instead, on the ethical standards that support family involvement and allow a breach of confidentiality. They did not acknowledge how their own values, such as a parent’s right to know or their belief that marijuana use by an adolescent is dangerous, affected how they used the *ACA Code of Ethics* (ACA, 2005) and state law to make their decisions. One student who viewed the client’s marijuana use as “an issue of possible harm to self” stated, “at age 15, it seems unethical to not have his parents involved, especially when they brought (him) to counseling.” However, she did not identify an ethical standard that supported this contention. Another said, “I consider drugs to be harmful and dangerous. If his concerns were before, I do not feel it would be a problem telling them again.” Although these students were aware of their own beliefs, they stopped short of discussing how they reconciled those with ethics and the law. For many students, Handelsman et al.’s (2005) separation strategy was operative. Only one student was able to describe how he considered multiple factors and reconciled his values with the profession’s ethics:

Morally, I do not agree with the client’s drug use or the fact that he has told his parents that he is not using marijuana when he is. Although I would like for the parents to be informed and involved in the discussion . . . . based on the *ACA Code of Eth-

ics* and Michigan law I cannot do this without [his] consent. I believe that involving the family can be helpful, but under the current circumstances is not an option (because, based on my assessment, he is not a danger to self).

The third scenario described a 65-year-old depressed client who was seriously considering suicide and asked the counselor not to inform her daughter, who brought her for counseling and with whom she lived. The client was not terminally ill, but she felt like a burden to her daughter. Many discussions reflected students’ struggles to reconcile their own values and beliefs with the profession’s ethical stance, which would point to the counselor’s responsibility to prevent suicide. One student described her struggle:

My personal value is that life is precious and it’s a gift. Even when it’s hard and seemingly overwhelming and full of despair, I am of the belief that there is hope. So, honestly and somewhat embarrassedly I admit, the hardest struggle for me about the whole suicide issue is accepting this kind of idea that when it comes to suicide, that I know exactly what’s best for the client, and that is that they should want to live.

One student could not quite reconcile the profession’s *Code of Ethics* (ACA, 2005) with the principle of autonomy, so she was left feeling conflicted and asking new questions:

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

Another student’s comments illustrated an important change reflected in several papers—the decision to maintain client confidentiality despite the possibility that the client could commit suicide. This decision points to a new understanding of the choices counselors have within the *ACA Code of Ethics* (ACA, 2005), along with a willingness to assume some risk.

The most difficult aspect of this case is the underlying concern that despite my assessment of no immediate risk and steps taken to prevent suicide, there is still a chance that [she] could take her own life. I would not want to be quick to break confidentiality . . . . but not telling the daughter . . . . could leave me feeling responsible if she did commit suicide.

In the next scenario, the counselor witnessed a client roughly grabbing his son’s arm and slapping him across the face in the clinic’s waiting room. As students discussed whether they
had a legal obligation to report this client for suspected child abuse, a recurring theme was their consideration that the client was from a minority culture, noting that the law’s definition of abuse was dominant-culture bound. As one student noted, “A child can be physically disciplined without crossing over to abuse.” Although nearly all students recognized their own negative reactions to the client’s behavior and their own aversion to physical punishment, they were willing to consider that this client’s behavior may not have been abusive. Most discussed trying to reconcile state law, the ACA Code of Ethics (ACA, 2005), and their own values. For example, 

Not in any way do I agree with slapping a child across the face as appropriate. It strikes me as abusive and degrading to the child . . . law requires reporting abuse of children and our ethics code may support breaking a client’s right to privacy [confidentiality] in such a case. Physical discipline may be considered appropriate in [his] culture. I would handle this case by respecting [parents’] right to privacy in how they discipline their children.

It is noteworthy that, at this midsemester point, students were seeing that neither the ACA Code of Ethics (ACA, 2005) nor the law provide clear-cut, black-and-white answers. At this point, it seemed clear that students were struggling to move toward Handelsman et al.’s (2005) integration stage. Only one student out of 10 expressed an inability to reconcile the law with her judgment that the client’s behavior did not represent abuse.

Toward the end of the semester, the scenarios did not pose the same kinds of challenges as the life-and-death cases, but they provided illustrations of how students began to integrate personal values and professional ethics. In one, a limited-licensed counselor who is required to work under supervision receives minimal supervision from a supervisor who offers to “sign off” on her full licensure application when the time comes. Students accurately cited the relevant standards and the state law that requires supervision, but they also relied on ethical principles and personal values to emphasize why supervision is important. The profession’s stance on this issue was becoming their own (integration).

As one student described, “my personal value in preparing myself . . . coincides with moral and ethical principles as a counselor. I would not feel comfortable working with clients without having the proper and required training as this . . . could put a client in danger.” Another student used the profession’s ethical standards and ethical principles to express the importance of supervision for her:

My personal values would also impact how I would handle the situation. Supervision is a very important element of counseling, especially for new professionals. Personally, it is important for me to have feedback. I think it is critical to my growth as a professional.

In another scenario, a counselor’s husband asks her to socialize with a new friend and his wife; the counselor quickly realizes that the friend’s wife is one of her clients. This case raises the question of how the counselor will decide whether to enter a nonprofessional relationship with a client. As in the previous case, the majority of students’ decisions reflected an integration strategy. They expressed little conflict between the profession’s stance that dual relationships should be entered with extreme caution and their beliefs that such relationships are usually not beneficial for clients. Despite the fact that the ACA Code of Ethics (ACA, 2005) does allow these relationships, many students found the Code’s caution to be consistent with their own beliefs:

It is likely the dynamics in the counseling relationship will change after interacting socially, and I cannot know how that would affect the client. Knowing that in our Code of Ethics that . . . nonprofessional relationships should be avoided would further influence me. My personal values that come into play in this case include not being comfortable with integrating my professional life with my social life.

Instructor’s observations. After each class, I recorded my observations, thoughts, and feelings about what had transpired in large- and small-group discussions of ethical dilemmas. During the earliest small-group discussions, I noticed confusion in students’ perceptions of their professional roles and responsibilities and their search for direction. They looked for laws that would tell them what to do. Students had knee-jerk reactions that reflected Kitchener’s (1984) intuitive level of analysis. Although they knew that they should not “impose” their values on clients, they were not clear on how their values were influencing their perceptions of these situations. This awareness was beginning when one student exclaimed, “Our values are really guiding what we want to do!”

By midsemester, students had been given many opportunities to discuss ethical dilemmas in class and had received feedback on papers. They became more willing to struggle aloud and, as they began to grapple with some of the most challenging issues (suicide, threats to others, HIV transmission, child abuse), I began to see significant changes in class discussions. It was at this point that one student noted, “We’re putting our values on by preventing suicide . . . and we’ve always been taught not to do that . . . but the profession is telling us to do that here.” In discussing these life-and-death issues, students were clearer on how personal morals come into play. Most would not seriously consider not trying to prevent a client’s suicide, but they began to examine questions such as, Who am I to interfere? Do we have an “obligation” to break confidentiality? Maybe that’s not necessarily the only option. Similarly, in discussing possible child abuse, they began to consider not reporting parents when the family was in counseling. They began to consider the ACA Code of
Ethics (ACA, 2005) and the law in the context of what was in the best interests of the client and the family. This was a striking change from early in the semester when they would have interpreted the law narrowly (“you have no choice but to report”) and looked for an ethical standard that would point them in the same direction.

By semester’s end, I was seeing another important change. In discussing nonprofessional (dual) relationships with clients (i.e., a counselor socializes with a client), students recognized that, although the ACA Code of Ethics (ACA, 2005) cautions against these relationships, counselors have the responsibility for judging whether or not such relationships would be beneficial for clients. Class discussions reflected movement toward thinking about these situations from many perspectives, with increasing emphasis on the client’s welfare. Students began to question what seemed to them like an arbitrary 5-year prohibition against sexual or romantic relationships with former clients. So, on a point where the Code is very clear, students began to challenge the absolute “answers” they desperately sought earlier in the semester.

**Students’ final perceptions.** In their final reflection papers, students discussed new insights about the profession’s Code of Ethics (ACA, 2005) and ethical decision making, how their own values aligned with the Code, and aspects of the class that were most helpful in facilitating their learning. Three themes were evident in these papers. All discussed learning that the ACA Code of Ethics is not black and white. They used terms such as “grey,” “ambiguity,” “a guide,” and “does not give clear answers.” Most made it clear that, despite their prior familiarity with the ACA Code of Ethics, they began the course with an expectation that it would provide clear, definitive answers and ended the course knowing that it does not. One student summed it up by saying, “At the beginning of the course, I viewed the ACA Code of Ethics as the counselor’s rulebook making everything clear-cut and giving a counselor a form of directives. . . . This class gave me an eye-opening experience.”

Along with the realization that the ACA Code of Ethics (ACA, 2005) is not black and white came the new perspective that counselors do have choices when ethical dilemmas arise. As one student put it, “I think that the grey areas in the code allow me as a professional to determine how to best proceed.” The understanding that decision making can be systematic and that so many discussed the importance of not imposing their values on clients early in the semester, it was not until later that they realized what this really means: first, awareness of one’s values is key to not imposing those values on the client; second, ethical decisions often involve value choices. Without saying so, they realized that getting to Handelsman et al.’s (2005) integration stage is not easy. One student discussed a new awareness of her priorities: “I realized through this interaction that I do place a higher value on the counseling relationship and confidentiality with my client than I may have originally thought.” Others said, “ultimately, I learned that keeping my personal feelings and bias in check is not as easy as I once thought”; “I need to be aware of my personal values and how they affect the decision”; and “an essential component of recognizing and working through an ethical dilemma is discussing my beliefs and values, motivations, feelings.”

Finally, students seemed to gain a new awareness of what “promoting client welfare” really means. In their first papers, many discussed this as an important cornerstone of the Code of Ethics (ACA, 2005). By the end of the course, it had gained new meaning. As two students noted, “Ultimately, ethical considerations must hinge upon what is best for the client . . . what does the least harm” and “How can one truly know if the interaction is beneficial for the client?”

**Implications for Teaching**

These observations clearly reflect growth in how students approached ethical decision making. This growth is best described as students’ increased tolerance for ambiguity (in the ACA Code of Ethics [ACA, 2005] and the decision-making process), greater awareness of how their values influenced the decision-making process, willingness to use multiple factors in decision making, and increased emphasis on the welfare of the client. Also evident was increased willingness to verbalize their struggles in reconciling their values with the values of the profession.

In their final reflection papers, I asked students to discuss the most beneficial aspects of the course. Every student identified the small-group discussions as being central to their learning. They described these discussions as helpful because they provided opportunities to problem-solve with others. Hearing others’ views gave students ideas they may not have considered before and provided them with new ways to think about the cases. One step in most ethical decision-making models is consultation with other professionals, and students did note how useful consulting with their peers could be. They need to hear many diverse perspectives.

During the semester, as I observed how useful the small-group discussions were, I increased students’ time in small groups and decreased lecture time. I grew confident that the students would learn from each other, and I had to decide what
The extent to which the ethical decision-making literature colored my observations and evaluations is unknown. Although students submitted papers and feedback about their own development anonymously, with assurances that these would not affect their grades, it is possible that students were still influenced by being in a class in which they would receive grades. Although the conclusions describe broad changes observed in the majority of the students, these conclusions are not based on sound qualitative research methodology. Finally, the sample on which these conclusions are based was quite small.

To address possible student and instructor bias, future researchers should use objective raters and study participants outside a traditional classroom setting in which grades might influence students’ behavior and self-reports. Although it is important to use actual counseling students as participants, it is also important to avoid any possible effects of course evaluation and instructor familiarity with desired changes. The role that individual differences likely play in students’ development warrants examination, as does the effect of teaching different decision-making models. The development of sound ethical decision making, which includes the ability to reconcile personal and professional values, is a critical aspect of counselor education. Qualitative research studies focusing on this process will allow counselor educators to better understand the elements involved in effectively supporting student development of ethical decision-making skills, knowledge, and attitudes.

## References


## Conclusion

The identified changes in how students approached ethical decision making were based on data from three perspectives: students’ self-reported perceptions of their development, students’ decision-making behavior as reflected in their case study papers, and my observations of students’ development as demonstrated in class discussions. Although these changes do reflect movement toward what the literature describes as sound ethical decision making, there are limitations that preclude generalizing these observations to other groups.

was essential for me to convey to them. Commenting later in the class about the themes I was hearing was more useful than giving them information at the beginning of class. What I knew theoretically, I began to know in a more convincing, experiential way. I stressed things like the uncertainty of ethical decision making and the importance of remaining aware of how their own issues and values may have been coloring their decisions. I had to be very careful not to imply what I would do or what I thought was the best course of action, something I noticed myself doing early in the semester. I became convinced that I would be more effective by serving as the facilitator of their learning instead of the director of their learning, or, as Weimer (2003) put it, I moved from being teaching-centered to being learning-centered.

Many students discussed the benefits of writing the ethical dilemma papers, which required them to work through all of the possibilities for each case, think through all of the possible choices and outcomes, and research each issue carefully. This told me that I could reduce the amount of time I spend giving them information. If I provided useful readings and assignments, they would learn the information as they struggled to address these dilemmas.

It is clear that students need sufficient class time to process with others. As Neukrug (1996) noted, we need to support and challenge their schemas so that they move to more complex ways of viewing ethical dilemmas and to more effective decision making. The in-class comments that students identified as having the greatest impact were those that challenged their black-and-white schemas. Perhaps, as they accepted this ambiguity, they grew more open to exploring and challenging their beliefs and values and the role those played in their decision-making process—a critical step toward reconciling deeply held values with the profession’s values. It seems more apparent than ever that one goal of counselor education ought to be facilitating this difficult process. Mintz et al. (2009) stated, “As a profession we do not mandate personal values, but we can articulate and expect professional values that orient one to being able to wrestle deeply with any personal values that preclude performing professional duties (which include serving the needs of oppressed groups and clients different from oneself)” (p. 670).

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