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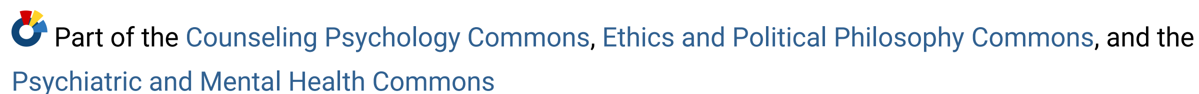

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Assessing the Effects of Workplace Aggression and Normative Unethical Behaviors on Counselors' Perceptions of Ethicality Using an Integrative Understanding of Morality

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A Dissertation

Presented to

The Faculty of the School of Education

The College of William & Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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by

Eleni Maria Honderich

April 2014

Assessing the Effects of Workplace Aggression and Normative Unethical Behaviors on Counselors' Perceptions of Ethicality Using an Integrative Understanding of Morality

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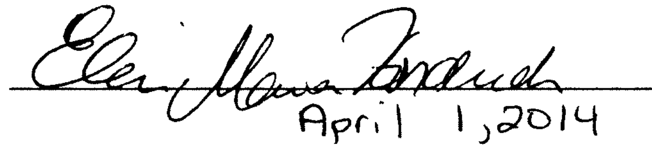
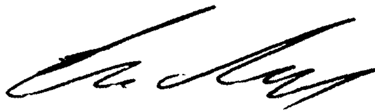
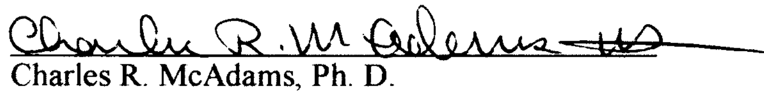
Eleni Maria Honderich





Charles F. Gressard, Ph. D.
Chairperson of Doctoral Committee



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Abstract

Acting ethically is a core facet of the counseling profession's identity, safeguarding clients from undue harm (ACA, 2005). Through an increased understanding of both detrimental and positive factors that can influence counselors' perceptions of ethical behaviors, the counseling profession can intervene accordingly; this knowledge may assist in managing the problem related to unethical infractions. However, ethical behavior is a multifaceted and complex phenomenon, leaving many factors to be explored and examined. Workplace aggression, exposure to normative unethical behaviors, and an integrated modal of morality constitute some of these factors that warrant further investigation. A dearth of research currently exists within the counseling profession that examines the effects of workplace aggression and exposure to normative unethical behavior on counselors' perceptions of ethicality. Additionally, mediating variables in the context of acting ethically have scantly been researched within the counseling profession, including moral development and the moral foundations of care, fairness, and justice (integrated modal of morality). The present study investigated these various variables and the subsequent affects/relationships that ensued on counselors' perceptions of ethicality. Two phases of research were conducted: a pilot study (n = 166) that assisted in the development a Perceived Ethical Perceptions Instrument and a main study (n = 76) that assessed perceived ethicality contingent on the variables of workplace aggression, normative unethical behaviors, and the integrated modal of morality. Results from this study substantiated the complexity inherent within perceptions of ethicality, indicating that certain contextual factors may affect facets of perceived ethicality differently. Of particular interest, the current study indicated that workplace aggression and the occurrence of unethical infractions by work supervisors/bosses and peers necessitated further investigation.

Keywords: ethical perceptions, workplace aggression, integrative modal of morality

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Assessing the effects of workplace aggression and normative unethical behaviors on counselors' perceptions of ethicality using an integrative understanding of morality

Chapter One: Overview of the Problem

This chapter will provide a justification for the need to study factors that encumber (workplace aggression, normative unethical behaviors) and promote (cognitive complexity, moral foundations) ethical behaviors within the counseling profession. First, an overview of the research problem will be provided, followed by the problem statement. Then, the concept of ethical behavior within the counseling profession will further be explored, highlighting the importance of ethical behavior. The purpose and ambiguity of the counseling profession's ethical codes will then be noted. Variables that have been found to negatively impact ethical decisions will then be introduced (normative ethical behavior and workplace aggression). Aggression in the workplace will be further investigated as it relates to its definition, prevalence, and adverse outcomes. Next, Moral Development Theory and the three moral principles will be reviewed, providing a justification for their theoretical grounding and integration. Concepts within this theoretical grounding will introduce mediating variables towards the effects of workplace aggression and normative unethical behaviors, including: (a) cognitive complexity and the moral foundations of (b) care, (c) justice, and (d) sanctity. Then, limitations to previous research will be addressed, indicating a need to further examine the noted variables that can encumber and promote ethical behaviors within the context of counseling. Considering current limitations, additional arguments will be made for: (a) the construction of a reliable and validated instrument to gage ethical perceptions and (b) further exploration of the relationship between

demographic variables and perceptions of ethicality. Specific research questions will then be introduced. Finally, limitations to the proposed research will be noted.

Introduction

Acting ethically is a core facet of the counseling profession's identity, safeguarding clients from undue harm (ACA, 2005). Unethical infractions damage the therapeutic relationship and can lead to graver consequences for clients that undermine the purpose of the helping relationship (Gregorie, Yungers, & White, 2012). Counseling is meant to help the client, not to make them worse. As ethics are aspirational in nature, ethical codes set a framework to help guide counselors in their decision making process. However, ethical codes are not straightforward (Corey et al., 2006; Evanoff, 2006; Forester-Miller & Davis, 1996; Neukrug & Milliken, 2011) and ultimately other factors can affect one's decision making process. Gaining knowledge on these influencing factors becomes paramount to the counseling profession. Through an increased understanding of both detrimental and promoting factors that influence counselors' perceptions of ethicality, the profession can take a preventative stance and intervene accordingly as to manage the problem.

In examining the environment, organizational factors such as workplace aggression have been associated with adverse client outcomes (Randle, 2003; Roche, Diers, Duffield, & Catling-Paull, 2009) and affective/physical employee experiences (Einarsen & Mikkelsen, 2003; Lewis & Oxford, 2005; Rospenda, Richman, & Shannon, 2009). Though the research has documented a strong prevalence of aggression within the service occupation that includes the profession of counseling (Schat, Frone, Kelloway, 2006), minimal research exists on how these environments can affect ethical outcomes within this specific field. Additionally, research indicates that from an organizational standpoint, exposure to unethical activities by work peers and supervisors may

also contribute to unethical infractions (Hilbert, 1988; Randle, 2003). Though this exposure is not exclusive to workplace aggression, it encompasses another characteristic of unhealthy work environments. Randle (2003) found that within unhealthy environments, the exposure to unethical behavior may create a normative effect. Within the counseling profession, the interaction (and/or affect) between these miseducative environments has also been minimally studied.

Why and how do these aggressive and miseducative work environments affect one's ability to act with ethical intent? Ethical behavior is a multifaceted and complex phenomenon; there is a larger system at play, in which the individual interacts within his/her environment, creating complex links and relationships between self, client, and environment. Due to this complicated relationship, an integrative understanding of self and the system becomes warranted as to understand this dialogue. Moral developmental theory (Kohlberg, 1969) and Moral Principles (Haidt, 2013) can assist not only in grounding such an investigation, but might potentially offer mitigating variables for the undesirable effects of unhealthy work environments. In examining the self, applying a moral developmental lens might assist in elucidating how a counselor reacts/acts within these miseducative work environments. Higher levels of moral maturity are defined by universal principles that speak to the foundations of ethical philosophy (Kohlberg, 1969). Expectedly, the literature has documented a positive correlation between cognitive complexity and ethical perceptions (Bebeau, 1994; Hilbert, 1988; Linstrum, 2009; Ponemon & Gabhart, 1994). However, moral maturity is a one-dimensional view of morality that only examines the dialogue between self and self. The integration of this cognitive model and the three moral principles can open up the conversation, allowing the influence of the social world to be acknowledged.

Both philosophies acknowledge the cognitive aspect of decision making; however, the three moral principles add an affective, a social, and a cultural component to how one makes sense of a situation. Though based on theoretical foundations, the three moral principles are not a theory per se; they represent a universal understanding of morality and an evolving school of thought. However, they lack the processing component evident within Kohlberg's model (rigid versus holistic thinking). Considering this, integration of both the cognitive domain and the moral principles becomes substantiated. Using the three moral principles, the following aspects of unhealthy environments can be acknowledged and/or explored: (a) the affective influence related to workplace aggression, (b) the dialogue between self and others within these environments, (c) the cultural influence of beliefs/values that can affect judgment, and (d) the blinding aspect of group cohesion (social norms). Additionally, the moral principles speak to moral foundations, three of which relate to the ACA ethical codes: (a) care versus harm, (b) fairness versus cheating, and (c) sanctity versus degradation. When making a decision, orientation on these different foundations ultimately influences one's reaction to the event (Haidt & Graham, 2007). For example, a person with a high care orientation will stringently react to behaviors that cause harm to others. Recognizing these foundations and their subsequent influence on the cognitive thought process might further assist in understanding variables that can potentiality mediate the effects of unhealthy work environments.

However, hindering such an investigation are methodological (instrumentation) issues that first need to be addressed. This issue is profound and highlighted when looking at previous research on counseling ethics and demographics (gender, age, ethnicity, counseling cognate, and degree level, years of experience); confounding results on the effects of demographic variables are inherent (Toriello & Benshoff, 2003; Zibert, Engles, Kern, & Durodoye, 1998). In

examining these various studies (Toriello & Benshoff, 2003; Zibert, Engles, Kern, & Durodoye, 1998) and others (Linstum, 2009), one common factor prevails: unreported reliability and invalidated instruments related to ethicality. Hence, before commencing research on counselors' perceptions of ethical behaviors, a reliable and validated instrument becomes warranted. This instrument can assist in exploring not only the consequences and protective factors of miseducative work environments but might additionally be able to shed some light on the influence of demographic variables. Though specific demographic influence might add depth and richness to understanding the self in the context of unhealthy work environments (and is supported through the three moral philosophies), their inclusion must first be substantiated.

In essence, the importance and complexity of ethical behavior within the counseling profession gives merit to further investigation. Of particular interest are the following questions:

- Do any specific demographic variables affect counselors' ethical perceptions and if so, how do certain demographic variables affect ethical perceptions?
- Does the presence of workplace aggression affect counselors' ethical perceptions and if so, how does workplace aggression affect ethical perceptions?
- Does the presence of normative unethical infractions by a work supervisor/boss affect counselors' ethical perceptions and if so, how does the presence of normative unethical infractions by a work supervisor/boss affect ethical perceptions?
- Does the presence of normative unethical infractions by a work peer affect counselors' ethical perceptions and if so how does the presence of normative unethical infractions by a work peer affect ethical perceptions?
- Is there a relationship between cognitive complexity and counselors' ethical perceptions and if so, what is the relationship between cognitive complexity and ethical perceptions?

- Is there a relationship between the moral foundation of care, fairness, or sanctity on counselors' ethical perceptions and if so, what is the relationship between the different moral foundations and ethical perceptions?

Problem Statement

Understanding what factors are related to ethical infractions within the counseling profession can assist in ameliorating potential client-harm. Workplace aggression and unethical normative behavior have been found to negatively impact client care (Randle, 2003; Roche et al., 2009). Cognitive complexity has served as a mediating variable to ethical infractions (Linstrum, 2009). Additional concepts (mediators) that can affect moral judgments include the moral principles of care, fairness, and sanctity (Haidt, 2013); these foundations are inherent within the ACA (2005) ethical codes. However, a dearth of research currently exists within the counseling profession that examines the detrimental effects of workplace aggression and normative unethical behavior on counselors' perceptions of ethicality. Additionally, mediating variables in the context of acting ethically have scantly been researched within the counseling profession, including moral development and the moral foundations of care, fairness, and justice. Being that ethical behavior is a multifaceted phenomenon, a holistic understanding of morality can assist in grounding this type of research, such as that acquired by the integration of moral development theory (Kolhberg, 1969) and the three moral principles (Haidt, 2013).

The counseling profession would profit from further study on how these factors interact and intertwine with one another as to gain an understanding on what hinders or promotes ethical/moral decisions; this knowledge can be used preventively to help manage the problem of ethical infractions. Complications arise when investigation such a phenomenon; reliable and validated instruments to measure ethical perceptions are scarce and these methodological flaws

have resulted in confounding results on the influence of certain demographic variables on perceptions of ethicality. Considering this, the purpose of this study is to: (a) create a reliable and validated instrument to measure counselors' perceptions of ethical behavior, (b) support/challenge the contradictory results of previous research on the relationship between demographics and ethical perceptions, and (c) examine the relationship between variables that can encumber ethical behavior (workplace aggression, normative unethical behaviors) and potential positive variables (cognitive complexity, moral foundations).

Ethical Behavior

Rowe and Kellam (2011) stated that "ethics is intertwined with making responsible decisions every day in every context" (p. 55). This concept is aspirational in nature as what constitutes ethical decisions are ambiguous, varying by culture, society, time, and history (Corey, Corey, & Callanan, 2006; Evanoff, 2006). For the counseling profession, this ambiguity poses a potential issue; if ethical behavior constitutes a core facet of professional identity, then how is behavior defined and maintained? Counselors are "guided by social and cultural factors in defining what is acceptable ethical practice," (Cottone, 2001, p. 39). This practice is primarily linked to upholding client rights. Stated within the American Counseling Association (ACA) code of ethics, the "primary responsibility of counselors is to respect the dignity and to promote the welfare of clients" (2005, p. 4).

Acting with ethical intent safeguards the client from unjustifiable harm. Within the therapeutic relationship, the client becomes vulnerable, stripping away layers of his or her defenses. Stake and Oliver (1991) reported that violations, such as sexual misconduct, have "increased anxiety, depression, guilt, substance abuse, loss of confidence, social isolation, cognitive dysfunction, psychosomatic disorders, and risk for suicide" in clients (p. 297). In a

review of the literature, Moleski and Kiselica (2005) described the impact of sexual and non-sexual dual relationships; various consequences of these ethical violations included client exploitation, degradation of client autonomy, threatening of the therapeutic relationship, and negatively impacting clients' interpersonal abilities. More recent literature has noted that "harmful consequences of nonsexual boundary violations can include shame, fear, guilt, self-blame, isolation and emptiness, disengagement from services, identity confusion, mistrust of authority, paranoia, depression, and self-harm" (Gregorie et al., 2012, p. 97)

ACA Ethical Codes

To ensure a universal conviction of what represents ethical behavior, a set of regulated standards has been adopted by certain agencies, institutions, businesses, and career fields. These professional ethics denote appropriate and inappropriate behaviors in the form of specific codes. In attempts to establish a code of ethics within the counseling profession, ACA formed the Ethical Practice Committee in 1953 (Allen, 1986). This committee viewed the development of ethical codes as advancement within the profession (Walden, Herlihy, & Ashton, 2003). In 1961, ethical codes were implemented for the counseling profession (Allen, 1986). By defining ethical code, a distinction of right and wrong was created, allowing ACA to act as a governing body that monitored the profession and the wellbeing of clients.

The ACA codes were established to adhere to Kitchener's five moral principles. Kitchener's (1984; Kitchener & Anderson, 2011) principles include the concepts of non-maleficence, beneficence, autonomy, justice, and fidelity. The five principles have equal importance when it comes to upholding client care. Beneficence entails acting with good intent as to promote the welfare of others. Non-maleficence describes the avoidance of harm and resembles the Hippocratic Oath (Sinclair, 1996). Autonomy protects one's right to individual

choice. Being fair and not engaging in special treatment defines the concept of justice (Kitchener, 1984; Kitchener & Anderson, 2011). A counselor who acts with fidelity "take(s) care not to threaten the therapeutic relationship nor to leave obligations unfulfilled" (Forester-Miller & Davis, 1996, p.3).

The ACA (2005) codes have "serve(d) as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services and best promotes the values of the counseling profession" (ACA, p.3). Researchers have noted that ethical codes "in some instances… (are) the salient factor in determining whether clients are physically or psychologically harmed" (Bradley & Hendricks, 2008, p. 261). However, these codes lack clarity, gray area exists, and they do not address every possible situation (Corey et al., 2006; Evanoff, 2006; Forester-Miller & Davis, 1996). Additionally, counselors have been found to disagree on the appropriate courses of action and on the ethicality of certain behaviors/actions (Neukrug & Milliken, 2011). Confounding the issue of ethicality, research has indicated that organizational/environmental variables may also affect one's decision making process.

Encumbering Variables

Organizational contexts, such as the ethical role modeling of peers (Hilbert, 1988; Munmford et al., 2009; Randle, 2003) have been associated with negative ethical outcomes. Witnessing others behave unethically can inadvertently normalize such behavior; the literature speaks to this social-learning effect with health care workers (Hilbert, 1988; Randle, 2003). Additionally, the organizational climate of an agency can contribute to ethical culture and client outcomes. Within the counseling profession, the literature supports an association between un-ideal working circumstance (stressful, lack of supervision resources, high case-loads) and ethical behavior (Prilleltensky, Walsh-Bowers, & Rossiter, 1999). However, limited research currently

exists about the effects of more extreme work conditions, such as workplace aggression. Yet, the link between aggressive work environments and ethical outcomes has been noted in other health care professions. For example, nurses working in aggressive work environments reported more medication errors (Roche et al., 2009), less compassion, and more frustration towards their clients (Randle, 2003). Though this research is outside of the counseling field, it speaks to the need of investigating workplace aggression as a predictor of unethical outcomes.

Workplace Aggression

Various lenses have been used within the literature to examine adversarial work conditions, its prevalence, and its implications. These lenses include abusive supervision, hierarchical abuse, petty tyranny, victimization, workplace bullying, supervisor aggression, supervisor undermining, negative mentoring experiences (Tepper, 2007) specific forms of harassment (e.g., sexual, generalized), discrimination (e.g., ageism, sexism, racism) (Rospenda et al., 2009), and abusive work environments (Keashley, Trott, & MacLean 1994). Distinguishing these different forms of harassment and discrimination serves a purpose; an increased understanding of the specific struggles that the employee faces ensues. However, in studying unhealthy work environments, varying and singular definitions have been associated with a "lack of direct comparison of the prevalence, demographic correlates, and outcomes of different types of harassment and discrimination in the workplace" (Rospenda et al., 2009).

Researchers have found overlapping definitions between the different concepts (Tepper, 2007) and significant correlations between various forms of harassment and discrimination in the workplace (Rospenda et al., 2009). In studying abusive work environments, Keashley and colleagues (1994) examined if a sample of undergraduate students had ever been belittled intellectually, put down in a public place, talked to in a sarcastic manner, glared at, sworn at,

were the target of temper tantrums, and intimidated by unreasonable work demands. Similarly, research on abusive supervision has investigated employees' perceptions of their boss ridiculing them, putting them down in front of others, telling them their thoughts are stupid, giving them the silent treatment, breaking promises, lying to them, expressing anger towards them, blaming them to forgo embarrassment, making negative comments about them to others, invading their privacy, not giving them credit for their hard work, not allowing them to interact with others, telling them that they are incompetent, and reminding them of past mistakes/failures (Tepper, 2000; Tepper, 2007)

Ultimately, within these different types of miseducative environments there is a lack of support and a perceived disrespect towards the targeted individual. These various forms of adversarial work conditions can be defined through the concept of workplace aggression; "the behaviors that constitute workplace aggression are generally consistent with the behaviors that constitute these related constructs" (Schat et al., 2006, p. 49). The term workplace aggression describes an adversarial work environment in which some form of harassment and or discrimination occurs. Schat and Kelloway (2005) defined workplace aggression as a "behavior by an individual or individuals within or outside an organization that is intended to physically or psychologically harm a worker or workers and occurs in a work related context" (p. 191). This definition allows aggression in the workplace to be viewed within multiple contexts, regardless of the underlying motives and perpetrators that fuel the behavior.

The prevalence of these aggressive environments varies within the literature. In one study, generalized work harassment was found to occur in 60% of the sample (Rospenda et al. 2009). In a national study, psychological aggression was reported within 41.4% of the sample (Schat et al., 2006). These researchers also discovered that employees within the professional service

occupation reported the 2nd highest rate of physical abuse at 9.1%; psychological aggression was reported at 36.9% (Schat et al., 2006). These findings are important to the counseling profession as counselors are considered to be a part of the professional service occupation.

The literature supports a correlation between workplace aggression and negative consequences for the target victim. Einarsen and Mikkelsen (2003) noted that aggression in the workplace "may not only ruin employees' mental health, but also their career, social status and thus their way of life" (p. 127). Research has indicated that victims of workplace aggression have decreased job satisfaction (Rowe & Sherlock, 2005), increased mental health consequences (Einarsen & Mikkelsen, 2003; Rospenda et al., 2009), more interpersonal conflicts outside of work (Lewis & Oxford, 2005), increased drinking outcomes (Rospenda et al., 2009), and poorer performance at work (Rowe & Sherlock, 2005). Along with negatively impacting the target victim(s), the negative impact of these environments carries over into other aspects of the system. As noted previously, these adversarial work conditions have been found to negatively impact the ethical culture of the working environment and ultimately client care (Randle 2003; Roche et al., 2009). Considering the impact on client care, the construct of workplace aggression merits further investigation and discussion within the counseling profession. Though these unhealthy environments cannot be completely eradicated, the professional field (organizations and advocates) will have a justification and a better understanding of how to do address the matter.

Theoretical Justification

Moral Reasoning

In applying a moral developmental lens, clarity might be gained on how a counselor reacts within an aggressive work environment and deals with the ambiguity of professional

ethical codes. Kitchener (1984; Kitchener & Anderson, 2011) believed that the contradictions inherent within ethical codes substantiate the need for counselors to have a deeper understanding of the ethical decision making process; this understanding relates to critical ethical reasoning and the five moral principles that are inherent within the codes. The concept of moral development also associated with these warranted concepts.

Lawrence Kohlberg described moral growth as a move away from egotistical and rigid thinking towards a more holistic understanding that encompassed universal principles (Kohlberg, 1994). A form of cognitive developmental theory, moral development examines the conceptual process that governs one's behaviors. Distinct motives affect one's decision making process contingent on his/her modal level of reasoning (Kohlberg, 1969). People operating within different moral levels/stages might make the same (or divergent) choice; however, the justifications for that action changes and is dependent on the developmental level. For example, at a more rigid level, the motivation to act might be fueled by strict adherence to a rule/law; on the other hand, a more complex thinker might be influenced by the rule/law but will also consider the universal good and subsequent effects that the behavior has on others. By separating thought from action, the motives and governing principles of the individual can be understood. Ultimately, more complex and integrated thought patterns denote higher stages of moral reasoning.

Critics of moral developmental theory note that Kohlberg took a hard-stage and one-dimensional view of morality. Though the theory itself – at its surface – represents a stage by stage developmental process; the heart of the Kohlbergian modal depicts a shift in conceptual thinking. Kohlberg was not opposed to the social, cultural, and affective influences upon reasoning (Thoma, 2006); however, he placed the greatest weight of the decision making process

on the cognitive domain (Kohlberg, 1969). The influence of the social world upon decision making in Kohlberg's modal becomes evident when considering the following: differentiation from right and wrong in terms of what constitutes a moral behavior was not specified (a cultural construct). Regardless, limitations inherent within the theoretical construction of Kohlberg's theory gave birth to the Neo-Kohlbergians, researchers and theorists who grounded their work on the importance of cognitive complexity but also explicitly addressed other aspects of the moral domain. Though Kohlberg remains the father of Moral Development Theory, the field continues to expand and grow (and includes prominent researchers such as Bebau, Rest, Thoma, and Narvaez). References to moral development (within this paper) entail an understanding of the cognitive aspect of moral decision making – moving from simplistic to holistic thinking.

"Professional practice is predominantly a moral enterprise" (Bebeau, 2002, p.271) and research has indicated that higher levels of moral judgment may promote social cooperation and understanding of self in relation to others (Rest, Narvaez, Bebeau, & Thoma, 1999b). Additionally, Kohlberg (1994) noted that cognitive complexity is associated with an "increase in willingness to take moral responsibility for one's actions" (p. 16). Hence, implications of moral development arise within the counseling profession. Research has linked moral development to more complex analysis and hypothesis formulations, flexibility (Brendel, Kolbert, & Foster, 2002), an increase in empathy, a decrease in prejudice attitudes, a reduction of stereotypes (Cannon, 2008, Evans & Foster, 2000), multicultural competency (Cannon, 2008), autonomy, ability to match client needs (Sprinthall & Thies-Sprinthall, 1983), deeper self-reflection, and acceptance of others perspectives (Noam, 1988).

Mediating variables. The cognitive complexity inherent within moral development has also been associated with the ethical decision making process. Research has documented a

positive correlation between development and ethical outcomes in the field of counseling (Linstrum, 2009) and other professions (Bebeau, 1994; Hilbert, 1988; Ponemon & Gabhart, 1994). This research highlights a positive correlation between increased cognitive complexity and the propensity to act with ethical intent. In some instances, this relationship holds true regardless of the situation, such as unhealthy affective emotions and unhealthy work conditions (Ponemon & Gabhart, 1994).

Moral Principles

Moral Developmental Theory focusses on the individual's thought process when making moral choices and decisions. Though other variables (culture, affect) have been introduced within the theoretical aspects of the Neo-Kohlbergian model (Thoma, 2006), the cognitive domain is the main point of focus and measurement. As the moral developmental field continues to grow, another theoretical position can assist in measuring and understanding the complexity inherent within moral decisions. The notion that cognitive thought is the only variable that govern one's actions has been debated (Bowers, 2012; Graham, Haidt, & Rimm-Kaufman, 2008; Haidt, 2001; Haidt, 2012; Haidt, 2013; Haidt & Graham, 2007) and hence other factors and understandings of morality can be included within the measurement process. Bowers (2012) noted that:

> what needs to be recognized is that both the idea of individual intelligence and, by extension, that the individual is an autonomous moral agent, are based on long-held misconceptions that have their roots in the mythopoetic narratives in the Bible, in democratic political traditions that now need to be conserved, in the abstract and ethnocentric traditions of Western philosophers, in the mind-set reinforced by the

> industrial culture, and in the formal education process where students are told to think for themselves and to choose their own values. (p. 302)

Essentially, the individual as a sole moral agent is rooted within history and Western thinking that is incongruent in a multicultural and modern world (Bowers, 2012). Other variables (as noted above) have been found to affect the decision making process. When studying morality in the 21st century, a holistic view becomes warranted. Kohlberg's framework of moral development continues to bear significance, yet it is limited in scope, representing an understanding of moral behavior that does not explicitly address individual, social, and cultural interactions. By incorporating additional factors into the moral decision making process, a more holistic understanding can ensue.

To supplement the cognitive realm of reasoning, the inclusion of moral principles can assist in creating a more in depth analysis of the individual – not as a sole agent of change – but as part of a system. This system includes a dialogue between the individual (and his/her characteristics and emotions) and the environment. The three principles of moral psychology that can assist in elucidating this interactional process of morality include: (a) intuition comes first, strategic reasoning second; (b) there is more to morality than harm and fairness; and (c) morality blinds and binds (Haidt, 2013).

Principle 1 (intuition comes first, strategic reasoning comes second) justifies the examination of workplace aggression and normative unethical behaviors on a counselor's perception of ethicality. This principle acknowledges that a dialogue occurs between the individual and the environment, resulting in an emotion that can subsequently affect moral judgments. Intuition occurs first as one has an automatic response/emotion that serves as an "evaluative feeling (like–dislike, good–bad) about the character or actions of a person, without

any conscious awareness of having gone through steps of search, weighing evidence, or inferring a conclusion (Haidt & Bjorklund, 2008, p. 188). Upon reacting to the environment, cognitions can begin to make sense of the event/situation, being influenced by the initial emotion and "can be edited or channeled by subsequent reasoning and self-presentational concerns" (Graham et al., 2012, p. 66). Within miseducative work environments (workplace aggression, normative unethical behavior), this dialogue becomes tainted, resulting in adverse employee emotions (Einarsen & Mikkelsen, 2003; Rospenda et al., 2009) which in turn can affect moral judgments and client outcomes.

Principle 2 (there is more to morality than harm and fairness) examines the tenants of Moral Foundational Theory (MFT), adding a cultural component to morality. These foundations include the virtues of care, fairness, loyalty, authority, and sanctity (Graham et al., 2012). The value one places on each of the specific foundations affects the interpretation of behaviors and actions that exemplify said foundation. These foundations create an intuitive response, affecting the conceptualization of what is considered right or wrong by the individual. What is considered to be moral or immoral ultimately is contingent and reared by culture. This culture moves beyond ethnicity and race; it includes a multi-faceted understanding of the individual, his/her belief systems, and the environmental context; the counseling profession can be considered its own institutional culture.

Principle 3 (morality blinds and binds) clarifies the positive and detrimental aspects of group cohesion. This principle supports the adage that "there is power in numbers" and unity. Yet, cohesion can also blind one from alternative truths incongruent with the group's current belief system. This concept might help explain the power of normative behavior, such as that found within work agencies where peers and supervisors engage in unethical behaviors.

Mediating variables. Care, fairness, and sanctity speak to principles that are inherent within the aspirational nature of counseling ethics and the ACA (2005) code of ethics. The care foundation is triggered by signs of suffering, distress, or neediness which is then followed by the adaptive challenge to protect and care (Graham et al., 2012; Haidt, 2012). This intuitive response results in compassion towards those suffering and anger geared towards the perpetrators of such distress. The care foundation is also clearly defined within the ACA Code of Ethics (2005) as "the primary responsibility of counselors is to respect the dignity and to promote the welfare of clients," (Standard A.1.a). Fairness represents concepts of justice and trustworthiness, triggered within instances of cheating and disloyalty (Graham et al., 2012; Haidt, 2012). This foundation also represents cooperation, mutual partnership, and equality. These virtues speak to the counseling relationship as a mutual relationship in which the client maintains his/her voice and is treated with respect and dignity; the counselor does not use his/her position to exploit. The care and fairness foundations are considered "the source of the intuitions that make the liberal philosophical tradition, with its emphasis on the rights and welfare of individuals, so learnable and so compelling to so many people" (Graham, Haidt, & Nosek, 2009, p. 1031).

However, in a pluralistic and multicultural world, virtues are not limited solely to protective factors (Graham et al., 2012; Haidt, 2013). In looking at professional ethical behavior, the sanctity/degradation foundation also merits further investigation. The virtue of sanctity is rooted in an adaptation process that assists in survival (Graham et al., 2012). A binding quality exists, in which survival moves beyond the individual and towards the group or larger system. The initial response to potential system-threats include the feeling of disgust (Haidt, 2012); an emotional response of disgust can assist in "suppressing the selfishness often associated with humanity's carnal nature (e.g., lust, hunger, material greed) by cultivating a more spiritual

mindset" (Graham et al., 2009, p. 1031). Spirituality (though it can include a religious connotation) moves beyond strict notions of religion, encompassing a picture in which the individual can see beyond himself/herself and acknowledge the larger context of existence. Translated in terms of counseling ethics, this foundation represents a binding community in which acting with ethical intent assists the counseling profession to survive, promoting a cleanliness and purity within the work that is done as to best serve the client.

A strong orientation in these three foundations (care, justice, sanctity) corresponds to the aspirational aspects of ethics within the culture of professional counseling. Though minimal research exists on the moral foundations and the specific institution of counseling, the literature has shown that culture can affect one's foundational orientation. This culture can include political orientation (Haidt & Graham, 2007), socioeconomic status, and Western versus Eastern schools of thought (Haidt & Hersh, 2001); in turn, this culture affects one's perceptions of morality on certain issues (homosexuality, infidelity, racism, discrimination). In essence, the profession represents a culture and institution of its own, grounded upon the values and principles to protect and serve the community. A theoretical acknowledgment of these values indicates that orientations of: (a) care, (b) fairness, and (c) sanctity may serve to minimize the effects of ethical infractions within the counseling profession. Further research becomes warranted to substantiate these associations.

Though the loyalty and authority foundation also affect moral belief systems and values, theoretical justification for their inclusion cannot be made at this time when considering the specific problem of investigation. Loyalty and authority in the context of aggressive work environments and unethical infractions cannot be teased out and separated to distinguish where the counselor's loyalty/authority foundation lies – is it with the agency or with the profession?

As not all foundations are triggered when making a moral decision, their exclusion becomes justified. Though future research in this area might yield interesting results and warrants further investigation, at this time, justification does not exist in including these two foundations as potential mediating variables.

Justification and Limitations of a Combined Theoretical Approach

When combining two theoretical/philosophical orientations, limitations present themselves and should be addressed. Debate exists within the field if such integration is possible as each theory represents a specific and unique assumption about the nature of human functioning (Lampropoulos, 2001; Lazarus & Beutler, 1994). Critics of integration argue that by melding schools of thought together, one taints the philosophical assumptions of the theories (Lazarus & Beutler, 1994). The result is a pieced together byproduct that stands on loose footing. Though these arguments have merit, integration may also have a powerful and beneficial purpose. A multifaceted understanding of humanity can occur that may not be possible with the utilization of just one theory (Wolfe, 2001). This does not mean that theories are haphazardly melded together; careful thought of the motives, reasons, benefits and consequences of doing so should be considered. In looking at moral developmental theory and the moral principles, integration of these two perspectives can assist in an understanding of morality that might not otherwise be possible. Together they bring together the cognitive, affective, intuitional/emotional, cultural, and social domains that influence moral judgments. Considering the complexity of ethics within the counseling profession, such a systemic understanding becomes warranted.

Moral development and the three principles do represent a different understanding of morality; however this does not make them incompatible (as some might argue). Though

Kohlberg's theory substantiates a stage driven approach, in his latter year, he began to open himself up to the aspect of the social realm as evidenced on his research involving 'just communities' (Kohlberg, 1985). Integration itself can also become substantiated when looking at the definition of post-conventional thought. A characteristic of this higher level of thinking includes holistic integration and understanding of the world as a larger context (Kohlberg, 1969). Ultimately, moral development does not represent a pure monistic understanding of morality; that would make it incompatible for integration (Gregoire et al., 2012).

The social-intuitionist model and MFT inherent within the three principles also welcomes such a merger. First, the care and fairness moral foundations represent the Kohlbergian and neo-Kohlbergian concepts of care and justice (Graham et al., 2009). Additionally, the founders of MFT encourage collegiate dialogue and research that will assist in a more complete and rounded understanding of morality (Gregoire et al., 2012). Gregoire and colleagues (2012) go on to note that "we expect that work bridging MFT with other theories will be productive, for MFT and for moral psychology overall" (p. 115). To address additional concerns of merging moral development and the three moral principles, permission/support was granted from Jonathan Haidt, referencing the particular topic of interest – detrimental and mediating factors involved in counseling ethics (J. Haidt, personal communication, June, 5, 2013).

Limitations to Previous Research and Future Recommendations

As noted, minimal research currently exists within the counseling literature that examines the detriment of workplace aggression and normative unethical behaviors. This dearth of literature speaks to the need for further investigation on the issue, considering the adverse outcomes/consequences of such environments that have been documented on client outcomes within other professions/fields (Randle, 2003; Roche et al., 2009). Scant research also exists on

variables that can mitigate this phenomenon as to increase counselors' ethical perceptions. Cognitive complexity and the moral foundations of care, justice and sanctity have been shown to have a theoretical and/or empirical grounding in serving as such mediators. Further examination of both the detrimental and protective variables becomes warranted as acting with ethical intent is paramount to the counseling profession's core identity.

Knowledge gained on what affects ethical behavior both positively and negatively can ultimately assist in managing the dire problem of ethical infractions and discord; the field can then intervene where/when necessary. For example, empirical documentation that shows the negative effects of workplace aggression (and also statistical rates) on client outcomes makes this an issue in which advocates can then get involved. Similarly, knowing mediating factors can assist counselor educators and work agencies in promoting and speaking towards such concepts.

In examining the literatures on counselors' perceptions/beliefs about ethicality, methodological (instrumentation) issues arise that hinder such an investigation. Previous researchers have devised their own instruments to gage ethical perceptions/behaviors, failing to address the reliability and validity of the instruments (Linstum, 2009; Toriello & Benshoff, 2003; Zibert, Engles, Kern, & Durodoye, 1998). The potential consequence of unreported reliability and validity of psychometric instruments becomes profound when looking at research involving the effects of demographic variables on counselors' ethical beliefs. The literature speaks to inconsistent results between demographic variables such as gender (Neukrug & Milliken, 2011; Scwab & Neukrug, 1994; Zibert et al., 1998), age (Gumaer & Scott, 1986; Neukrug & Milliken, 2011), ethnicity, counseling cognate (Neukrug & Milliken, 2011), level of education (Gumaer & Scott, 1986; Neukrug & Milliken, 2011; Toriello & Benshoff, 2003), and years in the counseling profession (Gumaer & Scott, 1986). These inconsistencies and instrumentation issues highlight

the importance and the need for a reliable and validated instrument to gage counselors' ethical belief systems.

Additionally, these incongruent results indicate that further investigation of these demographic variables needs to occur as to gain a better understanding of their relationship to ethical outcomes. In looking at years of experience, some studies showed a positive correlation (Gumaer & Scott, 1986) where as other studies showed no influence (Zibert et al., 1998) on the participants' ethical knowledge. Similarly, discrepancies are apparent for level of education. Toriello and Benshoff (2003) reported a negative correlation with educational level and ethical behavior; they found that those with less education were more sensitive to ethical dilemmas. Toriello and Benshoff (2003) findings contradict common assumptions and other literature that has depicted a positive relationship between ethical sensitivity and educational experience (Gumaer & Scott, 1986; Neukrug & Milliken, 2011).

Demographic variables relate to the cultural aspect of morality (introduced in principle 2) and affect one's position on the different moral foundations. Understanding this relationship can assist in shaping the dialogue between the professional codes (or supervisor, educator) and the individual, appealing to the moral foundations that govern intuitive response. However, before including demographic variables in research that involves multivariate analysis, their influence on counselors' perceptions of ethicality must first be substantiated.

Purpose of This Study

The importance and complexity of ethical behavior within the counseling profession gives merit to further investigation of encumbering and mediating variables related to perceptions of ethicality. Of particular interest to this study is the negative impact of workplace aggression and normative unethical behaviors, along with the mitigating variables of cognitive

complexity and moral foundations of care, justice, and sanctity. Instrumentation issues of previous research currently hinder such an investigation; thus the first step in this study is to create a valid/reliable instrument to measure perceptions of ethicality.

Research Questions

Upon instrument construction of a ethical perceptions psychometric measure, the following research questions warrant further investigation as grounded in the literature and research cited above (and also in Chapter Two):

- Do any specific demographic variables affect counselors' ethical perceptions and if so, how do certain demographic variables affect ethical perceptions?
- Does the presence of workplace aggression affect counselors' ethical perceptions and if so, how does workplace aggression affect ethical perceptions?
- Does the presence of normative unethical infractions by a work supervisor/boss affect counselors' ethical perceptions and if so, how does the presence of normative unethical infractions by a work supervisor/boss affect ethical perceptions?
- Does the presence of normative unethical infractions by a work peer affect counselors' ethical perceptions and if so how does the presence of normative unethical infractions by a work peer affect ethical perceptions?
- Is there a relationship between cognitive complexity and counselors' ethical perceptions and if so, what is the relationship between cognitive complexity and ethical perceptions?
- Is there a relationship between the moral foundation of care, fairness, or sanctity on counselors' ethical perceptions and if so, what is the relationship between the different moral foundations and ethical perceptions?

Limitations to Current Approach

When looking at the problem area of investigation, several limitations exist in the proposed theoretical model and research. Previously discussed (and though justified), the integration of two theoretical schools of thought can still be noted as a potential limitation. Moreover, though the theoretical integration offers a holistic model; some of the components of the modal are beyond the scope of the proposed research agenda. The affective component (of moral principle one) is being indirectly investigated. This principle acknowledges the influence of emotion on the decision making process; however, this emotion is intuitive (immediate), making it difficult to measure within the context of this research agenda. A qualitative study in a naturalistic setting or an experimental study might be better suited for measuring initial affect. Though affect is not being explicitly measured, this principle is still being acknowledged; miseducative work environments result in emotional responses that in turn can influence moral judgment. Previously noted, the loyalty and authority foundations of MFT will not be explored in the overarching hypothesis; research/literature validation currently does not substantiate such an inclusion. Future researchers might want to explore these two foundations relationship to counselors' ethical perceptions.

The complexity of ethical behavior itself also poses a limitation. Ethics is not black and white – as multiple truths can exist. This poses a challenge in devising a reliable/valid instrument to measure ethicality. Another issue related to measuring ethics involves the social desirability bias; discerning the participants' actual beliefs from potential deceptive responding is a challenge. Additionally, issues in studying the phenomenon of workplace aggression exist. Though the literature supports a high prevalence of aggression within the helping profession, finding participants who work within such a culture might prove difficult. Respondent bias is also present within this construct as it involves a self-reported measure; participants might

conceptualize the concept of aggression differently. Additional methodological limitations also exist and will be discussed in Chapter Three.

Summary of Problem Overview

This section first gave an overview of the research topic: factors that encumber (workplace aggression, normative unethical behaviors) and promote (cognitive complexity, moral foundations) ethical behavior within the counseling profession. Justification for this research area spoke to the pertinence of ethical behavior within the counseling field; behaving ethically ensures client welfare. Though the problem of workplace aggression may not be eradicated, understanding the problem and potential protective factors can assist the profession in intervening when/where possible as to manage the problem.

The concept of ethical behavior within the counseling profession was then explored, further highlighting the importance of ethical behavior. Due to the ambiguity inherent within the counseling ethical codes, variables that have been found to negatively impact ethical decisions were then discussed (normative ethical behavior and workplace aggression). Next, aggression in the workplace was investigated as it relates to its definition, prevalence, and adverse outcomes. Moral Developmental Theory and the three moral principles were introduced as theoretical groundings when looking at counseling ethics. Mediating variables found within the theoretical groundings were noted, including: (a) cognitive complexity and the moral foundations of (b) care, (c) justice, and (d) sanctity. Justification for an integrative theoretical approach was provided for this particular area of research; a systematic understanding of ethical behavior ensues which allows for the inclusion of multiple variables when examining the influence of workplace aggression on counselor's perceptions of ethicality.

Based on the current literature (and lack thereof), the research questions for the current study were defined. These questions included:

- Do any specific demographic variables affect counselors' ethical perceptions and if so, how do certain demographic variables affect ethical perceptions?
- Does the presence of workplace aggression affect counselors' ethical perceptions and if so, how does workplace aggression affect ethical perceptions?
- Does the presence of normative unethical infractions by a work supervisor/boss affect counselors' ethical perceptions and if so, how does the presence of normative unethical infractions by a work supervisor/boss affect ethical perceptions?
- Does the presence of normative unethical infractions by a work peer affect counselors' ethical perceptions and if so how does the presence of normative unethical infractions by a work peer affect ethical perceptions?
- Is there a relationship between cognitive complexity and counselors' ethical perceptions and if so, what is the relationship between cognitive complexity and ethical perceptions?
- Is there a relationship between the moral foundation of care, fairness, or sanctity on counselors' ethical perceptions and if so, what is the relationship between the different moral foundations and ethical perceptions?

Limitations to previous research were then addressed, indicating a need to examine the stated variables that can encumber and promote ethical behaviors within the counseling context. Considering current limitations within the literature, additional arguments were be make for: (a) the construction of a reliable and validated instrument to gage ethical perceptions; (b) further exploration of the relationship between demographic variables and perceptions of ethicality.

In essence, the literature as reviewed above spoke to and justified the purpose of this study: (a) create a reliable and validated instrument to measure counselors' perceptions of ethical behavior; (b) support/challenge the confounding results of previous research on the effects of demographics on ethicality; (c) examine the relationship between variables that can encumber ethical behavior and potential mitigating variables.

Chapter Two: Review of the Literature

This chapter will explore literature on: (a) ethical behavior, (b) moral development, (c) the three moral principles, and (d) workplace aggression. The literature on ethical behavior will highlight the complexity of ethics as a construct that is not black and white (as ambiguity exists and people vary on their perceptions). This literature will also support: (a) continued investigation of the relationship between demographics and perceptions of ethicality, and (b) the need to create a reliable/validated instrument to gage ethical perceptions. The literature on Moral Reasoning and the three moral principles will offer a theoretical background on both theories. Justification will also be given on why and how inclusion of both theoretical/philosophical stances can lead to a more holistic understanding to morality and ethical behaviors. The section on workplace aggression will speak to the high prevalence of these environments, justifying the need for further investigation within the counseling field. Research will then be reviewed that shows a negative relationship between these adversarial conditions and ethical behaviors within the helping professions.

Ethical Behavior

This section will review literature related to ethical behavior within the counseling profession. In particular, research will be examined that highlights: (a) the ambiguity of ethical codes/decisions, (b) factors/variables that may affect the decision making process and (c) methodological limitations of previous research. The need for further investigation of ethical perceptions/behaviors within the counseling profession will be justified considering instrumentation issues inherent within some of the reviewed studies. These studies will illustrate confounding and inconsistent results about the relationship between demographic variables and perceptions of ethicality. Inclusion of these studies becomes warranted, substantiating the need

to: (a) the create a validated/reliable instrument to assess counselors' ethical perceptions, and to (b) re-examine the relationship between demographic variables (gender, age, ethnicity, counseling cognate, years of experience, and degree level) and a counselors perceptions of what constitute ethical versus non-ethical behavior.

Factors that Influence Ethical Decisions

Neukrug and Milliken's (2011) research highlights differences in counselors' perceptions of ethicality, further illustrating that ethical codes (to some degree) are vague as notions of right and wrong vary. With the use of a seventy-seven item survey, these researchers examined the ethical beliefs of 535 randomly selected members of the American Counseling Association. Survey items consisted of brief ethical scenarios and vignettes. Participants were forced to respond to each behavior/scenario as either ethical or unethical and then rate the strength of their responses on a Likert scale ranging from 1 to 10. No unanimous consensus existed among the participants' ratings of ethicality on each of the 77 items (Neukrug & Milliken, 2011). In 40.3% of the items, there was a 25% to 50% split between the respondents' ethical perceptions of the item (Neukrug & Milliken, 2011, p. 213). This large variance amongst participants' perceptions/beliefs illustrates that what constitutes ethicality is not clear, can vary, and is potentially influenced by other factors. The researchers referenced changing societal beliefs, conflict between laws and codes, and lack of awareness of ethical standards as potential barriers that contribute to lack of ethical congruency within the counseling profession.

Additionally, though Neukrug and Milliken (2011) did not seek out to find a relationship between demographic characteristics and ethical beliefs, their research supports a potential influence of these characteristics on one's perceptions of what is or is not ethical. Variables that attributed to response differences included age, gender, ethnicity, level of education, and

counseling cognate. Chi square analyses revealed statistically significant differences of these demographics on the participants' perceptions of behavioral ethicality; however, the researcher did not find practical significance for these variables. Limitations of this study included a low response rate of 28% and forced items responses to the ethical scenarios. The statistical influence of other variables (demographics) on the decision making process confounded the analyses; results were difficult to interpret as a relationship between perceptions of ethicality and other factors were found and insinuated. Adding to the literature, Neukrug and Milliken's (2011) study "give(s) counselors one additional view of the kinds of struggles they have when making difficult ethical decisions," substantiating the complexity of ethical behavior (p. 214). This research also speaks to the need to further examine what might effects a counselor's ethical decision making process (such as the influence of age, gender, ethnicity, level of education, counseling cognate and/or other extraneous variables).

Other researchers have also examined the relationship between educational level and ethical decision making. Utilizing participants working within the substance abuse field as participants, Toriello and Benshoff (2003) investigated the effects of educational level and recovery status on ethical sensitivity; the researchers also examined the influence of education and recovery status on attitudes towards supplemental ethical trainings. Toriello and Benshoff (2003) constructed their own instrument to gage ethical sensitivity: the Substance Abuse Counseling Decision Making Survey (SACDMS). Twenty-two qualitative interviews with substance abuse counselors and support within the literature was used to facilitate item construction. The SACDMS was pilot tested with a small sample size of masters' level students, testing for item clarity; Inter-rater agreement was conducted with five doctoral level students. After the SACDMS was finalized, Toriello and Benshoff (2003) recruited participants from the

following population parameter: members of the Illinois Alcohol and Other Drug Abuse Professional Certification Association (IAODAPCA). Participants were either currently certified or seeking certification from IAODAPCA. Terminal degrees within the sample varied and included counseling, social work, psychology, psychiatry, addictions studies, sociology, pastoral counseling, nursing, history, fine art, English, and biology. From those contacted, the researchers acquired 227 usable surveys (48% from an initial 469 attempted). ANOVAs were used to test the research questions, resulting in one significant finding. Toriello and Benshoff (2003) found a significant main effect for educational level and ethical sensitivity as measured by the SACDMS. Post hoc tests revealed that those holding either an associate or high school degree showed more ethical sensitivity compared to participants with a graduate degree. The researchers explained this counterintuitive finding as either the result of a non-homogenous sample (terminal degree) or item clarity issues of the SACDMS. Toriello and Benshoff (2003) noted that the latter might have inversely affected the participants' final scores. Additional limitations of this study were associated with test-instrumentation; reliability measures were not addressed and attempts to increase item validity encompassed a small sample size. Potential low reliability and invalidity of the SACDMS might have also influenced the researchers' statistical findings of increased ethical sensitivity with those holding a lower educational degree. Despite these methodological limitations, this study was included within the review of the literature because it: (a) further illustrates variance in ethical belief systems that are potentially contributed by extraneous factors and (b) speaks to a common phenomenon inherent within research studying counselors' ethical perceptions – the use of invalidated instruments.

Being that multiple factors may intertwine and affect counselors' ethical perceptions, Toriello and Benshoff (2003) encouraged future researchers to investigate the relationship of

multiple demographics, including gender, age, and ethnicity. Furthermore, the results of this study warrant additional research on the relationship between educational level and ethical sensitivity, confirming or disconfirming these researchers' surprising finding (an inverse relationship between educational level and sensitivity). Before examining these demographics (and extraneous variable), this study gives support and establishes a need to use a reliable and valid instrument when measuring ethical sensitivity and perceptions. Without established reliability/validity, statistical interpretations are affected (and can be considered unsound).

Taking a multivariate demographic approach, Zibert and colleagues (1998) explored the relationship between counselors' ethical knowledge and professional membership division, sex, age, years of education, degree level, years of counseling experience, primary work setting, previous coursework in ethics, counseling theory, and earned credentials. Their sample consisted of 357 members of the Texas Counseling Association (TCA); an additional twenty-eight usable surveys were dismissed due to a pre-set sample quota. Similar to Toriello and Benshoff (2003), Zilbert and colleagues (1998) devised their own ethical measure which was not tested for validity and reliability. The researchers assumed that extracting questions from an Ethical Standards Casebook sufficed to meet these requirements. Though validity might be assumed due to the expertise of the casebook's authors, lack of reliability testing of the instrument potentially undermined the researchers' findings. Additionally, responses to this questionnaire were forced as either ethical or unethical; forced responses reduce the variability of instrumentation that can assist in finding true differences between the independent and dependent variables (Pett, Lackey, & Sullivan, 2003). Using multiple two-way ANOVA's, the researchers found a significant main effect for gender and for primary work setting. Post hoc analyses conducted on work setting showed differences between those in private practice and those in the

school environment (K through 12); this finding also speaks to a potential affect related to counseling cognate/focus and work-setting/environment. However, other demographic variables were not investigated; the researchers noted that a regression analysis would be conducted and include all demographic variables but instead a correlation matrix examined only a portion of the initial demographics.

In a careful review of Zilbert and colleagues' (1998) study, multiple limitations presented themselves, such as the elimination of usable surveys, elimination of the proposed regression analysis (without explanation), and reliability/validity issues related to the ethical knowledge instrument. Despite these methodological flaws, Zilbert and colleagues (1998) study was included within the review of the literature as it: (a) substantiated the inclusion of multiple demographics when investigating counselors' ethical knowledge, (b) supported the potential influence of other extraneous factors on belief systems (work-setting), and (c) further illustrated instrumentation issues inherent in the measurement of counselors' ethical beliefs. Though the researchers found a statistical effect between ethical sensitivity and: (a) gender and (b) work setting (counseling cognate), further research becomes warranted to clarify these findings due to the methodological limitations of this study. Future researchers should continue to look at demographics and other extraneous variables (work-setting) that might be related to perceptions of ethicality. However, before investigating counselors' ethical perceptions/beliefs, a reliable and validated instrument is necessary. Self-constructed instruments (Toriello & Benshoff, 2003; Zibert et al., 1998) that have not been tested for reliability nor have established validity speak to a common flaw inherent within past research on counselors' ethical beliefs.

Summary on Ethics

The literature on ethics, as reviewed above, illustrated that ethical belief systems vary; the ethical decision making process within the counseling profession is a complex phenomenon that may be influenced by extraneous variables. The research has shown that multiple variables may affect one's decision making process, such as demographics (Neukrug & Milliken, 2011; Toriello & Benshoff, 2003; Zibert et al., 1998) and work-setting/environment (Ziblert et al., 1998). However, mixed and confounding results ensued within the literature. Methodological errors in previous research that investigated the relationship between demographic variables and ethical sensitivity were examined; instrumentation issues in measuring ethical knowledge/perceptions were highlighted as major limitation of previous research, elucidating a potential cause for the noted discrepant findings.

As a result of instrumentation issues, the need to further investigate the statistical relationship of demographic/extraneous variables on ethical perceptions/behavior was substantiated. Future research that addresses methodological flaws may assist in either supporting or disproving the relationship of these variables on ethical outcomes. Along with the noted independent variables found within the literature reviewed above, cognitive complexity levels (moral development), moral foundations of care, justice, and sanctity, normative unethical behavior, and aggressive work environments might also contribute to ethical outcomes; these concepts will be explored in the next two sections. A multivariate understanding of the ethical belief process becomes justified when considering the interrelationship and the multitude of potential variables that might affect the decision making process.

Moral Reasoning and Principles

This section will explore the theoretical components and ethical implications of moral developmental and the three moral principles. First, Kohlberg's model and its theoretical bases

will be discussed. Criticisms to Kohlberg's theory as a hard-stage and abstract view of conceptuality (Rest et al., 1999b) will be noted. The Neo-Kohlbergian approach will then be introduced, showing the evolution of Kohlberg's model and addressing previous limitations of a stage theory understanding to morality. As a supplement to Moral Development, the three moral guiding principles will then be explored. These principles move beyond just cognitive reasoning and allow for a more holistic understanding of morality. The inclusion of these principles will be justified as a way to understanding moral behavior as an interactive process that along with moral reasoning, it also includes intuition, social/environmental influence, and culture.

The relationship between moral developmental growth and ethical outcomes will then be discussed. Research that substantiates a developmental relationship on one's propensity to make sound ethical decisions will be provided; multiple career fields will be considered, including that of counseling (Linstrum 2009), nursing (Hilbert, 1988), dentistry (Bebeau, 1994), accounting, and auditing (Lampe & Finn, 1992; Ponemon & Gabhart, 1994). The examination of this literature will serve as an additional justification for the theoretical grounding of moral development as it pertains to ethical behavior.

Kohlberg's Model

Lawrence Kohlberg described moral growth as a move away from egotistical and rigid thinking towards holistic and universal principles (Kohlberg, 1994). A form of cognitive developmental theory, moral development examines the conceptual process that governs one's behaviors. Categorized by three levels and six hierarchical stages, moral development depicts "not simply moral ideals, ideal types, or virtual models of reasoning, but actual cognitive developmental stages in the evolving structure of the social-moral brain" (Snarey & Samuelson, 2008, p. 59). The preconventional, conventional, and postconventional levels of development

differ, ranging from an inward focus, to a social norm focus, to a universal focus respectively. These levels are further categorized into six stages which are differentiated by the conceptual processes and the justifications that ground one's choice of actions (Kohlberg, 1994; Snarey & Samuelson, 2008). The identified stages consist of obedience and punishment, individualism and exchange, good interpersonal relationships, maintaining social order, social and cultural individual rights, and universal principles.

The preconventional level denotes behavior that is influenced by black and white thinking, avoids punishment, or serves one's self-interest. Within this level, one "does not understand why their behavior is moral or immoral, because morality is not part of their vocabulary" (Rowe & Kellam, 2011, p. 56). Within the conventional level, the social world impacts one's actions, evidenced by the influence of norms and authority. Conformity to the group norms and expectations becomes commonplace. Behavior that goes against the normative can feel threatening to the individual. Postconventional thought is defined by the integration of multiple viewpoints, the formation of an individual voice, and the recognition of a social/universal contract. Within this level, moral principles denote the core facet of one's decision making. Though multiple factors are considered before a choice is made, the resulting outcome is based on what best serves all parties involved.

Moral Development beyond Kohlberg

Kohlberg's theory of moral development "won a major battle in the cognitive revolution," making "it permissible for researchers to look inside the 'black box' of mind and study moral reasoning" (Haidt, 2013, para. 6). However, Kohlberg's framework was considered a hard-stage view of development that encompassed a "very broad-gauge level of abstraction" (Rest et al., 1999b, p.5). To address criticisms that began to emerge surrounding a one-

dimensional view of morality, alternative frameworks that were grounded on the Kohlbergian foundation began to emerge.

Carol Gilligan (1982) introduced the concept of micromorality, adding a new dimension to the orientation of one's ethical judgment. Morality could encompass more than Kohlberg's 'ethics to justice' orientation as an 'ethics to care' orientation also existed (Gilligan, 1982). This concept of micromorality was "characterized in terms of unswerving loyalty, dedication, and partisan caring to special others" (Rest et al., 1999b, p. 3). The distinction between different forms of ethical orientation (macromoral versus micromoral) opened up the doors for newer and more integrated thought systems pertaining to developmental theory. Human beings are complex; cognitive thought encompasses more than just the rationalization found within the individual's mind as multiple factors can influence and affect these processes, including one's moral foundation orientation/preference.

As the Neo-Kohlbergian school of thought began to develop, Rest and colleagues (1999b) proposed developmental schemas instead of stages with distinct justice operations. The authors adopted a "looser, more tepid notion of postconventionality" (p.43) in order to define a developmental sequence in psychological terms, and to continue the foundation of Kohlberg's work in a new century (Rest et al., 1999b). Rest and colleagues (1999b) maintained that moral functioning should be thought of as involving four inner processes that must perform adequately to produce moral behavior and must involve "cognitive-affective interaction" (p.27). He noted that "reasoning about justice is no more the whole of morality than is empathy" (Rest et al., 1999b, p. 32).

These four components include: (a) moral sensitivity, (b) moral judgment, (c) moral motivation and (d) moral character. Moral sensitivity illustrates the recognition of a dilemma

within a situation and how one's actions affect others. In terms of making an ethical decision, one becomes sensitive to moral, ethical, and cultural issues through awareness of individual differences, ethical codes, and laws. Moral motivation is linked to one's willingness to act when moral values conflict with other values; without corresponding action, awareness of the dilemma becomes futile. Motivation within ethical actions might be influenced by intrapersonal or interpersonal factors. Moral character compromises the personal characteristics of the individual and the ability to be strong and act morally in the face of adversity. Judgment describes the actions related to moral choices, encompassing the justifications and thought processes that ground one's actions. In essence, one must recognize, react, and own the belief for it to have command.

These four components connect and simultaneously influence the moral decision making process. This concept proved to be fundamental as it introduced an integrative model on moral development that looked beyond the individual as a sole agent of change. Ethical choices are not simple byproducts of the individual; multiple factors within or outside an individual can influence moral outcomes. As the Neo-Kohlbergian approach continues to develop and includes a more integrative understanding of morality, the Defining Issues Test (DIT) remains to be the main instrumentation measure. However, the DIT does not capture this holistic understanding of morality, measuring only the cognitive complexity inherent within moral judgment and moral motivation. Though understanding complexity levels and the subsequent reasoning capabilities (rigid versus holistic thinking) is valuable, it encompasses only one piece of morality.

Principles of Moral Psychology

The Neo-Kohlbergians (and even Kohlberg) supported the notion that moral reasoning and action can be influenced by extraneous interpersonal and intrapersonal factors (Thoma,

2006). However, these factors, though recognized, are not distinctly acknowledged within the measure of cognitive complexity that examines the universal ideologies of harm and fairness. Jonathan Haidt (2013) noted that

> If moral psychology is to make progress in the 21st century, it will have to overcome its own moral homogeneity. It will have to conduct a great deal of cross-cultural research, which does not necessarily require crossing national borders. It should commit to the principles that – descriptively speaking – there's more to morality than harm and fairness. (Principle #2 section, para. 9)

Influenced by "intellectual trends – six waves that came from different directions, but washed ashore within a decade and altered the landscape" of moral understanding, Jonathan Haidt (2013) realized that though Kohlberg's framework of moral development bears significance, it was the catalyst to these waves and ultimately not affected by them. These six trends include: (a) the affective revolution; (b) rebirth of cultural psychology; (c) automaticity revolution; (d) research in neuroscience; (e) primatology; (f) rebirth of sociobiology (Haidt, 2013). The byproduct of these waves/trends took the concept of morality and blew it out of the water, speaking to the complexity of morality within a contextual and systemic context.

No longer was morality explained solely through cognitive stages or schemas, extraneous variables were now recognized and could be theoretically grounded. These additional components of the morality puzzle included the individual, his/her emotions (intuitions), the social environment, and the cultural umbrella that dictated social conventions. Jonathan Haidt (2012) explained three principles of moral psychology that take into consideration these components; these principles include:

- intuition comes first, strategic reasoning second

- there is more to morality than harm and fairness
- morality blinds and binds

Intuition comes first, strategic reasoning second. The first principle is grounded upon Haidt's (2001) Social Intuitionist Model (SIM). SIM consists of six links: (a) intuitive judgment; (b) post-hoc reasoning; (c) reasoned persuasion; (d) social persuasion; (e) reasoned judgment and; (f) private reflection. SIM highlights the influence of one's intuition (emotion) and the social environment upon subsequent judgments and actions. Intuition can be described as an automatic response/emotion that serves as an "evaluative feeling (like–dislike, good–bad) about the character or actions of a person, without any conscious awareness of having gone through steps of search, weighing evidence, or inferring a conclusion (Haidt & Bjorklund, 2008, p. 188).

SIM proposes that cognitive thinking occurs; however, one first emotionally reacts to the situation (which can be linked to moral sensitivity) and this reaction affects the associated cognitive interpretation. Along with the intuitive response, moral reasoning becomes part of a dialogue between one or more individuals (Haidt, 2001). This dialogue illustrates that moral decisions are not the sole byproduct of one's mind but are also influenced by the environment. In more recent literature, Haidt (2013) further explained this principal of morality:

> Moral reasoning is something we engage in after an automatic response process (passion, emotion, or, more generally intuition) has already pointed us towards a judgment or conclusion, We engage in moral reasoning not to figure out what is really true, but to prepare for social interactions in which we might be called upon to justify our points to others. (Principle #1 section, para. 4)

The concept that intuition influences reasoning has been grounded within the literature (Helzer & Pizarro, 2001; Schnall, Haidt, Clore & Jordan, 2008; Wheatly & Haidt, 2005). This research

speaks to the triggering of automatic emotional responses and the subsequent effects on moral judgments. Using experimental research, Schnall and colleagues (2008) illustrated how judgment can be affected by environmental cues that lead to disgust. The researchers completed four different experiments that provoked feelings of disgust within the experimental conditions, including: (a) exposure to a bad smell; (b) working in a disgusting room; (c) recollection of a disgusting experience; (d) viewing of a disgusting scene within a video. The results of this study indicated that participants within the experimental conditions showed significantly lower ratings (more severity) on their moral judgments when compared to the control conditions. Schnall and colleagues research (2008) exemplifies how emotion (intuition) and environmental cues can influence one's decision making process, further substantiating that reasoning "is not just a single act that occurs in a single person's mind" (Haidt, 2001, p. 828). This notion speaks to the need to investigate the social context of the moral decision, especially those environments in which the emotional response might negatively impact moral reasoning.

There is more to morality than harm and fairness. This principle speaks to Moral Foundational Theory (MFT) and the concept of intuitive ethics, illustrating the influence of culture upon moral reasoning and judgments. MFT expounds upon the concept of autonomy, community, and divinity (Haidt & Joseph, 2007) that have been utilized internationally to describe morality (Shweder, Munch, Mahapatra, & Park, 1997). Deduced from investigating historical and multicultural contexts of morality and substantiated by quantitative inquiry, MFT continues to be an evolving theory (Graham et al., 2012). This becomes evidenced as its founders continue to note that "we do not believe these are the only foundations of morality. These are just the five we began with—the five for which we think the current evidence is best" (Graham et al., 2012, p. 67).

Though MFT is an evolving theory, it speaks to foundations of morality that affect the interpretation of a behavior as either being right or wrong. The weight an individual places on each foundation (scores high on) relates to its personal value and influence upon judgments. Graham and colleagues (2012) explain that the five basic foundations of morality that have been found to exist cross-culturally include:

- Care versus harm
- Fairness versus cheating
- Loyalty versus betrayal
- Authority versus subversion
- Sanctity versus degradation

Care is an evolutionary concept that speaks to nurture and compassion. Fairness represents the concepts of altruism, justice, rights, and autonomy. Loyalty describes group preservation, showing qualities of selflessness, and devotion towards the group. Authority exemplifies the concept of hierarchical power and subsequent leadership and submission roles. Influenced by the idea of contamination (immoral activities), sanctity (also known as purity) characterizes the religious and non-religious notions of morality related to how one chooses to live his/her life.

In the Neo-Kohlbergian tradition, Carol Gilligan (1982) noted a gender difference between a care versus justice orientation of moral reasoning. MFT and its five principles can be interpreted similarly. Individuals and cultures vary in their conceptualization and importance placed upon each of the foundations (Graham et al., 2012). Culture and how one views the world (and each foundation) goes beyond ethnicity and race; it includes a multi-faceted understanding of the individual, his/her belief systems, and the environmental context. Research

has found a relationship between these personal cultures and moral foundation scores (Haidt & Joseph, 2007). However, most of this research has been done through the lens of political ideology (liberals versus conservatives), differences in moral principles, and how these differences relate to political debate over certain issues (Graham et al., 2009; Haidt & Joseph, 2007)

As noted, orientation upon each score subsequently affects moral sensitivity towards certain issues/actions. To examine how sacred these foundations were, Graham and colleagues (2009) completed a study on moral trade-offs, asking 8,193 participants to put a monetary value on their willingness to violate each foundation. For example, one of the test items for the harm foundation asked "how much money would someone have to pay you to: kick a dog in the head?" (p. 1036). The researchers found that foundational scores affected the participants willingness to trade-off their sacred virtues for money; the higher the foundational score, the more expensive the trade-off. This research study also re-substantiated differences between moral principles and political groups; the different cultures varied on their foundational scores and were less willing to make trade-off of virtues considered sacred within their culture. A limitation of this study encompasses its narrow focus on examining one culture (politics) and does not expand the research domain on morality within other cultural contexts. However, Graham and colleagues (2009) study demonstrates how foundational scores in turn affect one's willingness to violate certain foundations. Though this research is outside of the counseling profession, it warrants further investigation of how the moral foundations relate to ethical behavior. As the care, justice, and sanctity virtues are inherent within professional and aspirational ethics, Graham and colleagues (2009) study would insinuate that counselors who scored higher on these moral foundations would have a higher reluctance to engage in unethical

behaviors. Considering this, further research becomes warranted that examines the culture of counseling and the relationship between moral foundations and ethical behaviors/perceptions.

Morality blinds and binds. This principle clarifies the positive and detrimental aspects of group cohesion, supporting the adage that "there is power in numbers" and unity. Yet, cohesion can also blind one from alternative truths incongruent with the group's current belief system. This concept might help explain the power of normative behavior, such as that found within work agencies where peers and supervisors engage in unethical behaviors. Within this context, the group binds together and an unethical norm becomes rooted. The group then becomes blind towards this behavior as being wrong. On the other hand, this principle also speaks to the ethical integrity of the counseling profession. As a group, the profession's identity is grounded within aspirational ethics. This binds the profession together, exemplifying the detriment of unethical behavior and intolerance towards such behaviors.

Implications of Moral Reasoning on Ethical Outcomes

The three moral principles have not been used within the counseling profession as to better understand ethical behavior. Their inclusion becomes substantiated when considering that morality encompasses more than a cognitive thought process. However, the latter still bears weight on the decision making process. As cognitive complexity develops, the integration of multiple perspectives and a holistic understanding ensues, increasing the propensity for one to make sound ethical decisions. Within the counseling profession, minimal research exists on the statistical relationship of moral maturity and ethical outcomes (Linstum, 2009). In examining other health care professions and career fields, this developmental link becomes substantiated. Correlations between moral developmental levels and ethical perceptions have been found within

the professions of nursing (Hilbert, 1988), accounting, auditing (Lampe & Finn, 1992; Ponemon & Gabhart, 1994), and dentistry (Bebeau, 1994).

Counseling. Linstrum (2009) was interested in investigating the relationship between moral development and ethic trainings on a counselor's propensity to make sound ethical decisions. Using experimental methodology, the researcher studied the ethical decision making skills of 67 master's level counseling students. Linstrum (2009) administered the Defining Issues Test-2 (DIT-2), an instrument that assists in identifying the test taker's modal stage of moral reasoning (Rest, Narvaez, Bebeau, & Thoma, 1999a). Ethical sensitivity was assessed with the use of four hypothetical ethical dilemmas. Each dilemma involved the drinking problem of a fellow peer in which his/her subsequent work performance was affected. Participants were then given five options and were asked to rate what they 'should' and 'would' do in each dilemma; responses varied from doing nothing, intervening with the peer, to telling the clinical director. The structure of these response scenarios was grounded in previous literature (Betan, 1996). According to Betan (1996), the most appropriate response to each dilemma involved informing the clinical director. The original scenarios originated from research in which a panel of experts reviewed the items for validity (Bernard & Jara, 1986). However, no measure of reliability for the scenarios was given. Validity became questionable considering that the ACA (2005) codes note that when a peer's ethical demeanor is in question, the concerned party may first intervene with said peer before taking other actions; as noted, this instrument considered the appropriate course of action to entail reporting the concern to the supervisor. Content validity issues also arose as the instrument was limited in scope; each scenario only addressed a dilemma dealing with the impairment issue of a peer.

For the experimental condition, Linstrum (2009) then provided a developmentally based ethics training that was grounded in the literature; the length of this training was one and a half hours. The researcher found that "regardless of training, those students who scored high on the DIT-2 also scored high on ethical dilemmas" (p. 1). For those students with higher DIT-2 scores, the condition of what one 'would do' and the subsequent confidence level of follow-through were significant at the .05 level. Confidence levels for what one 'should' do under this condition were not significant; follow-up analysis showed a significant correlation between what one 'should' and 'would' do, potentially confounding the results of the 'should' confidence ratings. For those with lower DIT-2 scores, the ethics training intervention yielded no significant results between the control and experimental conditions. Limitations of this research included potential reliability and validity issues pertaining to the ethical behavior scale and the short duration of the intervention. Despite these limitations, Linstrum's (2009) study supported that a relationship may exist between counselors' ethical decision making processes and moral developmental maturity. To further substantiate and ground these results, future research might re-examine this relationship with the use of validated/reliable measures of counselor's ethical perceptions.

Nursing. Hilbert's (1988) findings also supported a link between moral developmental and ethical behaviors; the researcher examined this relationship within the nursing profession. The DIT and the Hilbert Unethical Behavior Survey (HUBS) were administered to sixty-three nursing students that were either in their junior or senior year. The HUBS assessed the frequency of occurred ethical infractions by the respondents, consisting of 22 items that gaged this frequency in the classroom and in the clinical setting. Content validity was reported for the HUBS; no measure of reliability was provided. Results indicated a non-significant correlation

between principled morality and behaviors in the classroom (p= .450). However, Hilbert (1988) found a significant negative correlation between principled reasoning and unethical behaviors in the clinical setting (p=.027). Hilbert (1988) believed that the discrepancy of ethical infractions between the two settings might be related to perceived consequences; the participants may have felt that there was a greater likelihood of being caught in the classroom. Operating within a pre-conventional level of moral development, the fear of being caught has been noted to influence one's behavior (Kohlberg, 1969). Additionally, Hilbert (1988) suggested that nursing students at higher developmental levels "may view unethical clinical behavior as different from classroom cheating because the behaviors have a direct effect on patients" (p. 166). This explanation supported the tenants of moral developmental theory; those with higher complexity levels are influenced by social and universal contracts. Further implications of this study linked environmental norms to unprincipled actions; students noted that "they talked about patients in public places because instructors did the same" (p. 167).

Despite the methodological limitations found within this study (questionable reliability measure for ethical infractions), Hilbert's (1988) findings added to the literature by further supporting a relationship between moral development and ethical behavior. Additionally, further exploration of unethical environmental norms becomes warranted considering that 79.4% of the participants within this study reported witnessing a superior/supervisor engage in questionable behaviors. Bandura (1977) described social learning theory and the normalization of behaviors within one's environment. Witnessing a superior or supervisor disclose confidential information in a public venue might increase one's propensity to engage in said behavior; a concept that was supported within this study. Additionally, this behavior speaks to moral principle 3, morality binds and blinds, as previously discussed.

Dentistry. An association between moral development and ethical behaviors has also been established in the health care profession of dentistry. In a review of the literature, Bebeau (1994) described the pertinent role of moral development in designing a renowned ethical course for dental students. Utilizing the four component model, Bebeau (1994) grounded this course on a research sample consisting of dental students, practicing dentists, and referred practitioners by the board of dentistry. Assisting in measuring the course's effectiveness, Bebeau (1994) described the creation of the Dental Ethical Sensitivity Test [DEST] that was validated within his past research. The DEST was founded upon the DIT's component of moral sensitivity. Within the nomenclature of the DEST, Bebeau (1994) justified the use of the term ethical instead of moral, noting that within the context of an ethical decision – the two are synonymous.

Bebeau (1994) noted that although "no guarantee exists that improvements in reasoning brought about by courses in ethics will assure ethical behavior, there is mounting evidence of a relationship between moral judgment and clinical practice" (p. 132). Former research conducted by Meetz, Bebeau, and Thoma (1988) illustrated this correlation, indicating that lower scores on ethical reasoning reduced the possibility of higher clinical performance. Bebeau's (1994) work spoke to the importance of Rest's four component model in the design, implementation, and outcomes for this course on ethics. For example, pre-test scores on the DEST and DIT were used to individually tailor Bebeau's (1994) course for those that were referred because of remedial practices. Though this research is outside of the counseling profession, it continues to ground moral development and ethical reasoning. Additionally, Bebeau (1994) illustrated that moral development and its four components can assist in increasing the ethical capabilities of dental students. The latter speaks to the need for a multivariate understanding on factors and

variables that might intertwine and affect the moral reasoning and one's ethical decision making process.

Accounting and auditing. A developmental relationship on ethical behavior has also been found outside of the health care and helping professions. Reviewing the literature on moral development, Ponemon & Gabhart (1994) investigated this connection within the accounting and auditing profession. The authors believed that "the theory of ethical development provides a framework that can be used to gauge those (ethical) conflict areas that would have the most severe and damaging consequences to the profession" (p. 107). Illustrating this concept, Ponemon and Gabhart (1994) interpreted a hypothetical ethical vignette through a pre-conventional, conventional, and post-conventional lens; a developmental increase in ethical reasoning complexity showed how one's thought process changed with moral maturity and increased the propensity for ethical outcomes. This developmental association was grounded within the literature. The researchers examined descriptive articles and research that encompassed ethical judgments and ethics education, resulting in nineteen studies on moral development within the accounting/auditing profession. Of the nineteen reviewed articles, four explored the connection between moral maturity and ethical behaviors; these four studies utilized the DIT, finding negative correlations with the release of sensitive audit findings under conditions of management retaliation (Arnold & Ponemon, 1991), financial statement errors (Bernardi, 1991), underreporting of time within conditions of pressure (Ponemon, 1992), and stage measure predictors of unethical choices in hypothetical scenarios (Lampe & Finn, 1992). Ponemon and Gabhart (1994) article included a limited review of research on ethical outcomes and moral development, indicative of scant research that was available on this topic in 1994. Despite this limitation, Ponemon & Gabhart (1994) article added to the literature, linking ethical

outcomes to moral maturity under various conditions within the accounting/auditing field. The review of Arnold and Ponemon's (1991) study also highlighted the potential influence of adversarial working conditions on ethical outcomes, warranting further investigation of how these environments intersect with moral development and ethical behaviors.

Summary of Moral Reasoning and Principles

The literature on moral development as reviewed above first described the theoretical tenants of moral development that included Kohlberg's theory and the Neo-Kohlbergian philosophy. The three moral principles were then introduced as a supplement to this developmental understanding of morality. As moral development and the DIT investigate the cognitive thought process, a supplemental theory that included other facets of morality was justified in terms of understanding the complexity of ethics within the counseling profession. The need for more research on the relationship between development and ethical outcomes within the counseling field was then highlighted. Research conducted by Linstum (2009) was provided, illustrating a developmental association within the counseling field. As limited research exists within the counseling profession, the literature reviewed above also included other professions (Bebeau, 1994; Hilbert, 1988; Ponemon & Gabhart, 1994), further grounding the developmental relationship.

Additionally, other factors that may affect ethical outcomes were noted, including social learning theory (Bandura, 1977) and adversarial work conditions (Arnold & Ponemon, 1991). Further investigation of these additional variables becomes warranted; Rest and colleagues (1999b) noted that moral sensitivity, character, motivation, and judgment can be affected by factors outside of the individual. The three moral principles also spoke to this concept, noting a dialogue between the individual and environment in terms of moral reasoning. Aggressive work

environments might illustrate one of these variables as research has indicated a correlation between this environment and unethical behaviors (Randle, 2003; Roche et al., 2009); further investigation of this phenomenon will occur in the following section.

Workplace Aggression

This section will first examine the prevalence of aggression in the workplace. Within this research, aggression in the workplace will be highlighted as a commonplace phenomenon, occurring also within the professional realm of counseling. Commonalities between other forms of harassment and discrimination will be noted, justifying the terminology of workplace aggression as an overarching phenomenon. The detriment of these aggressive work environments on client outcomes will then be investigated. Being that scant research of this phenomenon currently exists within the counseling field, the influence of these unhealthy environments on client outcomes will be substantiated by the inclusion of literature that speaks to other helping professions. The connection between workplace aggression and adverse client outcomes will justify the need for the counseling profession to further investigate this phenomenon. Additionally, the occurrence of unethical role-modeling by superiors and peers will be noted within the literature as an additional factor that might interrelate with the impact of workplace aggression and the detrimental effects on client outcomes. Justification for including this normative unethical behavior (which was also referenced in the above literature-Moral Reasoning and Moral Principles Section) as another factor that contributes to unethical perceptions will be made.

Prevalence of Aggressive Work Conditions

"Although the literature contains numerous estimates of the prevalence of workplace aggression," Schat and colleagues noted that "the data on which these estimates are based have a

number of methodological limitations, precluding the drawing of valid conclusions about the degree to which members of the workforce are exposed to aggressive work-related behaviors" (p. 54). Schat and colleagues (2006) believed that inconsistent operational definitions encompassed a major limitation of previous research, changing the degree and magnitude of the resulting data. To address this methodological flaw, these researchers advocated that the general term 'workplace aggression' be used within the literature as it encompasses various constructs related to unhealthy work environments.

Using this terminology, Schat and colleagues (2006) investigated the prevalence of workplace aggression on a representative sample of 2.058 U.S. workers. The researchers found that 41.4% of the sample had experienced some form of psychological aggression within the past twelve months, with almost 13% reporting that the aggressive behaviors occurred on a weekly basis. Differentiating physical aggression from psychological aggression, 6% of the sample had been the victims of workplace violence. Prevalence rates for the perpetrators of the abusive acts were also estimated. The researchers found that 13.5% of aggressive acts were allocated to supervisors, 15% were allocated to peers, and 23.4% to members of the public (customers, clients). Statistics on the prevalence of workplace aggression within various professions was assessed, including the professional service occupation that includes social workers, counselors/therapists, and doctors. Employees within this profession reported the 2nd highest rate of physical abuse at 9.1%; psychological aggression was reported at 36.9%. The utilized measure of workplace aggression restricts the results of this overall prevalence estimates; it consisted of only 5 items to measure psychological aggression. An instrument with more items might capture a larger array and range of workplace aggression.

This study adds to the literature by "clarifying the scope of the problem of workplace aggression" (p. 81). In particular, Schat and colleagues research speaks to the high occurrence of workplace aggression within the professional service occupation that includes therapists and counselors. Further investigation of the impact of workplace aggression within the counseling field becomes warranted when considering this prevalence. Additionally, the researchers addressed operational definitions present in previous research; the use of the term workplace aggression was substantiated as a phenomenon that describes a multitude of discriminatory and harassing behaviors. Taking these findings, future researchers might consider measuring workplace aggression within the service occupation (such as counseling), utilizing a measure that consists of more items as to create a clearer picture of what is occurring within these environmental contexts.

Similar to Schat and colleagues (2006), Rospenda and colleagues (2009) believed that inconsistent operational definitions of aggressive work environments limited the implications of previous research. Rospenda and colleagues (2006) set out to investigate the commonalities, prevalence, and mental health implications of harassment and discrimination in the workplace (HDW) within the continental United States. Utilizing random digit dial telephone dialing procedures, the researcher contacted potential participants; current employment was set as the inclusion variable. Of the employees contacted, 52.3% agreed to participate in the study, resulting with a sample size of 2,151. Measures for: (a) sexual harassment, (b) gender harassment/discrimination, (c) generalized workplace harassment, (d) perceived harassment/discrimination, (e) racial/ethnic harassment/discrimination, (f) life stressors, (g) job stressors, (h) alcohol screening, and (i) global psychological distress/well-being were administered via the telephone interview. The researchers found that HDW "is a common

experience affecting over one half of the U.S. workforce and is associated with negative mental health and problem drinking consequences" (p. 839). Of the different forms of workplace aggression, the researchers found that generalized work harassment occurred the most frequently within 60% of the entire sample, followed by sexual harassment within 47% of the sample (Rospenda et al., 2006). Perceived forms of harassment/discrimination were found to occur at the following rates: gender harassment/discrimination at 9%, racial/ethnic harassment/discrimination at 10%, and other forms of harassment/discrimination at 12%. Differences between gender and race were found in regards to the type of harassment/discrimination experienced; these demographics "were more strongly associated with HDW" (p. 839). Gender differences were found to impact the magnitude of the mental health consequences. Implications of HDW resulted in more mental health consequences and higher drinking outcomes for females. Additionally, a correlation range from .23 to .53 for the different measures of workplace harassment/discrimination "suggest(ed) that distinctions between various types of HDW may be artificial" (p. 837).

The cross-sectional design of this study and underrepresentation of some minority groups impacts the generalizability of the study. Despite these limitations, this study adds to the literature as similarities within the different forms of HDW were found, supporting the occurrence of an overarching phenomenon – workplace aggression. Rospenda and colleagues (2009) study also elucidated a potential relationship between certain demographic characteristics and employee outcomes of those working within aggressive work environments. This finding might speak to a different dialogue and affective response between the person and the environment (moral principle 1), contingent on particular demographic variables. The role of demographics should continue to be explored within these miseducative environments, not just

in terms of resulting employee consequences, but also within the larger organizational system. Researchers might be interested in examining how demographic differences that result by the internalization/externalization of these environments in turn affect the larger system or parts of the system, such as customers and/or clients of the agency.

Workplace Aggression and Client Outcomes

Along with impacting employees' mental health, workplace aggression has also been associated with negative client outcomes. Within the counseling profession, scant research currently exists on this relationship. However, the counseling literature does support an organizational association between ethical propensity and less than ideal work circumstances. Though this research does not specifically speak to workplace aggression, it highlights how stressful work environments for counselors can in turn affect ethical behaviors. Using qualitative inquiry, Prilleltensky and colleagues (1999) examined the values and challenges of seventeen clinicians related to ethical decision making (Prilleltensky et al., 1999). When compared with similar and past studies conducted by these researchers, common themes emerged. The researchers found that lack of time and insufficient resources for processing/consulting about ethical predicaments affected the subjects' ethical abilities (Prilleltensky et al., 1999). The dearth in resources and time were also associated with a stressful environment that related to multiple factors, including heavy case-loads. The lack of transferability from this study represents a limitation of qualitative inquiry; these unhealthy environments do differ from the concept of workplace aggression. However, similarities between the two exist: both can be unpleasant, miseducative, negatively impact the employee, and have a subsequent negative impact on the client.

Though workplace aggression was not explored within Prilleltensky and colleagues (1999), this study sill describes how potential factors within an organization may encumber sound ethical reasoning. Future research might want to look further into the context of these work agencies as to understand not only the impact of a stressful work environment on ethical outcomes, but also other forms of miseducative environments, such as workplace aggression. As noted, workplace aggression has been found to negatively impact client care, though limited research currently exists within the counseling profession. To explore the phenomenon of workplace aggression on client outcomes, the literature supports a correlation within other professions, including nursing (Randle, 2003; Roche et al., 2010). Though nurses hold a different professional identify then counselors, both professions encompass a strong focus on: (a) client care, (b) client rights, (c) ethical guidelines that relate to Kitchener's (1984; Kitchener & Anderson, 2011) five moral principles, and (d) the Hippocratic Oath of doing no harm.

Nursing. Randle (2003) set out to investigate the concept of self-esteem within nursing students of various specialties (mental health, adult, child, and learning disability) in the United Kingdom with the use of qualitative inquiry. The researchers conducted unstructured interviews with 78 students at the beginning of their program; Interviews were conducted again three years later at the end of the students' studies. From the coded data analyses, the researchers found that "bullying was a common theme in the students' narratives" (p. 397) and that "all students described events that involved ridicule and personal psychological repercussions" (p. 398). Bullying was linked to adverse client care, which included less compassion and projecting one's frustrations onto the clients. The students spoke about witnessing other nurses degrade and humiliate clients noting that they "were initially shocked and uncomfortable that patients were not central to all nursing actions" (p. 398). With time, these students commenced to mimic the

social norms of the agency, utilizing their own hierarchical power negatively towards the clients. The qualitative nature of this research, limits the transferability of these results; future research that examines workplace aggression using quantitative methodology might assist in substantiating generalizable results. Despite these limitations, this study adds to the literature by illustrating the potential detrimental effects of workplace aggression and employees interactions with clients. Additionally, Randle's (2003) study speaks to the role modeling of ethical behavior and the potential to normalize behavior that degrades client care; this finding is congruent to social learning theory (Bandura, 1977), illustrating that "ethical standards are undermined when managers and supervisors communicate contradictory or inconsistent signals" (Kaptein, 2011, p. 848). Additionally the normalization of ethical/unethical behavior speak to moral principle 3 (morality binds and blinds). The organizational context can represent a binding group; if the norm consists of unethical behaviors, then one becomes blinded to the other side. In investigating factors that relate to unethical behavior within the workplace, future research may want to consider the impact of workplace aggression and the normative behavior of other employees, including peers and supervisors.

As noted, a limitation of Randle's (2003) study included its lack of transferability. Utilizing quantitative methodology, Roche and colleagues (2009) also investigated the effects of aggressive nursing environments on patient outcomes. Using a cross-sectional design, the researchers gathered data from 94 nursing wards in 21 hospitals located in Australia. Administered surveys included the Nursing Work Index-revised and the Environmental Complexity Scale; within subsections of both these surveys, perceptions of adversarial work environments were gathered. Next, trained data collectors gathered prevalence information related to client and staff activities that also included unfavorable consequences within the

wards. The researchers found that "perceptions of violence were related to adverse patient outcomes through unstable or negative qualities in the working environment" (p. 13). Though variability was found across hospital settings, approximately 30% of the entire sample reported a form of emotional abuse and about 15% reported physical threats/abuse. The researchers found an association between both types of violence and negative consequences associated with client care. Using Poison regression analysis, "all types of violence were linked to late administration of medication, and the threat of violence was associated with falls and medication errors" (p. 18). Limitations of these data included a short duration of data collection (seven days) and potential reliability issues inherent with self-report measures. Despite this research being outside of the counseling field and the noted limitations, it speaks to the consequences that can occur to clients within unstable and aggressive professional helping settings. Further research on the impact of aggressive work environments within the counseling field would assist in either substantiating or disconfirming this assumed relationship between the two professions.

Summary of Workplace Aggression

The literature on workplace aggression, as reviewed above, illustrated that this phenomenon is a commonplace occurrence. The prevalence of psychological aggression within the helping professions (that includes the counseling field) was found to occur in 36.9% of workers (Schat et al., 2006). This high prevalence supported the need to further investigate the impact of aggressive work environments within the counseling field. This need became further substantiated considering that workplace aggression has been linked to adverse client outcomes (Randle, 2003; Roche et al., 2010). However, it was noted that the current research (on workplace aggression and client outcomes) is limited to other professions. Literature was reviewed to show that less than ideal environments within the counseling profession can impact

ethicality. To explore the construct of workplace aggression, research within the field of nursing was cited; aggressive work environments were found to negatively impact client outcomes. The research also spoke to the influence of social learning theory (Bandura, 1977) and a concept inherent within moral principle 3 (morality binds and blinds); there is a potential to normalize unethical behavior when it is role modeled by other employees. In essence, the literature substantiated the exploration of workplace aggression and normative unethical behaviors within the context of the counseling profession; these environments can negatively impact ethical behaviors and scant research currently exists about these factors that are specific to the counseling profusion.

Literature Review Conclusion

Ethics constitutes the heart of the counseling profession; the core of the field's identity is ingrained within helping others (learn to help themselves). Ultimately, acting with ethical intent safeguards the client from undue harm. Within the therapeutic relationship, the client becomes vulnerable, stripping away layers of his or her defenses. Ethical violations can harm the client, undermining the therapeutic process. Though counselors are guided by ethical codes, these codes are not black and white – leaving room for ambiguity and personal discretion.

The literature, as reviewed above, has indicated that various factors can increase one's perception of what constitutes ethical behavior, including: (a) moral cognitive complexity, (b) the moral care foundation, (c) the moral justice foundation, (d) the moral sanctity foundation. On the other hand, variables that might negatively affect ethical perceptions have been noted, including: (a) workplace aggression, (b) unethical normative behaviors by superiors, and (c) unethical normative behaviors by peers. Research on the influence of demographics was found to be inconclusive due to methodological issues.

Understanding how these potential detrimental and mitigating variables interact and relate to ethical behavior/perceptions is paramount to the counseling field. By creating a clearer picture (that is substantiated by research), the profession can intervene and begin to manage the problem, promoting environments and educational experiences that will assist counselors in remaining congruent to the aspirational nature of the ethical codes.

However, as reviewed above, a dearth of research currently exists within the counseling profession that examines the potential encumbering, mitigating, and/or interactional effects of these various variables upon counselors' perceptions of ethicality. A review of the literature has justified their inclusion; ethical outcomes have been related to these variables within other professions and career fields. The counseling profession would benefit from further study on how these factors interact and intertwine within the counseling field.

However, complications arise when investigation such a phenomenon; reliable and validated instruments to measure ethical perceptions are scarce and these methodological flaws have resulted in contradictory and confounding results pertaining to research on ethicality. Hence, to investigate the relationship between workplace aggression, normative unethical behaviors, and potential mitigating factors on ethical perceptions, a reliable and validated instrument must first be created as substantiated by the reviewed literature. It was also noted that the lack of such a psychometric instrument has resulted in contradictory/confounding results on the relationship between demographic variables and ethical perceptions/behaviors within the counseling field.

In summary, this chapter outlined and justified the need to explore the concept of ethicality within the counseling profession as it relates to the specific variables and constructs discussed (workplace aggression, normative unethical behaviors, cognitive complexity, moral foundations, demographics). In looking at these variables and their relationship to counselors' ethical

perceptions, further understanding may ensue that can potentially benefit the counseling profession in protecting its' sacred core: an ethical aura. In particular, the following research questions proposed in Chapter One were further justified and supported through the literature:

- Do any specific demographic variables affect counselors' ethical perceptions and if so, how do certain demographic variables affect ethical perceptions?
- Does the presence of workplace aggression affect counselors' ethical perceptions and if so, how does workplace aggression affect ethical perceptions?
- Does the presence of normative unethical infractions by a work supervisor/boss affect counselors' ethical perceptions and if so, how does the presence of normative unethical infractions by a work supervisor/boss affect ethical perceptions?
- Does the presence of normative unethical infractions by a work peer affect counselors' ethical perceptions and if so how does the presence of normative unethical infractions by a work peer affect ethical perceptions?
- Is there a relationship between cognitive complexity and counselors' ethical perceptions and if so, what is the relationship between cognitive complexity and ethical perceptions?
- Is there a relationship between the moral foundation of care, fairness, or sanctity on counselors' ethical perceptions and if so, what is the relationship between the different moral foundations and ethical perceptions?

Chapter Three: Methodology

This chapter provides information on the quantitative research methodology that was used when studying factors that may encumber (workplace aggression, normative unethical behaviors) and/or promote (cognitive complexity, moral foundations) perceived ethical perceptions within the counseling profession. The current research project consisted of two separate phases: (1) a pilot study that assisted in constructing an ethical perceptions instrument and explored the relationship between demographic variables and perceived ethicality; (2) the main study that assessed the relationship between potential detrimental and/or positive factors on counselors' perceived perceptions of ethicality. Research methodology will be provided and outlined for both of these research phases.

This outlined methodology will first include a description of the participants, including the population parameters, inclusion criteria, and the subsequent recruitment process for gathering these participants. Next, the specific instruments, measures, and questions used within this study are reviewed. Justification will be given for the instruments/questions selected based on their relevancy with the current research agenda and proposed hypotheses. Reviewed instruments will include the *Defining Issues Test-2* (cognitive complexity), the *Moral Foundations Questionnaire* (moral foundations), the *Negative Acts Questionnaire Revised* (workplace aggression), and the *Perceived Ethical Perceptions* instrument (perceived ethicality).

The latter instrument (*Perceived Ethical Perceptions*) was developed for purposes of this study and its development constituted the initial research pilot phase. Specific details will be describe all aspects of this test construction, including the initial item pool, the use of an expert panel, a research participant phase, and subsequent statistical procedures used to assess the quality of the instrument. Additionally, demographics of those participants who contributed to

this pilot phase and statistical methodology that used in instrument construction (e.g., data reduction, factor analysis) is described in this section, providing the grounding the self-constructed instrument.

Upon reviewing the psychometric instruments and questions that will be used within this study, the research procedures are described. Next, research hypotheses are stated that are based on this study's initial research questions. Then, proposed statistical analyses specific to each hypothesis are reviewed. Afterwards, ethical considerations pertaining to this research study are addressed. Finally, limitations to the study specific to potential methodological concerns are discussed.

Participants

The population of the current research was defined as counselors currently engaging in field work. Within this study, a counselor was defined as one who professionally identifies with the counseling profession; other related helping professions, such as psychologists and social workers, were not included within this definition. Though similarities might exist between other helping professions (e.g., emphasis on helping clients in times of need), a distinction in professional philosophy, training procedures, and clinical application makes the counseling profession a unique entity (Kaplan & Gladding, 2011). Engaging in current field work included counselors who worked with clients (part-time or full-time) in the context of a professional counseling relationship; this consisted of those working in the private or public sector and also graduate students enrolled in a practicum/internship (field experience) course. Specific cognate focus and/or practicing field was left open as to include clinical mental health counselors, school counselors, marriage and family counselors, addictions counselors, career counselors, and so

forth. This variety of training experience was chosen to gage an overall view of happenings within the counseling profession regardless of specialty area.

As to meet the proposed definition of a counseling population as outlined above, inclusion criteria for this study included: (a) professional association with the counseling profession as evidenced through current enrollment or graduation from a graduate level counseling program, (b) completion of a graduate level counseling ethics course or related training, and (c) current clinical practice in the field of counseling as defined through practicum/internship or fieldwork experience.

A convenience sample was sought for participation in the main study. Participants were recruited through the following domains: online list-serves specific to the counseling profession; social media sites established with a counseling theme, such as LinkedIn/Facebook counseling groups and pages; and, through participant word of mouth as the call for participation requested for continued dissemination of the survey to other potential qualifying applicants. To assist with participant recruitment, incentives for participation were awarded. If participants gave their consent within the survey (by providing their email at the end of the survey), they were entered into a random drawing for the chance to win one of four 25 dollar prizes.

Instruments

Psychometric instruments were chosen based on the construct they measured and the subsequent relationship of that construct to the purposes of this study. Additionally, when choosing instruments, internal reliability was considered (Cronbach alpha). Acceptable alpha coefficients have been noted to range from .70 to .90 with variation allotted to the purposes of the specific research topic (Nunnally & Bernstein, 1994). DeVellis (1991) reported alphas that ranged between a .70 and .80 were respectable and alphas that ranged from a .80 to a .90 were

very good; alpha ranges between a .65 and a .70 were considered minimally acceptable. This range of acceptable reliability has further been substantiated in more recent literature which suggests that psychometric instruments used for research application should at a minimum represent a Cronbach alpha of .70 and preferably represent a Cronbach alpha of .80 or higher (Wasserman & Bracken, 2013) .

Higher reliability coefficients are typically preferred (.80 to a .90) as these levels increase the resulting statistical power and decrease the resulting error variance (Nunnally & Bernstein, 1994). However, considering the acceptable standards (.70 to .80), the minimum reliability (Cronbach alpha) for the reviewed instruments that were considered for this study was set at .70. An instrument that did not meet this standard was potentially considered if alternative psychometric instruments that measured the construct of interest were unavailable; in such a case, justification for the allotted psychometric instrument was made. It is important to note that internal reliability does not represent a stable phenomenon and subsequent Cronbach alpha statistics can vary contingent on participant characteristics; hence, reliability analysis with psychometric instruments becomes warranted within each specific survey distribution (Wasserman & Bracken, 2013). This process allows for reexamination of internal consistently specific to the research project at hand, ensuring that subsequent Cronbach alpha statistics are still at a desirable level.

Moral Reasoning

Cognitive complexity (moral reasoning) was measured by the *Defining Issues Test-2* (DIT-2; Rest et al., 1999a); research has shown a correlation of $r=.60$ with the DIT-2 and developmental capacity measures of moral comprehension (Bebeau & Thoma, 2003). Devised by James Rest and colleagues (1999a), the DIT-2 was established as an alternative to Kohlberg's

Moral Judgment Scale. Thoma (2006) noted that the scale "presumably, is very close to a measure of tacit understanding of moral issues because it is free from verbal demands and a heavy reliance on conscience thinking," activating underlying schematic response preferences that exemplify moral complexity (p. 70).

The DIT-2 consists of five separate moral dilemma stories. The Heinz dilemma serves as an example of the type of moral/ethical issues that is present within the separate stories. In the Heinz dilemma, a woman is dying, her husband cannot afford the medicine, and the pharmacist will not give the man the medicine for free. After being presented with such a dilemma, the test-taker is asked to choose a course of action – what do they feel is the most appropriate/moral thing to do given the specific situation (i.e., do something, can't decide, or do nothing). Within the DIT-2, upon choosing a course of action, twelve characteristics of the specific story are provided and participants are asked to rate each item in terms of being an influential factor in their overall decision on a five-point Likert scale (ranging from *great, much, some, little,* and *none*). Lastly, from the twelve dilemma characteristics, the test-taker is asked to identify the four most important aspects that influenced his/her decision within the dilemma and rank-order them (from 1 most important, 2 second most important, and so forth).

The twelve rated responses (story characteristics) and the four rank-ordered responses are used when scoring the DIT-2; it is not the decision made but the associated justifications and factors that influenced one's judgment and assist in differentiating developmental differences in reasoning (Rest et al., 1999a). The DIT-2 is objectively scored, thereby eliminating inter-rater reliability issues. Upon standardized test scoring, the DIT-2 produces the following scores: Personal Interest Schema (Stage 2/3) score, Maintaining Norms Schema (Stage 4) score, and Post Conventional Schema (Stage 5/6, also known as the P score). Each score represents the

proportion of items selected that appealed to that specific schema stage of reasoning (Bebeau & Thoma, 2003). Additionally, an N2 score can be calculated that uses extended analyses. The N2 score takes into consideration the extent to which both the Personal Interest Schema and the Post Conventional Schema are activated; higher scores on the N2 indicate less presence of lower stage thinking and a higher presence of post-conventional thinking (Bebeau & Thoma, 2003). As the N2 produces a holistic score of cognitive complexity, Rest, Thoma, Narvaez, and Bebeau, (1997) reported that it is a more robust indicator of developmental schema complexity. Additionally, when calculating the N2 score, more stringent reliability checks are taken that considers participants' response patterns, deeming patterns that are random and incongruent based on test-parameters as invalid (Rest et al., 1997). The N2 score was used within this study; it was represented by a scaled score that could range from 0 to 95 (higher scores indicated more preference for Post-Conventional schema thinking and less presence of the Personal Interests Schema; Bebeau & Thoma, 2003).

The DIT-2 has been found to have a Cronbach alpha reliability of .82 (Rest et al., 1999a); the alpha reliability met the standard set forth within this research study. Test-retest reliability for the DIT-2 has been found to range from .70 to .80 with a latency period that ranged from weeks to a few months (Rest et al., 1999a). Confirmatory Factor Analysis within the items of the DIT-2 supports the cluster grouping of the three Schema stages (Rest, Thoma, & Edwards, 1997). For the purposes of this research, the DIT-2 online version was used; this version of the test has been found to be comparable to the paper and pencil format (Xu, Iran-Nejad, & Thoma, 2007).

Moral Foundations

The *Moral Foundations Questionnaire* (MFQ; Graham, Haidt, & Nosek, 2008) was used to measure participants' moral foundations. These moral foundations consist of: (a) care, (b) fairness, (c) loyalty (in-group), (d) authority, and (e) sanctity (purity); contingent on one's position within each foundation, innate and intuitive processes are activated that in turn effect one's conceptualization of what is right or wrong (Graham et al., 2011). For example, the moral foundation of fairness consists of virtues related to justice, rights, equality, and autonomy; a higher presence of this moral foundation within a person has been associated with less tolerance of situations and ideas that negate these specific virtues (Haidt, 2001).

The MFQ consists of 30 items and is divided into two sections. Section one examines the significance of each foundation on the participant's moral judgments. Within this section, participants are asked to rate the corresponding item in terms of the extent to which it affects his/her consideration when deeming something as right or wrong on a 6 point Likert scale (1="*not at all relevant*;" 2= "*not very relevant*;" 3= "*slightly relevant*;" 4= "*somewhat relevant*;" 5= "*very relevant*;" 6= "*extremely relevant*"). The second section measures the extent to which the participant agrees/values the symbolic nature of each foundation. Level of agreement for each item is also rated on a 6 point Likert scale (1="*strongly disagree*;" 2= "*moderately disagree*;" 3= "*slightly disagree*;" 4= "*slightly agree*;" 5= "*moderately agree*;" 6= "*strongly agree*"). In scoring the MFQ, items that represent the corresponding moral foundation are averaged together; each of the five moral foundations is assessed through 6 of the 30 items. A higher score within a specific foundation represents more congruence and a lower score represents less congruence to the principles inherent within the foundation (Graham et al., 2008).

Through the years, the MFQ has been revised to improve validity, reliability, and the use of universal language/concepts (Graham et al., 2011). With the 2008 version of the scale,

Graham and colleagues (2011) reported on the reliability and validity of the scale. Based on a sample of 34,476 participants, these researches found the following Cronbach alphas for each subscale: harm $\alpha = .69$; fairness $\alpha = .65$; in-group (loyalty) $\alpha = .71$; authority $\alpha = .74$; purity (sanctity) $\alpha = .84$. The minimum alpha reliability set forth in this study was not met for two of the foundations: harm and fairness (See Methodological Limitations). An alternative psychometric instrument was sought to measure these two distinct constructs; however, no such instrument was available within the literature. The justification for inclusion of the harm and fairness foundation within the study was made as no other psychometric instrument was available. Though these alphas were not ideal, they did fall into what was considered to be the minimally acceptable range (DeVellis, 1991).

As alpha levels can vary contingent on the sample characteristics (Wasserman & Bracken, 2013), additional reliability analysis within the main study occurred to determine that the alpha levels were not lower for this research sample; if the resulting alpha level was below a .65 it was eliminated from analysis as it fell into a range considered undesirable and unacceptable (DeVellis, 1991). These additional reliability analyses led to the elimination of the fairness subscale of the MFQ within the main study; the Cronbach alpha of this subscale, specific to this research project, was below a .60 and hence deemed unusable. Reliability analyses of the care and sanctity subscale score yielded acceptable Cronbach alpha statistics and these foundations were used in subsequent hypotheses testing (See Methodological Limitations; See Chapter Four for MFQ subscale reliability analyses).

A confirmatory factor analysis using structural equation modeling revealed that the five moral foundation modal provided a better structural fit compared to a single or two factor morality modal (Graham et al., 2011). To assess the convergent and discriminant validity of the

five unique moral foundations assessed within the MFQ, Graham and colleagues (2011) compared each of the moral foundation to others scales that represented similar or dissimilar constructs. These researchers found that "each foundation was the strongest predictor for its own conceptually related group of external scales (average r =.51 vs. average r =.14 for the off-diagonals)." The researchers went on to state that "this provides evidence of both convergent and discriminant validity, despite relatively substantial relations among the foundations," (2011, p. 373). For example, with the Schwartz value scale, the following correlations were found between the subscales of the MFQ and their corresponding value/construct on the Schwartz (indicating convergent validity): harm r=.47; fairness r=.51; loyalty r=.53; authority r=.62; sanctity r=.61 (Graham et al., 2011). In comparison, discriminant validity could be seen with the lower correlations inherent when examining the relationship between each of the moral foundations and scales that measured different constructs. For instance, the subscale on the Schwartz value scale that represented loyalty and national security yielded an r=.04 with the harm foundation and a -.04 with the fairness foundation; the subscale on the Schwartz value scale that characterized social justice yielded an r=.07 with the loyalty foundation and an r=.01 with the sanctity foundation (Graham et al., 2011).

Workplace Aggression

The *Negative Acts Questionnaire-Revised* (NAQ-R; Einarsen, Raknes, Matthiesen, & Hellesøy, 1994; Hoel, 1999) was used to assess the construct of aggression in the workplace (i.e., bullying, harassment, victimization). Within the NAQ-R, the term bullying is used to describe workplace aggression. Bullying has been defined as "the persistent exposure to interpersonal aggression and mistreatment from colleagues, superiors or subordinates" (Einarsen et al., 2009, p. 44) and has synonymously been used to describe aggressive work environments (Schat et al.,

2006). For the purposes of this study, the researcher choose to utilize the terminology of workplace aggression instead of the term bullying; as previously justified, workplace aggression describes the general phenomenon of adversarial work environments, such as workplace bullying, harassment, and victimization (Schat et al., 2006). Furthermore, other researchers have used the NAQ-R as a measure of workplace aggression (Balducci, Cecchin, Fraccaroli, & Schaufeli. 2012).

The NAQ-R consists of 22 items that focus on the workers experience within the past six months. Each item is written in behavioral terms, avoiding the use of victimizing terminology (e.g., bullying, harassment, aggression); the use of victimizing terminology could potentially result in self-labeling and ultimately skew results (Einersen et al., 2009). Each item assesses a different facet of workplace aggression, including being ridiculed, undermined, verbally harassed, physically abused, and so forth. For each item, participants are asked to indicate whether that specific item event has occurred to them during the last six months within the context of the work environment; responses are provided on a five-point Likert scale ranging from (1) *never*, (2) *now and then*, (3) *monthly*, (4) *weekly*, and (5) *daily*. To score the NAQ-R, all item responses are summed, such that "never"=1, "now and then"=2, "monthly'=3, and so on. A score of 22 indicates no presence of workplace aggression within the last six months. Lower scores indicate less presence of aggression in the workplace and higher scores (max=110) indicate more severe and aggressive work environments (Nielsen, Noelaers, & Einarsen, 2009). In addition to the NAQ-R total score, an additional item within the measure is utilized that encompasses self-labeling. Nielsen and colleagues (2009) suggest the use of the overall behavioral score from the NAQ-R to capture the full gamut of workplace aggression; the self-labeling question has been considered supplemental and may assist researchers interested in

comparing/contrasting the behavioral aspect of workplace aggression to the propensity of self-labeling oneself as a victim. For the purposes of this research study, the 22 item behavioral scale was used for analyses.

Einersan and colleagues (2009) noted that the NAQ-R combats the issues of inconsistent and lengthy measures that have been used in past research studies to assess for aggression in the workplace; these researchers went on to say that the NAQ-R is "a reliable, valid, comprehensive, yet relatively short scale, tailor-made for use in a variety of occupational settings" (p. 27). Internal consistency of the 22 item NAQ-R has yielded a Cronbach alpha of .90 (Einarsen et al., 2009); this alpha level met the requirement standard set forth in the current research study. Factor analysis revealed three sub-scales of the NAQ-R; these factor structures can assist in differentiating work, person, and physically related bullying (Einersen et al., 2009; Nielsen et al, 2011).

Perceived Ethical Behavior

Perceived perceptions of ethicality were measured with the use of a constructed instrument for the purposes of this study entitled *Personal Ethical Perceptions* (PEP); See Appendix A. The PEP is intended to measure the construct of perceived ethical perceptions, specially geared for the profession of counselors. Assisting in instrument construction, a pilot study with several phases was conducted; instrument construction encompassed the use of: (a) an initial item pool grounded within the literature (Neukrug & Milliken, 2011), (b) a panel of experts to review items, (c) research participants to take the resulting survey, and (d) statistical procedures to assist in item reduction and instrument construction. Specific details on instrument consecution are discussed below under the subheading of *pilot study for instrument construction*.

The *Personal Ethical Perceptions* (PEP) instrument consists of sixteen items. For each of the 16 items, participants are asked to rate the specific behavior as either ethical or unethical on a four-point Likert scale, ranging from (1) *very unethical*, (2) *unethical*, (3) *ethical*, to (4) *very ethical*. Cronbach alpha of .84 was supported for the full-scale during the pilot study. Content validity of the PEP was established through the use of an expert panel (Worthington &Whittaker, 2006) with proficient knowledge of ethics within the counseling profession and an initial item pool (Neukrug & Milliken, 2011) previously grounded in the literature.

The PEP consists of two subscales: perceived ethical behaviors and perceived unethical behaviors. Each subscale consists of eight items. The perceived ethical behavior subscale of the PEP consists of the following items: (a) *Having a plan to transfer your clients should you become incapacitated*; (b) *Participating in continuing education after obtaining your degree*; (c) *Offering a professional disclosure statement*; (d) *Informing clients of their legal rights (e.g., HIPAA, FERPA, confidentiality);* (e) *Breaking confidentiality if the client is threatening harm to him- or herself*; (f) *Revealing the limits of confidentiality to your client; (g) Being an advocate for clients*; (h) *Encouraging a client's autonomy and self-determination.* The perceived unethical subscale entails the following items: (a) *Giving a gift worth more than $25 to a client*; (b) *Engaging in a professional counseling relationship with a friend*; (c) *Terminating the counseling relationship without warning; (d) Sharing confidential client information with your spouse/significant other*; (e) *Stating you are licensed when you are in the process of obtaining your license*; (f) *Revealing a client's record to the spouse of a client without the client's permission*; (g) *Implying that a certification is the same as a license; (h) Lending money to your client*. Cronbach alpha for each of the subscales is reported as follows: perceived ethical

behaviors (Cronbach alpha = .76) and perceived unethical behaviors (Cronbach alpha = .75); total scale Cronbach alpha yielded a .84.

Scoring the PEP. When scoring the PEP, it is important to note the use of reverse scoring, specifically if the scale is used in its entirety without segregation of the subscales. The PEP measures a binary concept as items are rated on perceptions of either being ethical or unethical. Additionally, item responses are compared to an established norm of behaviors grounded in the literature and an expert panel. Hence, by reverse scoring one of the subscales, comparison of participant scores to this established norm of both perceived ethical and unethical behaviors can occur. In essence, the question of "what is the relationship of this score to that established norm" can be analyzed through the resulting total score; higher scores indicate more congruence and lower scores indicate less congruence with that established norm.

When reverse scoring, item coding within the subscale of perceived unethical behaviors should be reversed, such that 4= "*very unethical*", 3= "*unethical*", 2= "*ethical*", and 1= "*very ethical*". Then, the allocated score for each item which is derived from the Likert scale rating (1, 2, 3, or 4) is summed to produce the total score. Higher scores for the full PEP instrument (max=64) or either of the subscales (max=32) indicate more congruence with the established norm of what constitutes either perceived ethical or unethical behaviors within the counseling profession. Conversely, lower PEP total scores (minimum=16) or subscale scores (minimum=8) indicates less congruence with that norm.

Pilot study for instrument construction. The pilot phase consisted of the use of: (a) an initial item pool grounded within the literature (Neukrug & Milliken, 2011), (b) a panel of experts to review used items, (c) research participants to take the resulting survey, and (d) statistical procedures to assist in instrument construction.

Initial item pool. In Neukrug and Milliken's (2011) cited research, participants (n=535) rated 77 specific behaviors as either ethical or unethical. Unanimous agreement about the perceived ethicality of each item was not achieved; only 48 of the 77 items showed a 74% or more agreement among the participants about the perceived ethicality of that specific behavior. These 48 items were used as the initial item pool for the current study. Permission to use these items was granted by the researchers of the initial study (E. Neukrug, personal communication, June, 12, 2013), the editorial board of the *Journal of Counseling Development* in which the initial research article was published (R. Balking, personal communication, June, 12, 2013), and the publisher (John Wiley and Sons, CC license for item use: 3176470410839). The initial item pool (48 items) from Neukrug and Milliken's study (2011) is included in Appendix B.

These 48 items originally consisted of 36 behaviors deemed by participants as unethical and 12 behaviors categorized as ethical (Neukrug & Milliken, 2011). Items that read as a negative, were edited to eliminate the use of words such as "no" and "not." For example, the item that initially stated "not participating in continuing education after obtaining your degree" was rephrased to "participating in continuing education after obtaining your degree." As an outcome of this editing, 6 items that were initially perceived as unethical were re-categorized into perceived ethical behaviors. The resulting item pool encompassed 30 perceived unethical behaviors and 18 perceived ethical behaviors.

Expert panel. A panel of 15 experts was purposefully chosen to examine the initial 48 item pool. Worthington and Whittaker (2006) noted the importance of using an expert panel to establish content validity within scale development. Selection criteria of the expert panel encompassed the following: (a) professional association with the counseling profession of at least ten years; (b) teaching courses at the graduate level on counseling ethics; (c) working or

service in an environment in which counseling ethics constitutes a core focus of that work (i.e., ethical board revision task-forces, licensing ethical boards, ethical consults); (d) scholarly publications on ethics in the counseling field (journals articles, book chapters, books); and (e) professional conference presentations on ethics and counseling Of the 15 contacted experts who met all selection criteria, 9 expert participants (60%) completed an online survey via Qualtrics that asked them to provide: (a) basic demographic information (age, gender), (b) demographic information related to ethics expertise (years of experience related to ethics, number of publications), (c) binary rating of each of the 48 items as ether ethical or unethical, and (d) general feedback about the survey.

Basic demographic information revealed that the expert panels' ages ranged from 49 to 67 years of age, with a median age of 58 years, a modal age of 67 years (n=2), and an average age of 59.3 years. In regards to gender, the expert panel consisted of 6 female (66.7%) and 3 male (33.3%) participants. Ethnicity of the entire expert panel was categorized as Caucasian/European-American (n=9; 100%).

Demographic information related to each panel members ethical experience was gathered to ground their designated expertise status related to ethics and counseling. The expert panel identified their years of experience/association with the counseling field, ranging from 15 to 40 years; the median years of experience was 35, the mode was 35 (n=3), and the average was 30.1. Years of teaching experience related to ethics in counseling ranged from 12 to 30 years, with a median of 23, a mode of 16 (n=3), of, and a mean of 18.1 years of ethics related teaching experiences. The expert panel reported the following years of work experience related to counseling ethics: range of 12-30 years, median of 25 years, mode of 20 (n=2), 25 (n=2), and 30 (n=2) years, and an average of 22.9 years. Each member of the expert panel reported a scholarly

publication related to ethics in the counseling profession, totaling 96 journal publications, 49 book chapters, and 9 books. Similarly, each member reported professional presentations related to ethics and counselling, with an average of 35.9 presentations per panel member directly related to counseling ethics; the range was 2 to 100, the median was 35, and the mode was 16 (n=2) and 50 (n=2) presentations.

Panel members were also asked their opinion about the perceived ethicality of the 48 items derived from Neukurg and Milliken's (2011) study; a binary response of ethical or unethical was used. A binary response system was chosen for this phase to reduce variability within the response pattern (Pett et al., 2003); the purpose was to seek consensus from the expert panel about their perceived ethicality of each item. Pre-determined criteria were set to ground item removal contingent on lack of consensus; to keep a specific item within the testing pool, 7 of the 9 panel experts (77.8%) or more would have to show an agreement on their rating about the perceived ethicality of said item. Using these criteria, a total of 6 items were removed from the question pool. Deleted items included: (a) *keeping client records on your office computer*, (b) *accepting a client when you have not had training in his or her presenting problem*, (c) *kissing a client as a friendly gesture (e.g., greeting)*, (d) *accepting a client's decision to commit suicide*, (e) *engaging in a dual relationship (e.g., your client is also your child's teacher)*, and (f) *seeing a minor client without parental consent.*

Upon the expert panel review and subsequent item deletion, the item pool now consisted of 42 items. Of these items, 17 were perceived as ethical and 25 were perceived as unethical. Supplementary feedback from the expert panel was used to edit and re-phrase remaining questions to increase their comprehension and make them more applicable/universal. For example, one item made specific reference to the utilization of the DSM-IV when making

diagnosis. Being that a new edition to the DSM-V was released in 2013 (American Psychiatric Association, 2013), this item was altered accordingly.

Participant research phase. A convenience sample was sought for participation in the pilot administration of the PEP and the resulting 42 item pool that remained after the expert-panel review. Inclusion criteria for this phase was composed of: (a) professional association with the counseling profession as evidenced through current enrollment or graduation from a graduate-level counseling program, (b) completion of a graduate level ethics course or related training, and (c) current clinical practice in the field of counseling as defined through internship experience or fieldwork. Participants were recruited through the following domains: list-serves specific to the counseling profession; social media sites established with a counseling theme such as LinkedIn/Facebook counseling groups and pages; and through participant word of mouth as the call for participation requested for continued dissemination of the survey to other potential qualifying applicants.

Participants were asked to complete an online survey via Qualtrics that gathered: (a) basic demographic information (i.e., gender, ethnicity), (b) demographic information related to training conditions (i.e., years of experience, credentials), and (c) the participants' perceived ethicality rating for each of the 42 items. Responses to the 42 item scale were provided using a four point Likert scale, ranging from "*very unethical*," *unethical*," "*ethical*," and "very *ethica*l." Increasing the number of response patterns from the previous binary system (ethical or unethical) capitalizes on variability; this variability is encouraged within psychometric instruments, assisting with subsequent analysis and establishing a relationship of specific scores to normative data (Pet et al., 2003). Furthermore, a neutral position on the perceived ethicality of the items

was not provided as to reduce the central tendency response pattern which results when participants over respond to this neutral category (Fishman & Galuera, 2003).

A total of 212 participants attempted the survey. Of these 212 attempts, 166 (78.3%) surveys were deemed usable. Unusable surveys consisted of the participant not meeting inclusion criteria, blank surveys, and missing data that encumbered the analyses processes (no reported demographics and/or incomplete ratings on the 42 item ethicality scale). Due to the number of blank surveys (n=17), it could not be determined in what ways these participants differed from the rest of the sample. Additionally, while the participation rate is ascertainable for those who attempted the survey, the participation rate at the individual level is unknown; the number of participants reviewing and/or receiving the instrument and electing not to participate was not collected. See Appendix C for pilot study participant related demographic tables and figures.

From the 166 participants, the age ranged from 23-74 years and 7 participants preferred not to reveal their age. The modal ages were 24 years (n=10) and 32 years (n=10); the median and average could not be established due to the unknown ages of the 7 participants who preferred not to answer; See Appendix C, Table C.1. Gender within the sample consisted of 71.7% females (n=119), 27.7% males (n=46), and .6% transgendered (n=1) participants; See Appendix C, Table C.2. In regards to race/ethnicity, 84.3% of the sample identified as Caucasian (n=140), 6.6% as African American (n=11), 3.0% as Asian (n=5), 2.4% as Bi-racial (n=4), 1.2% as Latino/a (n=2), .6% as Pacific Islander (n=1); the remaining 1.8% (n=3) preferred not to reveal their race/ethnicity; See Appendix C, Table C.3.

Participants also reported on training conditions related to their experience as a counselor that included years associated with the counseling field, received terminal degree, obtainment of

counseling related certifications/licensures, and specific cognate area of training/practice. Years of experience was reported with the following ratio scale: (a) *one year or less*, (b) *1 ≤ 2 years*, (c) *2 ≤ 4 years*, (d) *4 ≤ 6 years*, (e) *6 ≤ 8 years*, (f) *8 ≤ 10 years*, (g) *10 ≤ 12 years*, and (h) *over 12 years* (with option of text entry of specific experience). Using this scale, 9.6% of participants (n=16) reported 1 ≤ 2 years of experience, 14.5% participants (n=24) 2 ≤ 4 years of experience, 13.9% participants (n=23) 4 ≤ 6 years of experience, 16.9% participants (n=28) 6 ≤ 8 years of experience, 8.4% participants (n=14) 8 ≤ 10 years of experience, 12.7% participants (n=21) 10 ≤ 12 years of experience, and 24.1% (n=40) over 12 years of experience within the counseling field; the resulting range for those participants that reported over 12 years of experience (n=40) was 14-49 years and the mode was 25 years (n=6); See Appendix C, Table C.4.

The reported educational terminal degrees of the participants included 15.1% (n=25) participants currently enrolled in a masters level program, 45.2% (n=75) with an obtained masters level degree, and 39.8% (n=66) with an obtained doctoral degree from a counseling related program; See Appendix C, Table C.5. Participants also reported on earned certifications and professional licenses specific to the counseling profession; data was coded to represent if each participant either held: (a) *no certification/licensure*, (b) *only certification(s),* (c) *only licensure(s),* or (d) *both certification(s) and licensure(s)* that were specific to counseling. From those surveyed, 33 (19.9%) currently held no certifications or licenses, 37 (22.3%) held only certifications, 38 (22.9%) held only licenses, and 58 (34.9%) held both certification and licenses specific to the counseling profession; See Appendix C, Table C.6. Finally, the following specific cognate areas of training/practice were reported by participants: Counselor Education and Supervision (n=51; 30.7%); Community and/or Clinical Mental Health Counseling (n=46; 27.7%); School Counseling (n=29; 17.5%); Addiction Counseling (n=15; 9.0%); Marriage and

Family Counseling (n=12; 7.2%); Multiple Specialty Areas (n=4; 2.4%); Rehabilitation Counseling (n=3; 1.8%); Inpatient Mental Health Counseling (n=3; 1.8%); and Career Counseling (n=3; 1.8%); See Appendix C, Table C.7.

Instrument construction and data reduction. This phase of instrument construction used the collected data on PEP from the participant phase of the pilot study to assist with: (a) item reduction, (b) examination of factor structures, and (c) calculation of internal reliabilities for the subscales and PEP total scale. As described in the participant demographics, quality control efforts were first taken to examine and eliminate data (participants) with missing responses. One hundred sixty six usable surveys resulted that were used for the subsequent procedures related to item reduction, factor structure, and scale reliability.

The PEP was divided into two subscales: those items perceived as ethical (17 items) and those items perceived as unethical (25 items). Prior to analyzing the data, items within the perceived unethical subscale were reverse coded, such that 4= "*very unethical*", 3= "*unethical*", 2= "*ethical*", and 1= "*very ethical.*" This allowed for comparison and assimilation of the two subscales, where now individual item scores of 1 indicated no congruence and scores of 4 indicated congruence to an established norm of perceived ethicality/unethicality. An initial reliability analysis was conducted to determine the internal consistency of the scale prior to the item deletion process. The full scale yielded a Cronbach alpha of .84, the unethical subscale a Cronbach alpha of .79, and the ethical subscale a Cronbach alpha of .72.

To examine the initial factor structure of the PEP subscales without any items removed, Principal component analysis (PCA) with a Varimax rotation was utilized. First, the Kaiser-Meyer-Olkin (KMO) measure was examined for sampling adequacy; for both subscales, the KMO value was over .40 indicating adequacy of sample size. Bartlett's Test of Sphericity was

examined for significance which indicates an overall correlation within items in the data set when examined as a whole; both subscales had a significant Bartlett's Test of Sphericity. For each of the subscales, resulting factors were determined by Eigenvalues greater than or equal to 1.0; Kaiser (1958) noted that Eigenvalues not equal to or greater than one do not represent a reliable factor. Corresponding item loadings for each factor was determined if the loading value was equal to or greater than .40.

Using the Eigenvalue method (value ≥ 1), initial analysis of the unethical subscale revealed an eight factor structure and the ethical subscale indicated a six factor structure. Additionally, multiple item loadings on factors occurred within each subscale. Multiple item loadings encumber and complicate interpretation of what each unique factor represents (Pett et al., 2003). Multiple factor item loading within the PEP may have been representative of the complexity inherent within the phenomenon of ethicality. Specific items with multiple loadings shared a relationship with more than one facet/domain of ethicality.

Reducing the factors and the multiple item loadings of the subscales was done through a process of item reduction, assisting in making the resulting factors more comprehensible. Item reduction also occurred to increase the resulting reliability of each subscale, taking into account a desire for maximum variability. The process of item reduction entailed the removal of one item at a time within each subscale using the corrected Item-Total Correlation and Cronbach Alpha "if item deleted" statistics. Through this process, the goal was to sustain or increase subscale reliability by deleting specific items that were not highly correlated to other items; ultimately these items were impacting the resulting reliability and also contributing to multiple factor item loadings.

Through this process, one item was deleted at a time, and then the Corrected Item-Total Correlation and Cronbach Alpha "if item deleted" statistics were run again prior to the removal of the next item. Additionally, during the process of item deletion, the resulting factor structures were also reexamined using PCA with a Varimax rotation, ensuring that the item deletion process was assisting in both reducing the number of factors and the number of multiple factor item loadings. This process continued until achieving a one factor structure for each subscale and an equal number of items across the two subscales. The one factor within each subscale was defined and represented the underlining structure of the subscales, either ethical or unethical respectively; See Appendix D (Table D.1 and Table D.2).

Final instrument. The final instrument was comprised of 16 items within the entire PEP scale; the subscales of ethical and unethical consisted of 8 items each. Internal consistency of the total scale yielded a Cronbach alpha of .84; the ethical subscale yielded a Cronbach alpha of .76 and the unethical subscale yielded a Cronbach alpha of .75. PCA analyses confirmed a one structure factor for each of the subscales when utilizing the Eigenvalue method (See Appendix D: Table D.1 and Table D.2). This one factor loading represented congruence to the perceived ethicality/unethicality of the items within each subscales to the established norm. PCA analysis of the entire scale resulted in a four factor structure (See Appendix D: Table D.3 and Table D.4); though this factor structure resulted in multiple factor item loadings, all items loaded onto the first factor which represented congruence with the perceived ethicality/unethicality of the item to the established norm. Additional factors that resulted in the PEP total scale (and where not present in the subscales) spoke to ethics as a complex phenomenon and the multiple interrelations of specific items to facets/domains of ethicality.

Final instrument and incorporation of participant feedback. Feedback was incorporated from the participant sample to modify the item rating scale. Participants' commented that the associated Likert scale ratings of "very" and "always" unethical/ethical blatantly disregarded the complexity inherent within ethical decisions, noting that the ethicality of a behavior can vary contingent on a specific situation. Participants suggested these qualifiers (very/always) be removed within the instrument because of issues related to distinctiveness. This feedback was incorporated into the PEP prior to administration within the main research study. A four point Likert scale remained; however, the qualifying and associated rating of each Likert point was changed to 1="*unethical*", 2="*somewhat unethical*", 3="*somewhat ethical*", and 4="*ethical*;" See Methodological Limitations.

Specific Perceived Ethical Items

Reliability analyses conducted within the main study revealed that the Perceived Ethical Perceptions instrument yielded a low reliability. The initial reliability found within the pilot study (Cronbach alpha = .84) plummeted to an alpha level of .30 within the main study (See Methodological Limitations). This change of alpha level was attributed to lack of variance within the participants' response patterns on the perceived ethicality of each item; variance differences are believed to have occurred due to the change in the qualifying categories of the Likert rating scale from the pilot study to the main study. Though a four-point Likert scale remained, the associated weight of each item was represented differently. Initially items were gaged as "*very unethical*, "*unethical*", "*ethical*", or "*very ethical*"; the new response pattern entailed "*unethical*", "*somewhat unethical*", "*somewhat ethical*", or "*ethical*." In essence, the intensity of the nominal categories of each Likert rating can affect the "extremeness of the argument with which a respondent needs to agree/disagree," (Alexandrov, 2010, p. 2).

Within the main study, attempts were made to increase reliability through item deletion, eliminating specific items using reliability procedures (looking for an increase in alpha if item deleted). Utilizing this method, reliability over a Cronbach alpha of .60 could not be obtained. Considering the lack of internal consistency of the PEP, the PEP total score was not used as a measure to assess the construct of counselors' perceived ethical perceptions in the main study. Though differences/relationships might have been found within hypotheses testing, these analyses would have been non-interpretable as it could not be substantiated that the PEP measured the construct of perceived ethicality.

Instead, in the main study, specific items from the PEP were chosen to assess participants' responses on the perceived ethicality of each unique item. It is suggested that when using single items from a Likert scale, careful and thoughtful interpretations ensue (Norman, 2010); single items do not measure a construct, they assess a facet of behavior that is explicitly defined as representing only the specific behavior/perception in question. As such, the five unethical/ethical items chosen were not a representation of the construct of perceived ethicality; instead, they assessed a precise ethical situation, examining respondents' perceptions on the perceived ethicality of the noted behavior itself.

To reduce a type-one error, all 16 items were not used to assess the participants' perceived ethical perceptions. Instead, five specific items were selected based on having higher variance while also ensuring that said item touched on a different domain of perceived ethical behavior (compared to the other chosen items). The resulting five items included: (a) *Having a plan to transfer your clients should you become incapacitated*, (b) *Breaking confidentiality if the client is threatening harm to him- or herself*, (c) *Encouraging a client's autonomy and self-determination*, (d) *Giving a gift worth more than $25 to a client*, and (e) *Implying that a*

certification is the same as a license. These items respectively touched on different dimensions and aspects of ethical behavior, such as: (a) client care/referral, (b) confidentiality, (c) client autonomy, (d) gifts/boundaries, and (e) professional integrity.

Demographic Questions

Participants in the main study were also asked questions related to basic demographic information, demographic information related to training conditions within the counseling profession, and other demographic information specifically suggested from psychometric instruments utilized within this study. Basics demographic information included questions related the participants: (a) gender, (b) age, and (c) ethnicity. Demographic information related to training condition included questions that assessed: (a) years of experience in the counseling profession, (b) educational level, (c) specialty or cognate focus area, and (d) obtained certification(s) and licensure(s) specific to the counseling profession from the participants. Other demographic information gathered per the request of the *Defining Issues Test 2* included: (a) U.S.A. citizenship status, (b) if English was the participants' primary language, and (c) participants' political view/affiliation. This other demographic data were gathered and reported but not used in the hypotheses testing of this research study.

Additional Questions: Normative Unethical Behaviors

To investigate the relationship of normative unethical behavior on ethical perceptions, participants were asked questions that gaged exposure to perceived unethical violations by a peer and by a supervisor/boss. Utilized item questions included: *(a) In the last six months, have you witnessed a work-peer engage in perceived unethical behavior?; (b) In the last six months, have you witnessed a work supervisor/boss engage in perceived unethical behavior?* Participant responses were provided using a binary scale of either yes or no.

If a response entailed yes to either one of these items (witnessing a peer or supervisor/boss engage in perceived unethical behavior), follow up questions determined the numerical intensity of the perceived unethical infractions. For each follow up question (peer, supervisor/boss), participants were asked: *approximately, how many infractions have you witnessed or been aware of in the last six months?* Responses were provided using data entry, allowing participants to manually insert the number of perceived unethical infractions.

Procedure

Approval from the Institutional Review Board (IRB) was first obtained for this research project to encompass the inclusion of the pilot study and main research study. IRB approval was granted from the College of William and Mary on June 28th, 2013. The IRB approval notice stated that "this project was found to comply with appropriate ethical standards and was exempted from the need for formal review by the College of William and Mary protection of human subjects committee (phone 757-221-3966) on 2012-06-28 and expires on 2013-06-28."

The first phase of the research study incorporated completion of the pilot phase. Procedural details involving the pilot study and test construction were described above in detail and can be located in the section on the *Perceived Ethical Perceptions* (PEP) instrument underneath the subheading of *pilot study and instrument construction.* In review, this section outlined the pilot phase of this research project, including identifying the: (a) initial item pool grounded within the literature (Neukrug & Milliken, 2011) to be considered for utilization in the PEP, (b) inclusion criteria and the review processes for the panel of experts who examined the initial item pool, (c) inclusion criteria and administration methods for research participants who took the resulting survey, and (d) data reduction and statistical procedures that assisted in the instrument construction of the PEP.

Once the pilot phase was complete and the *Perceived Ethical Perception* instrument was constructed, participants for the main study were recruited. In the main study, participants were asked to complete an online survey via Qualtrics that gathered participant demographics and administered relevant measures for the specific purposes of this research study, including: (a) basic demographic information (gender, ethnicity), (b) demographic information related to training conditions (years of experience, credentials), (c) questions related to normative unethical behaviors within the participants environment, (d) the *Negative Acts Questionnaire-Revised* (NAQ-R); (e) the *Moral Foundations Questionnaire* (MFQ), (f) the *Perceived Ethical Perceptions* (PEP) instrument, and (g) the *Defining Issues Test-2* (DIT-2). Estimated completion time to take the entire survey was calculated at one and a half hours.

Completed surveys were downloaded from the Qualtrics database into the statistical software entitled Statistical Package for the Social Sciences (SPSS). The *Defining Issues Test* was sent to the University of Alabama Study of Ethical Development department for scoring. All other instruments/scales were scored within SPSS. Descriptive statistics were run, including reporting of the: (a) reliability of used scales, (b) range of scores, (c) mean of scores, (d) standard deviations, and (e) frequency related statistics. Statistical analyses were then completed contingent on each of the specific research hypothesis.

Research Hypotheses and Statistical Analyses

The current research study sought to assess the effects of workplace aggression on counselors' perceived perceptions of ethicality, taking into consideration the complex phenomenon that constitutes notions of ethicality. In doing so, questions arose about other factors and variables that may either exacerbate or ameliorate the potential detrimental effects of workplace aggression on perceived perceptions of ethicality. In particular, the influence of

demographic variables (basic and training condition related), aspects of morality and cognitive complexity (moral care foundations, Kohlberg's moral developmental levels), and the presence of normative unethical behaviors within the environment (peer, work supervisor/boss) were questioned. Specifically, the following research questions were asked:

Q1 Do any specific demographic variables affect counselors' ethical perceptions and if so, how do certain demographic variables affect ethical perceptions?

Q2 Does the presence of workplace aggression affect counselors' ethical perceptions and if so, how does workplace aggression affect ethical perceptions?

Q3 Does the presence of normative unethical infractions by a work supervisor/boss affect counselors' ethical perceptions and if so, how does the presence of normative unethical infractions by a work supervisor/boss affect ethical perceptions?

Q4 Does the presence of normative unethical infractions by a work peer affect counselors' ethical perceptions and if so how does the presence of normative unethical infractions by a work peer affect ethical perceptions?

Q5 Is there a relationship between cognitive complexity and counselors' ethical perceptions and if so, what is the relationship between cognitive complexity and ethical perceptions?

Q6 Is there a relationship between the moral foundation of care, fairness, or sanctity on counselors' ethical perceptions and if so, what is the relationship between the different moral foundations and ethical perceptions?

With grounding based on the reviewed literature, specific hypotheses were established that addressed the research questions. Due to the exploratory nature of the study, alpha levels within the hypotheses were set .10. Grounding the use of liberal alpha level (.10) and the exploratory nature of the study occurred due to the dearth of research on the construct of workplace

aggression and normative ethical environments and the subsequent potential effects/relationships of these variables on perceived notions of ethicality specifically within the counseling profession; though relationships have been found on these constructs within other helping professions (Hilbert, 1988; Randle, 2003; Roche et al., 2009), scant research exists within the counseling profession literature. By taking a liberal approach, the possibility of discovering potential relationships within an environment or between/amongst variables that have not been fully understood becomes more possible when compared to more conservative alpha levels. Consistency of the liberal approach occurred through all hypotheses, subsequent follow up analysis, and non-correction for alpha slippage (See Methodological Limitations)

Statistical analyses were then determined contingent on the hypothesis. Test-related assumptions related to the statistical procedures were also considered. Within the analyses the following procedures were used: one way Analysis of Variance (ANOVA), multi-factor ANOVA, and Spearman Rho correlations. ANOVA testing produces an omnibus F statistic which is considered to be robust. Robust statistics are "designed to work well both when traditional assumptions are satisfied and when they are not," (Erceg-Hurn, Wilcox, & Keselman, 2013, p. 388). The robustness of the ANOVA becomes substantiated considering that assumptions related to normality of the data and homogeneity of variance do not need to be met (Norman, 2010; Schmider, Ziegler, Danay, Beyer, & Bühner, 2010); this robustness is exemplified when group levels (n's) are equal and with higher sample sizes. Additionally, the use of an ANOVA (parametric test) has been substantiated with Likert rated scales which typically are considered to be non-parametric in nature (Norman, 2010). Re-visiting the exploratory nature of the study, post-hoc follow up tests included the use of the LSD test, which is liberal in its interpretations as it does not control for alpha slippage.

For correlation analyses, the Spearman Rho correlation coefficient was used. The Spearman Rho correlation is a non-parametric correlation test; unlike the Pearson correlation coefficient, it does not assume that the data samples represent a normal distribution. Siegel and Castellan (1988) described Spearman Rho as a favorable alternative to the Pearson correlation when assumptions of data distribution could not be assumed. Though both the Pearson and Spearman are said to be robust against non-normality of data (Havlicek & Peterson, 1976), including when used with Likert scale correlations (Norman, 2010), the Spearman was chosen due to the nature of the analyzed data.

Conducted correlations consisted of examining the relationship of ordinal data (single items from the PEP on a Likert scale rating) to other variables. The ordinal nature of these data justified the use of a rank order correlation, especially considering the restriction of range inherent with the four point Likert scale. This restriction of range presented grave challenges to the assumptions inherent with parametric correlation tests (e.g. skewed data, non-normal distribution, non-linear); hence, a non-parametric correlation (Spearman-Rho) was better suited to analyze the relationships between the variables. However, despite the use of a non-parametric correlation coefficient, restriction of range can still pose issues to the resulting strength of the correlation coefficient (See Methodological Limitations). The liberal approach ensued for correlation coefficient interpretations as alpha slippage was not controlled for.

Demographic Variables and Counselors' Ethical Perceptions

To investigate Q1, how/if certain demographic variables affected counselors' perceptions of ethicality, data from the pilot study were examined. Data sets from the pilot and main study were not combined due to structural changes in the *Perceived Ethical Perceptions* Instrument

(which signified the dependent variable) during the main study and the potential for case dependence to occur (e.g., same participants within both studies).

Demographics were defined into two categories: basic demographics (age, gender, ethnicity) and training condition related demographics (educational level, certifications, licensure). Two hypotheses were established to assess the relationship between perceived ethical perceptions on: (a) basic demographic questions, and (b) training condition related demographics.

Basic demographics. To investigate differences in perceived ethical perceptions contingent on basic demographic variables, a between group multi-factor ANOVA was used; alpha levels were set at .10. As the literature spoke to differences in counselors' perceived ethical perceptions and behaviors as it related to basic demographics (Gumaer & Scott, 1986; Neukrug & Milliken, 2011; Scwab & Neukrug, 1994; Zibert et al., 1998), the following hypotheses were established:

H_0: *Participants mean scores on the Perceived Ethical Perceptions Instrument does not differ across the basic demographics of participants' ages, gender, and ethnicity.*

H_1: *Participants mean scores on the Perceived Ethical Perceptions Instrument differs across the basic demographics of participants' ages, gender, and ethnicity.*

Participants' total score on the Perceived Ethical Perceptions instrument served as the dependent variable (n=158). Data used were from the pilot study in which the PEP Cronbach alpha yielded a .84. The basic demographic variables of participant's gender, age, and ethnicity represented the three factors of the 2x3x2 ANOVA. Recoding and grouping of data occurred to reduce the number of levels for each factor. Upon data coding, the factor of gender resulted in

two levels: *male* (n=44) and *female* (n=114); one participant who identified as transgendered was excluded from the analysis as they represented a gender category with only one participant within that level. The factor of age was represented in three levels, grouped on a range contingent of frequency distribution within the sample; these levels included (1) *ages 23 to 30* (n=55), (2) *ages 31 to 45* (n=56), and (3) *ages 46 to 74* (n=47); seven participants were removed from analyses due to responding "prefer not to answer" on this demographic question. Finally, the factor of race ethnicity consisted of two levels: *Caucasian* (n=132) and *non-Caucasian* (n=26); this dichotomous representation of ethnicity occurred due to the over-representation of Caucasians within the sample and the under-representation of minority groups (See Methodological limitations).

Assumptions related to homogeneity of variance were verified through the Levine's test. The factor interaction effects were examined first; if a significant interaction effect was found, it was examined, interpreted, and superseded any subsequent main effects. If significant interaction effects were not found, the main effects were examined accordingly. Significant main effects were analyzed using the LSD post-hoc follow up tests to determine the direction of the difference within the factor.

Training condition demographics. To assess differences in perceived ethical perceptions contingent on training condition variables, a between group multifactor ANOVA was used; alpha levels were set at .10. As the literature substantiated potential differences in counselors' perceived ethical perceptions and ethical behaviors contingent on training conditions specific to the counseling profession (Gumaer & Scott, 1986; Neukrug & Milliken, 2011; Toriello & Benshoff, 2003), the following hypotheses were established:

H_0: *Participants mean scores on the Perceived Ethical Perceptions Instrument does not differ across the demographics training conditions of educational level, years of experience within the counseling profession, and obtainment of counseling related certifications/licensure.*

H_1: *Participants mean scores on the Perceived Ethical Perceptions Instrument differs across the demographics training conditions of educational level, years of experience within the counseling profession, and obtainment of counseling related certifications/licensure.*

Participants' total score on the Perceived Ethical Perceptions instrument served as the dependent variable (n=166). Data used were from the pilot study in which the PEP yielded a Cronbach alpha of .84. The training condition demographic variables of educational level, years of experience within the counseling profession, and obtainment of counseling related certifications/licensure represented the three factors of the 3x4x4ANOVA. The factor of educational level consisted of three levels: (1) *currently enrolled in a Master's level counseling program* (n=25), (2) *obtained Master's level degree in counseling program* (n=75), and (3) *obtained Doctoral level degree in a counseling program* (n=66). Recoding and grouping of data occurred for the factor of years of experience within the counseling profession, taking the original scaled data to produce levels contingent on a range of experience. Upon data coding, years of experience resulted in four levels: (1) *0 ≤ 4 years* (n=16), (2) *4 ≤ 8 years* (n=47), (3) *8 ≤ 12 years* (n=42), and (4) *more than 12 years of experience* (n=61). The factor of obtained licensures and certifications specific to the counseling profession was represented in four levels: (1) *no certification/licensure* (n=33), (2) *only certification(s)* (n=37), (3) *only licensure(s)* (n=38), and (4) *both certification(s) and licensure(s)* (n=58).

Assumptions related to homogeneity of variance were verified through the Levine's test. The factor interaction effects were examined first; if a significant interaction effect was found, it was examined, interpreted, and superseded any subsequent main effects. If significant interaction effects were not found, the main effects were examined accordingly. Significant main effects were analyzed using the LSD post-hoc follow up tests to determine the direction of the difference within levels of a factor.

Workplace Aggression and Counselors' Ethical Perceptions

To investigate Q2, assessing the effects of workplace aggression on counselors' perceptions of ethicality, a one way ANOVA was used for each of the five ethical dimensions assessed. As the *Perceived Ethical Perceptions* instrument yielded unacceptable reliability within the main study, five specific items were chosen from the scale; each item represented the greatest item variance while also touching on a different facet/domain of perceived ethical behavior. Participants' responses on each of these specific and separate questions (n=76) represented the dependent variable in each ANOVA and included: (a) *Having a plan to transfer your clients should you become incapacitated*, (b) *Breaking confidentiality if the client is threatening harm to him- or herself*, (c) *Encouraging a client's autonomy and self-determination*, (d) *Giving a gift worth more than $25 to a client*, and (e) *Implying that a certification is the same as a license*. Workplace aggression constituted the independent variable with each one-way ANOVA and was assessed across four levels: (1) *no presence of workplace aggression* (n=17), (2) *low presence of workplace aggression* (n=21), (3) *medium levels of workplace aggression* (n=19), and (4) *high levels of workplace aggression* (n=19).

The literature substantiated potential difference in perceived ethical perceptions and ethical behaviors contingent on the presence of workplace aggression (Randle, 2003; Roche et

al., 2009). However, non-directional hypotheses were established considering the dearth of literature related to the profession of counseling and workplace aggression:

Client care/referral

H_o: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will not differ across levels of workplace aggression.*

H_1: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will differ across levels of workplace aggression.*

Confidentiality

H_o: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will not differ across levels of workplace aggression.*

H_1: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will differ across levels of workplace aggression.*

Client autonomy

H_o: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will not differ across levels of workplace aggression.*

H_1: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will differ across levels of workplace aggression.*

Gifts/boundaries

H_0: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will not differ across levels of workplace aggression.*

H_1: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will differ across levels of workplace aggression.*

Professional integrity

H_0: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will not differ across levels of workplace aggression.*

H_1: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will differ across levels of workplace aggression.*

With each one-way ANOVA, the resulting F-test was examined, determining if potential significant differences in the mean score of the ethical item existed between the various levels of workplace aggression. If a significant effect was found, the LSD post-hoc test was used to determine the direction of the difference. This post-hoc analysis was chosen regardless of assumptions related to homogeneity of variance, keeping in synch with the proposed liberal approach to statistical analyses.

Supervisor/Boss Normative Unethical Behaviors and Counselors' Ethical Perceptions

To investigate Q3, examining the effects of normative unethical infractions by a work supervisor/boss on counselors' perceptions of ethicality, a one way ANOVA was used to assess

facets of five distinct dimensions related to ethics in the counseling field. The five specific items (previously discussed) were not representative of the construct of ethicality; they represented specific behaviors as either being ethical or not ethical and participants' rating on each item served as the dependent variable (n=76). Normative unethical behaviors by supervisor/boss was the independent variable in each one-way ANOVA; it was assessed across two levels: (1) *yes, the participant responded that they had been aware of or had witnessed a work supervisor/boss engage in a perceived unethical infraction within the past 6 months* (n=18), or *(2) no, they were not aware or had they witnessed such an infraction by a peer in the past six months* (n=58).

The literature substantiated potential difference in perceived ethical perceptions and ethical behaviors contingent on the presence of normative unethical behaviors by a work supervisor/boss in the work environment (Hilbert, 1988; Randle, 2003). However, non-directional hypotheses were established considering the dearth of literature related to the counseling profession and normative unethical behaviors:

Client care/referral

H_0: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work*

supervisor/boss engaging in perceived unethical infractions within the past six months.

Confidentiality

H_o: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

Client autonomy

H_o: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

Gifts/boundaries

H_o: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

Professional integrity

H_o: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

With each one-way ANOVA, the resulting F-test was examined, determining if statistical differences in the mean score of the ethical item existed contingent on the participant being exposed to normative unethical behaviors by a work supervisor/boss. If a significant effect was found, the direction of the difference was determined by examining the mean scores across the two levels of exposure versus non-exposure.

Peer Normative Unethical Behaviors and Counselors' Ethical Perceptions

To investigate Q4, assessing the effects of normative unethical infractions by work peers on counselors' perceptions of ethicality, a one way ANOVA was used. The five distinct ethical items/behaviors were used (from the PEP as previously discussed) to asses a different facet of ethicality within the counseling profession; participants' ratings on each ethical question served as the dependent variable (n=76). Normative unethical behaviors by peers constituted the independent variable in each one-way ANOVA and was assessed across two levels: (1) *yes, the participant responded that they had been aware of or had witnessed a work peer engage in a perceived unethical infraction within the past 6 months* (n=24), or (2) *no, they were not aware or had they witnessed such an infraction by a peer in the past six months* (n=52).

The literature substantiated potential difference in perceived ethical perceptions and ethical behaviors contingent on the presence of normative unethical behaviors by peers in the work environment (Hilbert, 1988; Randle, 2003). However, non-directional hypotheses were established considering the dearth of literature related to the counseling profession and normative unethical behaviors:

Client care/referral

H_0: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will vary contingent upon*

the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.

Confidentiality

H_o: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

Client autonomy

H_o: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

Gifts/boundaries

H_o: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

Professional integrity

H_o: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

H_1: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

With each one-way ANOVA, the resulting F-test was examined, determining if statistical differences in the mean score of the ethical item existed contingent on the participant being exposed to normative unethical behaviors by a work peer. If a significant effect was found, the direction of the difference was determined by examining the mean scores across the two levels of exposure versus non-exposure.

Cognitive Development and Counselors' Ethical Perceptions

To investigate Q5, assessing the relationship between cognitive development and counselors' perceptions of ethicality, Spearman Rho correlational analyses were used. Five separate correlations were run, one for each of the five distinct ethical items/behaviors previously discussed and chosen from the PEP. The items were not representative of the construct of ethicality but instead represented distinct facets of ethical behavior.

Correlations were run between participants' ranked scores on each of the ethical item and their cognitive complexity score as measured by the N2 score of the DIT-2 (Rest et al., 1999a). The literature substantiated a potential relationship between perceived ethical perceptions and cognitive complexity (Linstrum, 2009) in the counseling profession. However, considering the methodological limitations previously discussed in Linstrum's (2009) study, two-tailed hypotheses were established:

Client care/referral

H_0: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

H_1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

Confidentiality

H_0: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

H_1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

Client autonomy

H_o: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

H_1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

Gifts/boundaries

H_o: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

H_1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

Professional integrity

H_o: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

H_1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

As previously noted, the use of a non-parametric correlation assisted in addressing violations of data normality (i.e., distribution of the data, linearity). The liberal approach ensued for correlation coefficient interpretations as alpha slippage was not controlled. With each correlation, analyses were examined for significance at the alpha level of .10. For flagged significant correlations, the resulting r and R^2 were then analyzed. In addition, scatterplot diagrams were examined as a pictorial representation of the relationship between the two variables.

Moral Foundation of Care and Counselors' Ethical Perceptions

To investigate Q6, investigating the relationship between the moral foundation of care and counselors' perceptions of ethicality, Spearman Rho correlational analyses were used. Five separate correlations were run, one for each of the five distinct ethical items/behaviors chosen from the PEP.

Correlations were run between participants' ranked scores on each of the ethical items and their moral care foundation score as measured by the corresponding subscale score from the MFQ (Graham et al., 2008). As previously discussed, the care foundation corresponds to the aspirational aspects of ethics within the culture of professional counseling; a person with a high moral care foundation is triggered by signs of suffering, distress, or neediness which is then followed by the adaptive challenge to protect and help (Graham et al., 2012; Haidt, 2012). The theoretical literature substantiated a potential relationship between perceived ethical perceptions

and the moral foundation of care; two-tailed hypotheses were established considering that scant research existed related to the counseling profession:

Client care/referral

H_o: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

H_1: *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

Confidentiality

H_o: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

H_1: *A relationship exists between participants' moral care foundation score (MFQ care subscale)) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

Client autonomy

H_o: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

H_1: *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

Gifts/boundaries

H_0: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

H_1: *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

Professional integrity

H_0: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

H_1: *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

The use of a non-parametric correlation (Spearman Rho) assisted in addressing violations of data normality related to distribution of the data and linearity. The liberal approach remained when examining the correlation coefficient as alpha slippage was not controlled. With each correlation, analyses were examined for significance at the alpha level of .10. The resulting correlation statistics (r and R^2) were then interpreted for correlations that indicated a significant *p* value. Scatterplot diagrams were also examined, providing a pictorial representation of the relationship between the investigated variables.

Moral Foundation of Sanctity and Counselors 'Ethical Perceptions

To investigate Q6, assessing the relationship between the moral foundation of sanctity and counselors' perceptions of ethicality, Spearman Rho correlational analyses were used. Five separate correlations were run, using the distinct ethical items/behaviors previously chosen and discussed from the PEP.

Correlations were run between participants' scores on each of the ethical items and their moral sanctity foundation score as measured by the corresponding subscale score from the MFQ (Graham et al., 2008). The sanctity foundation is related to "suppressing the selfishness often associated with humanity's carnal nature (e.g., lust, hunger, material greed) by cultivating a more spiritual mindset" (Graham et al., 2009, p. 1031). Translated in terms of counseling ethics, this foundation represents a binding community in which acting with ethical intent assists the counseling profession to survive, promoting a cleanliness and purity within the work that is done as to best serve the client. The theoretical literature substantiated a potential relationship between perceived ethical perceptions and the moral foundation of sanctity; two-tailed hypotheses were established considering the scant research related to the counseling profession:

Client care/referral

H_0: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

H_1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

Confidentiality

H_0: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

H_1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

Client autonomy

H_0: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

H_1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

Gifts/boundaries

H_0: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

H_1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

Professional integrity

H_0: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

H_1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

The Spearman Rho, a non-parametric correlation test, assisted in addressing violations of data normality (e.g., distribution of the data, linearity). The liberal approach ensued for correlation coefficient interpretations as alpha slippage was not controlled. With each correlation, analyses were examined for significance at the alpha level of .10. Significant correlations were then examined and interpreted in terms of the resulting r and R^2 statistics. Scatterplot diagrams were inspected and provided a pictorial representation of the relationship between the examined variables.

Ethical Considerations

Approval to conduct this research was granted by the Institutional Review Board (IRB). IRB approval is not only a necessity of research involving human subjects; it assists in protecting the research subjects of a study from undue physical and emotional harm by ensuring that the researcher has addressed/minimized potential ethical concerns resulting from participation. To reduce potential ethical concerns within this study, various precautions were taken. First, all participants were volunteers. Informed consent was obtained, notifying the participants about their rights which included the ability to withdraw without consequence from the research study at any point. Next, participant confidentiality was protected as identifying information (e.g., name, social security number) was not obtained; additionally, all participants were assigned a

non-identifying ID number. As an incentive for participation within the main study was offered, additional precautions were taken to protect confidentiality. This included an additional participant informed consent and the storage of entered emails into a separate/segregated data file from all other collected measures and information. After winners were selected randomly for the participation incentive (drawing to win one of four $25 gift certificates), the email database was destroyed.

Additional ethical concerns presented themselves due to the investigated topics of the study, which included being the victim of workplace aggression, observing perceived unethical behaviors from others, and potential questions related to the ethicality of a certain behavior. To address the presence of the potential issues, participants were asked to contact the researcher if any questions or concerns arose due to the nature of the study. If such a contact was made, the researcher provided the participant with supplemental information specific to the nature of the noted concern. In the context of aggressive work-environments, participants were informed about: (a) the role of a Human Resource office and were provided (b) contact information to the United States Department of Labor Occupational Safety and Health Information Services (1-800-321-OSHA (6742). In regards to concerns related to observing others engage in potential unethical behavior and general questions related to the ethicality of a behavior, contact information was provided for the ethical consults that are part of the American Counseling Association (1-800-347 6647, ext. 314). This service provides free ethical consultations and served as a means to assist research participants that were concerned about potential unethical behaviors (witnessed or questioned).

Methodological Limitations

Several methodological limitations have been noted in the design of the current research project. These limitations include drawbacks related to the participant sample of the main and pilot study, used psychometric instruments and other related survey questions, changes made in the self-constructed instrument to measure the construct of perceived ethicality (the PEP) during the main study, the research procedure, the liberal approach taken within the analyses, the stated research hypotheses, and the subsequent hypotheses analyses testing.

Participant Sample

The use of a convenience sample was utilized for the pilot phase and main study. Participants were recruited through multiple efforts that utilized technology as an outreach (e.g., list serves, social media). This approach can affect obtaining a representative sample of the target population as it (a): does not encompass a random sample and (b) potential research candidates may have had access to these technological recruitment modalities. Taking this into account, the use of a convenience sample might have affected the generalizability of the current studies results.

Demographic information was gathered from the participants in the main and pilot study, providing a means of comparison of the research subjects to the target populations. However, this demographic information failed to gather the geographic locale of the participants. The participant pool was a national sample located within the United States; however, specific descriptive data on represented states/regions were unknown, posing a limitation as the data could not be analyzed in terms of representativeness of a national sample.

Psychometric Instruments and Survey Questions

Another limitation presented itself due to the use of certain psychometric instruments and survey questions within the current study. In particular, the use of the *Moral Foundation*

Questionnaire posed potential issues due to the reported reliability in two of the subscales proposed to be analyzed within the current study. This included the foundations of harm subscale (Cronbach alpha reported at .69) and the foundation of fairness subscale (Cronbach alpha reported at .65), (Graham et al., 2011). These two reliabilities failed to meet the minimum standard set forth within this research project that was seeking reliability levels equal to or greater than .70. However, considering that currently there is a dearth in psychometric instruments that gage these specific facets of the moral domain construct, their inclusion became warranted and partially justified as the reliabilities fell into a range that DeVellis (1991) considered being minimally acceptable.

Though the inclusion of the harm subscale and fairness subscale were justified within the main study, further reliability analysis of the subscales revealed that one of them failed to meet even the lowest minimum standard of internal consistency reliability. The fairness subscale was eliminated from analyses as within the main study, its reliability yielded less than a .60 (See Chapter Four). This change in reliability was associated with the participant sample as reliability measures can vary contingent on participant characteristics (Wasserman & Bracken, 2013).

In essence, the use of the *Moral Foundations Questionnaire* subscales posed two limitations to the current research study. First, the fairness subscale was eliminated due to its low reliability found within the main study. Removal of this subscale affected the overall research agenda that was grounded on an integrative modal of morality. Though other measures remained to gage distinct facets related to morality and hence did not deter from capturing a multifaceted understanding of morality, this particular aspect of morality was left non-interpreted. Second, it must be noted that the use of low reliability measures can gravely affect subsequent analyses by reducing the resulting power of hypotheses testing; only reliable variance

contributes to predictions and correlations (Nunnally & Bernstein, 1994). Though the harm foundation subscale was still used in the current research hypotheses testing, its resulting reliability within the main study (Cronbach alpha equal to .67) posed potential issues related to decreasing the power of ensuing statistical analyses.

Another limitation was related to the survey questions that gaged the exposure to perceived unethical behaviors in the work environment. Specifically, these questions asked participants if they had been aware or exposed to a work: (a) supervisor/boss, and/or (b) peer engage in perceived unethical behaviors within the past six months. These questions were used as a behavioral rating and participants were able to follow up and report the number of perceived unethical infractions. The limitation of this method entails a self-reporting method that can result in the potential for either over or under estimation. Additionally, the concept of being exposed to an unethical behavior cannot be verified for authenticity as there was not a way to gage if the behavior indeed represented an unethical infraction. On the same note, the participant may have been exposed to an unethical behavior within these domains and reported that they had not been exposed due to a lack of cognizance of the ethicality of certain behaviors.

Self-Constructed Instrument: The PEP

The current study sought to address previous limitations within the literature and research that pertained to the concept of ethical behavior within the counseling profession. As previously discussed, inherent limitations existed within used instruments that sought to gage the construct of ethicality, including lack of instrument reliability reporting and/or lack of validity reporting (Linstrum, 2009; Toriello & Benshoff, 2003; Zilbert et al., 1998). The current study (pilot phase) resulted in the construction of the PEP, an instrument that showed content validity through the use of items based in the literature (Neukrug & Milliken, 2011) and the utilization of

an expert panel (Worthington &Whittaker,2006). Internal reliability within the initial instrument yielded a Cronbach alpha of .84 for the full scale score; DeVellis (1991) considered this to be a very good measure of internal consistency.

Though the PEP was created and proved to be a potential asset within all phases of this current research study, it was deemed unusable for statistical analyses within the main study. The unsuitability of utilizing the full score of the PEP for such analyses resulted due to the internal reliability of the instrument found within the main study (Cronbach Alpha of .30). This change of alpha level (from an alpha of .84 in the pilot study) was attributed to lack of variance within the participants' response patterns in the main study on the perceived ethicality of each item; variance differences were believed to have occurred due to the change in the qualifying categories of the Likert rating scale from the pilot study to the main study.

This researcher chose to incorporate participant feedback from the pilot study and changed the associated qualifiers of the four-point Likert scale. Initially items were gaged as "*very unethical*, "*unethical*", "*ethical*", or "*very ethical*"; the new response pattern entailed "*unethical*", "*somewhat unethical*", "*somewhat ethical*", or "*ethica*l." Though a four point scale ranging from unethical to ethical remained, changing the associated qualifiers affected the intensity of the nominal categories of each Likert rating. Alexandrov (2010) noted that the associated weight (qualifying terms) placed on the Likert scale rating can affect participant response patterns. Though the change of Likert rating qualifiers was made in good faith (as to incorporate participant feedback), it proved to be detrimental as the resultant ramifications were grave and affected the usability of the PEP within the main study. What was learned from this process spoke to the particular attention that researchers need to place when qualifying the weight of items on a Likert scale – a simple change in the terminology can drastically affect

response patterns and internal consistency measures. This researcher encourages anyone interested in utilizing the PEP for in future research to learn from the mistakes of this researcher. It is highly recommended that only the initial PEP constructed during the pilot phase be considered without altering the associated Likert rating terminology.

Research Procedure

Another limitation within the current study related to the research procedure and completion of multiple psychometric instruments. Within the main study, a total of four instruments were used and additional demographic questions were asked. The total estimated time to complete the study in its entirety was approximated to be one and a half hours. Due to the length of the survey, participant fatigue was expected and substantiated as a total of 146 participants attempted to take the online survey and only 76 participants (52.1%) completed it. Though the length of the survey could not be altered as to gather pertinent data related to research study at hand, the use of an incentive (monetary prize) was used to alleviate the phenomenon of participant fatigue and motivate participant completion of the study.

Liberal Approach

The liberal approach used within the research study (setting alpha levels at .10, using liberal post-hoc analysis, not correcting for alpha slippage) posed another methodological limitation of the current study. As the current study was exploratory in nature, the liberal approach (compared to more conservative methods) was justified because it can assist in discovering potential relationships within an environment or between/amongst variables that have not been fully understood. The exploratory nature of this study was explained as a current dearth of research exists on the construct of workplace aggression, normative ethical environments, and potential effects/relationships of these variables on perceived notions of

ethicality specifically within the counseling profession; though relationships have been found on these constructs within other helping professions (Hilbert, 1988; Randle, 2003; Roche et al., 2009), scant research exists within the counseling profession literature.

Though a liberal approach was justified and can assist in discovering relationships in new lines of research that latter be investigated (in future research) with more conservative methods, this liberal approach results in an increased probability of making a Type I error. As the alpha level is more liberal, there is more range and opportunity to reject the null hypothesis and accept the alternative hypothesis. However, considering this limitation, this researcher chose to continue with liberal methodology while pointing out the drawback the chosen method. Careful interpretation of statistical analyses becomes warranted, keeping in mind that a liberal approach was taken. Additionally, further assessment of potential differences and relationships between the various constructs and variables studied within this research study are needed that refine the methodological procedures (i.e., conservative approach). The purpose of this current study was to gain an understanding and conduct preliminary analyses for the phenomenon of interest.

Research Hypotheses

As a result of the PEP yielding low internal reliability, the total PEP score could not be used in resulting hypotheses testing in the main study; the initial hypotheses had to be altered appropriately. Hence, to gage differences in perceived ethicality, five specific items were chosen from the PEP to assess participants' responses on the perceived ethicality of each item separately; all 16 items were not used as distinct measures to reduce the likelihood of a Type I error. The utilized five specific items were selected based on having higher variance while also ensuring that said item touched on a different domain of perceived ethical behavior (compared to the other chosen items). However, the use of single items from a Likert scale created several

limitations for the current study. First, careful and thoughtful interpretations becomes warranted as specific items do not measure a construct (Norman, 2010); they assess a facet of behavior which is explicitly defined as representing only the specific behavior/perception addressed in the question. Considering this, the five unethical/ethical items chosen were not a representation of a construct of ethicality; these items assessed a precise ethical situation, examining respondents' perceived ethicality of only the noted behavior itself.

As five specific items were used, hypotheses had to be altered to reflect the change in the assessment modality for perceived ethicality. This entailed not adding hypotheses but altering current hypotheses to take into account that the used five items entailed a specific and distinct ethical scenario. For example, the research hypothesis that previously stated "*participants mean rating scores on the PEP will differ across levels of workplace aggression*" had to be altered to take into account the five specific ethical items. This resulted in one hypothesis turning into five unique hypotheses that included: (a) *participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will differ across levels of workplace aggression*, (b) *participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will differ across levels of workplace aggression*, and (c) so forth.

As a result, another limitation included the addition of more research hypotheses (from an original five to thirty two). The drawback to this included the potential increase of a Type I error. Additionally, the inclusion of these specific hypotheses did not measure the construct of ethicality and their succeeding reflection on specific ethical behaviors may have failed to capture the gamut and complexity involved within the concept of ethics. Lastly, as these items were scored on a four point Likert scale, restriction of range could have encumbered the finding of

true mean differences. These restrictions may have been more pronounced in the correlational analyses as a restricted range decreases the resulting strength of the correlation coefficient (Kiess & Green, 2010). Despite these limitations, the researcher felt it best to utilize the five specific items, considering the PEP's lack of internal reliability (main study). Additionally, the use of distinct hypotheses for each item and careful interpretation assisted in alleviating some of the potential concern that resulted from the use of single item measures.

Hypotheses Analyses Testing

As multifactor ANOVAs were used for hypotheses testing, demographic information was combined in certain cases to account for the number of resulting levels and lack of participants within those levels. Though careful attention was placed on the conglomeration of level distinction, the combination of levels may have resulted in an inability to distinguish true differences and/or where true differences may have resulted within the combined levels. For instance, in regards to race/ethnicity, there was an over representation of Caucasians in the pilot study sample. This led the researcher to look at ethnicity in terms of Caucasian and non-Caucasian. A combination of such sort does not allot the opportunity for each unique ethnicity to be examined and be considered as a unique representation. However, considering the lack of ethnic diversity in the sample, combination of participants into these two categories proved to be a feasible solution. It allowed for a basic examination, assessing for potential differences related to race/ethnicity. This researcher does suggest the need of a more diverse sample pool in the future for those interested in examining specific demographic data; this would respect ethnic and cultural diversity through the allowance of more levels within an ANOVA factor.

Summary of Methodology

This chapter reviewed the methodology that was used in the current research study investigating factors that may encumber (workplace aggression, normative unethical behaviors) and may promote (cognitive complexity, moral foundations) perceptions of ethicality within the counseling profession. First, the participant sample was defined as counselors currently engaged in clinical practice; participant recruitment procedures were discussed.

Next, the psychometric instruments and specific questions that were used within the research study were reviewed. This included the measures of the *Defining Issues Test 2*, the *Moral Foundations Questionnaire*, the *Negative Acts Questionnaire Revised*, and the *Perceived Ethical Perceptions Instrument* (PEP). The PEP was described as a self-constructed instrument that was developed during a pilot-phase of research for the purposes of this study. Detail was given about the pilot-phase and test-construction of the PEP which included identifying the: (a) initial item pool, (b) the review processes for the panel of experts who examined the initial item pool, (c) administration methods for research participants who took the resulting survey, and (d) data reduction and statistical procedures that assisted in instrument construction.

A review of the research related questions occurred, followed by the stating of formal hypotheses. Statistical analyses that pertained to each research hypothesis were examined. Ethical considerations for the current research study were considered and means that assisted in addressing said concerns were noted. Finally, methodological limitations of the current study were expounded upon as it pertained to the participant sample, used psychometric instruments, resulting hypotheses, and statistical procedures.

Chapter 4: Results

The following chapter outlines in detail the descriptive and statistical findings of the current research project, encompassing both the pilot and main study. First, demographic information related to the 76 participants that completed the main study are discussed. This depiction of the participant sample will include descriptive information related to basic human demographics (i.e., age, gender) and training condition demographics related to the counseling profession (i.e., years of experience, specialty cognate area). Demographic information related to the participant sample of the pilot study was previously discussed in Chapter Three (See Chapter Three: Instrument Construction and Appendix C).

Next, descriptive statistics related to the administered psychometric instruments will be reviewed for the *Defining Issues Test 2* (DIT-2; Rest et al., 1999a), *Moral Foundations Questionnaire* (MFQ; Graham et al., 2008), *Negative Acts Questionnaire Revised* (NAQ-R; Einarsen et al., 1994; Hoel, 1999), and *Perceived Ethical Perceptions* instrument (PEP; See Chapter Three: Instrument Construction). Descriptive data will also be examined for the five selected PEP items utilized in the main study hypotheses and participants' responses for survey questions that gaged exposure to perceived unethical infractions within the workplace.

Lastly, this chapter will review the stated research hypotheses and provide a brief overview of statistical procedures. Statistical analyses results for each hypothesis will be provided. These hypotheses will incorporate data gathered from the pilot study or from the main study, contingent on the specified hypothesis.

Participant Demographics

Within the main phase of research, a total of 146 participants attempted to take the online survey via Qualtrics. Of these 146 attempts, 76 (52.1%) surveys were completed in their entirety

and deemed usable for the purposes of this research study. Unusable surveys consisted of the participant not meeting inclusion criteria, blank surveys, missing data that encumbered answering relevant hypotheses, and those surveys that did not pass the reliability measures of the Defining Issues Test (e.g., random response patterns). Due to blank surveys (n=9), it was not able to be determined to what extent and if participants with unusable surveys differed from the rest of the sample. Additionally, while the participation rate is ascertainable for those who attempted the survey, the participation rate at the individual level is unknown; the number of participants reviewing and or receiving the instrument that elected not to participate was not collected.

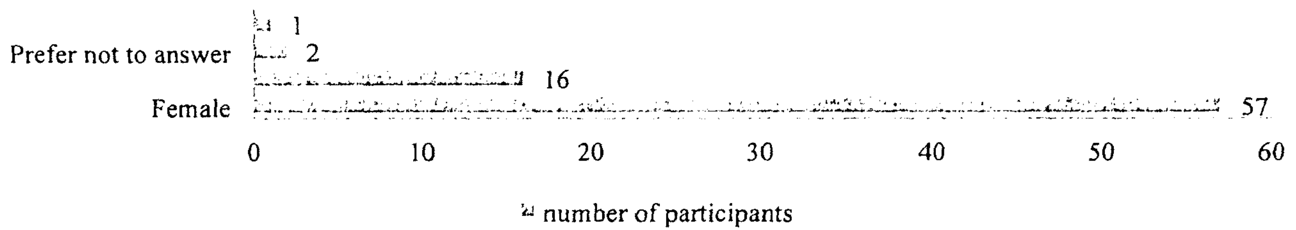
Within the main study, participants were asked questions related to basic demographic information, demographic information related to training conditions within the counseling profession, and other demographic information specifically suggested from psychometric instruments used within this study. Basics demographic information included: (a) gender, (b) age, and (c) ethnicity. Demographic information related to training conditions included: (a) years of experience in the counseling profession, (b) educational level, (c) specialty or cognate focus area, and (d) obtained certification(s) and licensure(s) specific to the counseling profession. Other demographic information collected per the request of the Defining Issues Test 2 (instrument utilized within this study) included (a) U.S.A. citizenship status, (b) if English was the participants' primary language, and (c) participants' political view/affiliation.

Basic Demographic Information

Basic demographic information was recorded by the participants within the online administered survey. These demographic data included: (a) gender, (b) age, and (c) ethnicity.

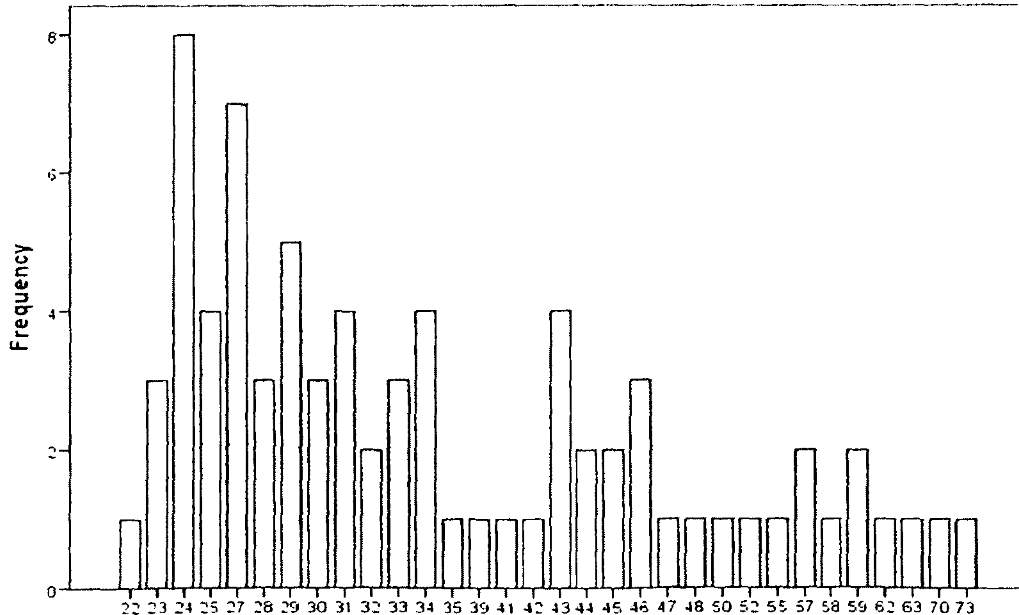
Gender. Within the demographic portion of the survey, participants were asked to identify their gender (n=76; See Figure 3.1). Allotted survey responses included identifying as female, male, transgendered, or prefer not to answer. Gender within the sample consisted of 75.0% females (n=57), 21.1% males (n=16), and 1.3% transgendered (n=1); the remaining 2 participants (2.6%) preferred not to answer the gender related question.

Figure 3.1. Participants' gender.



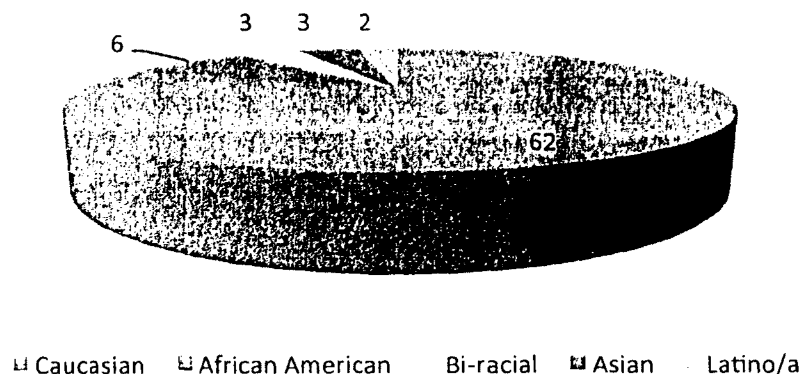
Age. Participants responded to a demographic question that asked them to report their age via text entry response (n=76; See Figure 3.2). The reported ages of this sample ranged from 22-73 years. The modal age was 24 (n=8), the median age was 31 years, and the mean age of all participants was 36.4 years of age.

Figure 3.2. Participants' ages.



Ethnicity. Participants were also asked to identify their race/ethnicity (n=76; See Figure 3.3). The following responses options were provided: Caucasian, African American, Asian, Bi-racial, Latino/a, Pacific Islander, or other with the opportunity to enter ethnicity via a text response. From the 76 participants, 81.6% identified as Caucasian (n=62), 7.9% as African American (n=6), 3.9% as Bi-racial (n=3), 3.9% as Asian (n=3), and 2.6% as Latino/a (n=2).

Figure 3.3. Participants' race/ethnicity.



Training Condition Demographic Information

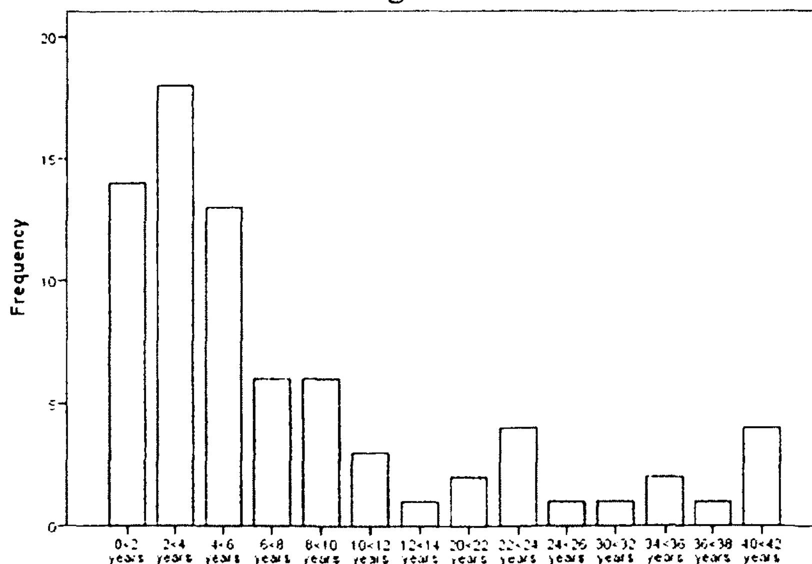
Participants reported on demographic information related to training conditions and experience related to the counseling profession. These demographics included: (a) years of experience in the counseling profession, (b) educational level, (c) specialty or cognate focus area, and (d) obtained certifications and licensures specific to the counseling profession.

Years of experience. All participants (n=76) reported on the number of years of experience and association with the counseling profession. The following ratio scale was used to capture participant characteristics on these years of experience: (a) *one year or less*, (b) *1 ≤ 2 years*, (c) *2 ≤ 4 years*, (d) *4 ≤ 6 years*, (e) *6 ≤ 8 years*, (f) *8 ≤ 10 years*, (g) *10 ≤ 12 years*, and (h) *over 12 years* (with option of text entry to report specific years of experience).

Using this scale, 1 participant (1.3%) reported one year or less, 13 participants (17.1%) reported 1 ≤ 2 years, 19 participants (25.0%) reported 2 ≤ 4 years, 13 participants (17.1%) reported 4 ≤ 6 years, 6 participants (7.9%) reported 6 ≤ 8 years, 6 participants (7.9%) reported 8 ≤ 10 years, 3 participants (3.9%) reported 10 ≤ 12 years, and 15 participants (19.7%) reported over 12 years of experience within the counseling profession. For those participants that reported over 12 years of experience in the counseling profession (n=15), that experience ranged from 13 to 40 years; the mode was 40 years (n=3), the median was 24 years, and the mean was 29.5 years of experience and association with the counseling profession.

Additional coding occurred on the demographic of *years of experience in the counseling profession* to produce a scale with equidistant points; See Figure 3.4. For those participants that reported over 12 years of experience, the text entry response that clarified the number of years was coded to fall into the corresponding scale: (a) *12 ≤ 14 years*, (b) *14 ≤ 16 years*, (c) *16 ≤ 18 years*, (d) *18 ≤ 20 years*, (e) *20 ≤ 22 years*, and so forth. Additionally, the initial categories of *one year or less* and *1 ≤ 2 years* were combined into *0 ≤ 2 years* as to be consistent with the ratio of years of experience inherent within the overall scale.

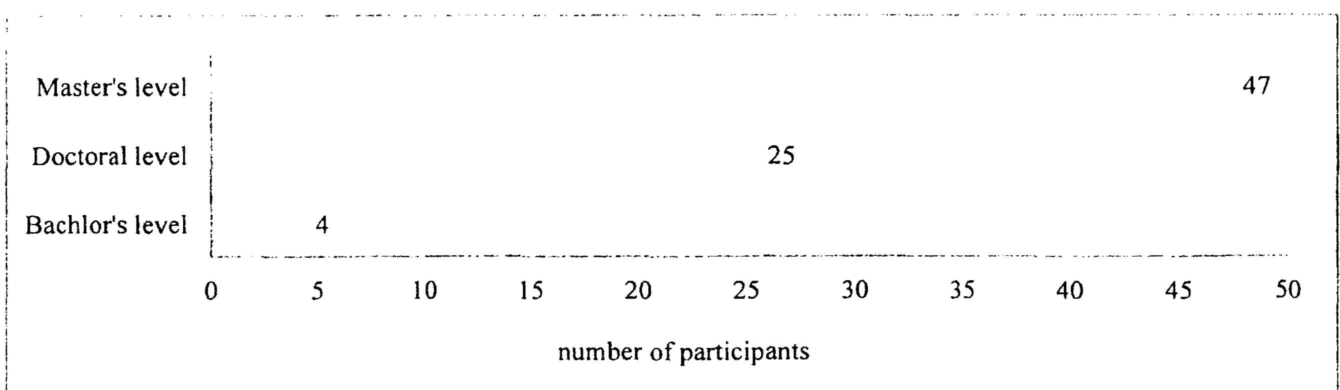
Figure 3.4. Years associated with the Counseling Profession.



Educational level. Within the main study, the educational experience and terminal degrees of the participants was collected by use of a demographic question from the *Defining Issues Test-2*. This DIT-2 question asked participants to report the highest obtained degree and or current level of education, if they were presently enrolled in school (Bebeau & Thoma, 2003). Participants were then provided a list of various degree levels, with options starting from a range of grades 1-6, to a doctoral degree, to other formal education. For purposes of this study, only the following educational levels were included: Bachelor's degree, Master's degree, Doctoral degree, and other formal education.

Being that a loaded question was used to assess educational levels, it was impossible to discern highest obtained degree from those currently working towards obtainment of that degree. Additionally, it was difficult to tell if participants were confused from the loaded aspect of the question, potentially missing one aspect of the question (e.g., currently working towards that degree). Hence, the following demographic information related towards educational levels warrants caution when interpreting. Participants (n=76) self-reported data on their obtained or currently working towards degrees included 4 Bachelor's level degrees (5.3%), 47 Master's level degrees (61.8%), and 25 Doctoral level degrees (32.9%); See Figure 3.5.

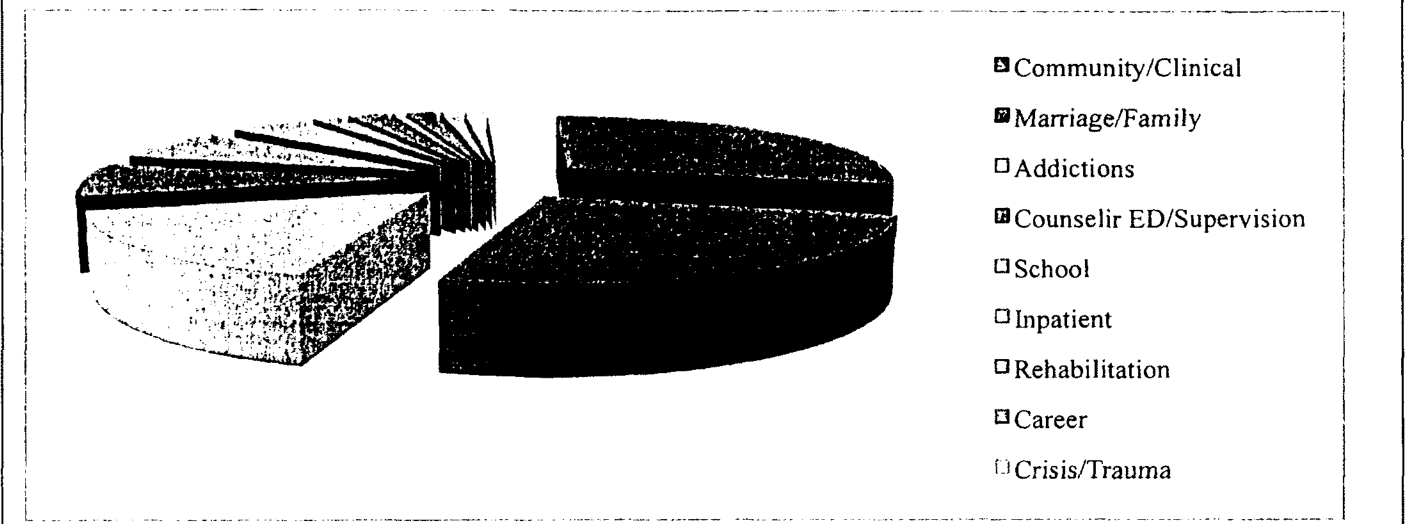
Figure 3.5. Participants' current or completed educational level.



Specialty cognate area. Participants identified specialty and cognate areas of training/practice within the counseling profession (n=76; See Figure 3.6). Responses allowed participants to identity multiple areas of specialty amongst the following options: (a) *Addictions Counseling*, (b*) Community/Clinical Mental Health Counseling*, (c) *Inpatient Mental Health Counseling*, (d) *Marriage and Family Counseling*, (e) *School Counseling*, (f) *Career Counseling*, (g) *Counselor Education and Supervision*, (h) *Rehabilitation Counseling*, and (i) *Other Counseling* (with text entry response for specification). Responses within the *Other Counseling* category were coded as to facilitate frequency analysis between the participants' specialty/cognate areas. These new nominal categories included Play Therapy, College Counseling, Counseling of Children/Adolescents, Crisis/Trauma Counseling, and Christian Counseling.

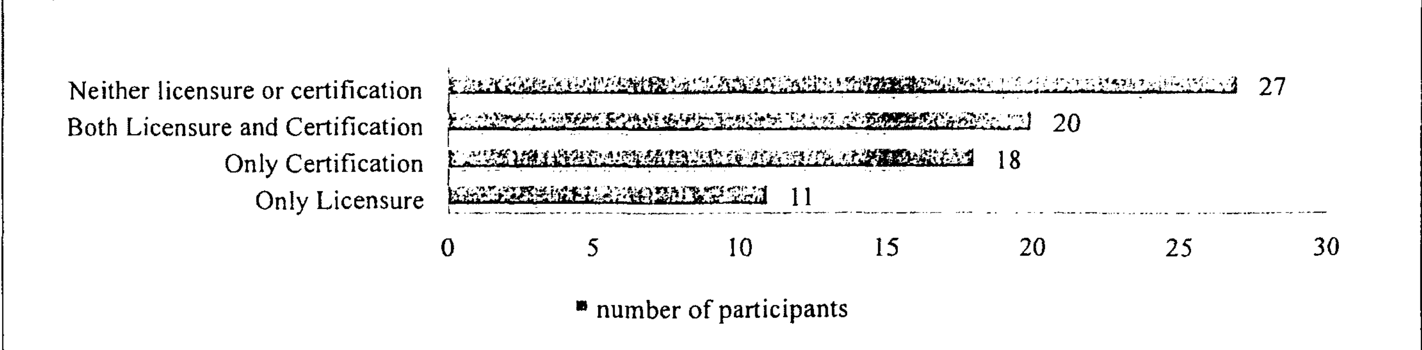
As participants had the opportunity to identify with more than one specialty/cognate area, frequency descriptive data represented each specialty area in terms of the frequency of participants' identification with said specialty area. Frequency descriptive data in terms of specialty areas encompassed *Community and/or Clinical Mental Health Counseling* (n=51; 57.1%); *Marriage and Family Counseling* (n=29; 38.2%); *Addiction Counseling* (n=19; 25%); *Counselor Education and Supervision* (n=14; 18.4%); *School Counseling* (n=13; 17.1%); *Inpatient Mental Health* (n=8; 10.5%); *Career Counseling* (n=4; 5.3%); *Rehabilitation Counseling* (n=3; 3.9%); *Play Therapy* (n=3; 3.9%); *Counseling of Children/Adolescents* (n=2; 2.6%); *College Counseling* (n=2; 2.6%); *Christian Counseling* (n=1; 1.3%), and; *Crisis/Trauma Counseling* (n=1; 1.3%).

Figure 3.6. Participants' specialty cognate areas.



Certifications and licensures. The demographic portion of the survey on training conditions and experience also assessed self-reported data on participants' earned certifications and professional licenses specific to the counseling profession; data were coded to represent if each participant either held: (a) *no certification/licensure*, (b) *only certification(s)*, (c) *only licensure(s),* or (d) *both certification(s) and licensure(s)* that were specific to counseling. From those surveyed (n=76), the self-reported data revealed that 27 participants (35.5%) currently held no certifications or licenses, 18 participants (23.7%) held only certifications, 11 participants (14.5%) held only licenses, and 20 participants (26.3%) held both a certification and license specific to the counseling profession; See Figure 3.7.

Figure 3.7. Participants' licensure and certification status.



Other Demographic Information

Other demographic information gathered per the request of the *Defining Issues Test 2* (instrument utilized within this study) included: (a) U.S.A. citizenship status, (b) if English was the participants' primary language, and (c) participants' political views/affiliations. These data was gathered and reported but not used in the hypotheses testing of this research study.

All participants (n=76) reported on these additional demographic questions. In terms of citizenship status, 73 participants (96.1%) reported being a U.S.A citizen and 3 participants (3.9%) reported that they were not a U.S.A. citizen. Participants also self-reported on whether English was their primary language; the results revealed that 73 participants (96.1%) reported yes and the remaining 3 participants reported no (3.9%). Finally, participants were asked to identity their political views, ranging from: (a) *very Liberal*, (b) *somewhat Liberal*, (c) *neither Liberal nor Conservative*, (d) *somewhat Conservative*, or (e) *very Conservative*. In terms of this political affiliation, 16 participants (21.1%) identified as being "*very Liberal*", 30 participants (39.5%) as "*somewhat Liberal*", 16 participants (21.1%) as "*neither Liberal nor Conservative*", 13 participants (17.1%) as "*somewhat Conservative*," and 1 participant (1.3%) as "*very Conservative*."

Instrument and Question Descriptive Statistics

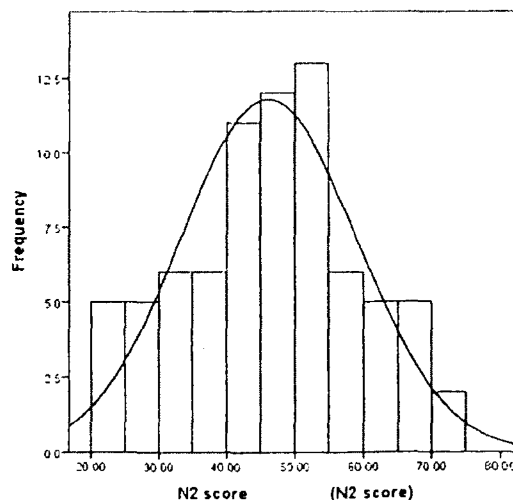
Descriptive statistics were analyzed for the used instruments and supplemental survey questions relevant to the sample characteristics of the 76 participants of the current study. Specifically, this descriptive data examined these participants' normative data on the *Defining Issues Test2*, *Moral Foundations Questionnaire*, *Negative Acts Questionnaire Revised*, *Perceived Ethical Perceptions* instrument, five utilized items from the PEP (main study), and exposure to perceived normative unethical behaviors by work supervisors/bosses and peers in the workplace.

Defining Issues Test 2

To measure the concept of cognitive complexity, The *Defining Issues Test 2* (DIT-2; Rest et al., 1999a) was administered to the participants. The DIT-2 presented five separate moral dilemmas. Participants were asked to choose a course of action in the dilemma and then justify said action by rating specific characteristics of the dilemma in terms of importance in influencing their decision. Completed DIT-2s were scored by the University of Alabama Study of Ethical Development department, which calculated participants' N2 score (used in this study). The N2 score represented a scaled score that could range from 0 to 95. Higher scores on the N2 showed that the participant had more presence of Post-Conventional Schema thinking and less presence of the Personal Interests Schema; Bebeau & Thoma, 2003).

N2 score descriptive statistics. Descriptive analyses were conducted on participants' N2 score (n=76). N2 scores ranged from 20.06 to 71.57 with a mean score of 46.13. The standard error was calculated at 1.48 and the standard deviation was 12.87. Skewness (statistic=-.11; SE=.28) and kurtosis (statistic= -.59; SE=.55) indicated a normal distribution. Pictorial representation of the distribution of N2 scores provided a representation of the data's distribution frequency in terms of the normal curve (See Figure 3.8).

Figure 3.8. Distribution of N2 Scores.



N2 reliability coefficient. The Cronbach alpha reliability statistic of psychometric instruments/measures has been known to vary due to differences contingent on sample characteristics (Wasserman & Bracken, 2013). Hence, a reliability analysis was conducted to determine the reliability coefficient for the N2 score specific to the sample within this study. Results indicated a reliability coefficient of α=.77.

Moral Foundations Questionnaire

The *Moral Foundations Questionnaire* (MFQ; Graham et al., 2008) was used to measure participants' moral foundations. Of particular interest to this study were the corresponding moral foundations of: (a) *care*, (b) *fairness*, and (c) *sanctity (purity)*; Graham and colleagues (2011) noted that contingent on one's position within each foundation, innate and intuitive processes are activated that in turn effect one's conceptualization on what is right or wrong. Two additional moral foundations exist: loyalty and authority. As a relationship between these two foundations and the concept of ethicality were not founded within the literature, the loyalty and authority foundation were not incorporated in this research study.

The MFQ consisted of 30 items divided into two sections that examined the: (a) significance of each foundation on the participant's moral judgments and (b) extent to which the participant agrees/values the symbolic nature of each foundation. Each item was rated on a 6 point Likert scale that ranged from "*not at all relevant"/"strong disagree*" to "*very relevant"/"strongly agree.*" The subscales of the MFQ were scored by averaging the 6 corresponding items for each of the five moral foundations. A higher score within a specific foundation represented more congruence and a lower score represented less congruence to the principles inherent within that foundation (Graham et al., 2008).

MFQ item analyses. Descriptive item analyses for the subscales of care, fairness, and sanctity (purity) were conducted; See Table 3.1. For each of these foundations the corresponding six items from the MFQ were analyzed in terms of: (a) range, (b) mean, (c) standard error, and (d) standard deviation.

Table 3.1

Descriptive Item Analysis of the Moral Foundations Questionnaire

MFQ Item	N	Range	Mean	Standard Error	Standard Deviation
Care Foundation					
Someone suffered emotionally	76	1-6	4.74	.119	1.021
Someone cared for someone weak or vulnerable	76	1-6	4.24	.149	1.280
Someone was cruel	76	1-6	4.76	.141	1.214
Compassion for those who are suffering is the most crucial virtue	76	3-6	5.00	.086	.740
One of the worst things a person could do is hurt a defenseless animal	76	1-6	4.78	.148	1.274
It can never be right to kill a human being	76	1-6	4.00	.183	1.570
Fairness Foundation					
Some people were treated differently than others	76	1-6	4.81	.113	.975
Someone acted unfairly	76	1-6	4.66	.132	1.138
Someone was denied his or her rights	76	3-6	5.45	.086	.743
When the government makes laws, the number one principle should be ensuring that everyone is treated fairly.	76	1-6	4.78	.129	1.114
Justice is the most important requirement for a society	76	2-6	4.61	.123	1.057
I think it's morally wrong that rich children inherit a lot of money while poor children inherit nothing	76	1-6	2.93	.158	1.358

Sanctity Foundation					
Someone violated standards of purity and decency	76	1-6	3.32	.180	1.545
Someone did something disgusting	76	1-5	2.86	.158	1.358
Someone acted in a way that God would approve of	76	1-6	2.12	.180	1.552
People should not do things that are disgusting, even if no one is harmed	76	1-6	3.07	.153	1.317
I would call some acts wrong on the grounds that they are unnatural	76	1-6	2.51	.184	1.581
Chastity is an important and valuable virtue	76	1-6	3.04	.195	1.675

Note: 1="not at all relevant" or "strongly disagree;" 2= "not very relevant" or "moderately disagree;" 3= "slightly relevant" or "slightly disagree;" 4= "somewhat relevant" or "slightly agree;" 5= "very relevant" or "moderately agree;" 6= "extremely relevant" or "strongly agree"

MFQ reliability coefficients. Prior to assessing the descriptive statistics for each of the subscales, reliability analyses were run due to the reported low alpha levels for the subscales of care and fairness found in the current literature. These subscales were at a minimally acceptable range (DeVellis, 1991): harm $\alpha = .69$ and fairness $\alpha = .65$ (Graham et al., 2011). Though justification for their inclusion was provided as the literature lacked another psychometric instrument to measure these constructs, it was also noted that an alpha level below a .65 was considered undesirable and unacceptable (DeVellis, 1991).

Reliability analyses for three administered subscales were conducted for the sample. The resulting Cronbach alpha for the harm foundation was .68, for the fairness foundation was .53, and for the sanctity foundation was .83. Hence, the moral fairness foundation was eliminated from subsequent analyses and hypotheses testing due the unacceptable internal reliability found within this participant sample (See Methodological Limitations).

MFQ subscale descriptive statistics. Upon calculating the total derived score for each of the subscales of care and sanctity for participants (n=76), descriptive analyses were run; this score was represented as an average of the participants' ratings across the six items allocated to measuring each distinct construct.

Care subscale. Scores on the MFQ care subscale ranged from 2.67 to 5.83 with a mean score of 4.59. The standard error was calculated at .84 and the standard deviation was .74. Skewness (statistic= -.54; SE=.28) and kurtosis (statistic= -.14; SE=.55) statistics were within 2 standard deviations of the error, indicating a normal distribution. Pictorial representation of the distribution of care subscale scores provided a representation of the data's distribution frequency in terms of the normal curve (See Figure 3.9).

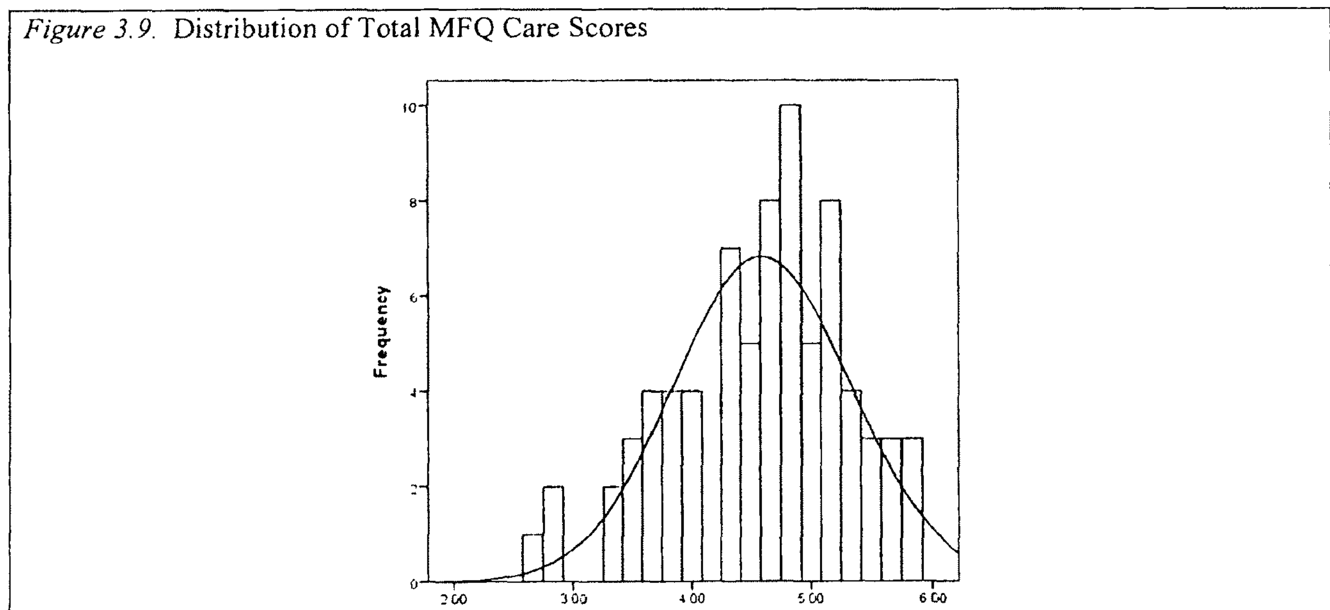


Figure 3.9. Distribution of Total MFQ Care Scores

Sanctity subscale. Scores on the MFQ sanctity subscale ranged from 1.0 to 5.67 with a mean score of 2.82. The standard error was calculated at .13 and the standard deviation was 1.10. The kurtosis (statistic= -.03; SE=.55) statistic was within 2 standard deviations of the error. Significant skewness was indicated (statistic= -.59; SE=.28), the data were negatively

skewed and did not represent a normal distribution as more participants' had higher scores on the sanctity subscale with lower scores representing outliers. Pictorial representation of the distribution of the sanctity subscale scores provided a representation of the data's distribution frequency in terms of the normal curve (See Figure 3.10).

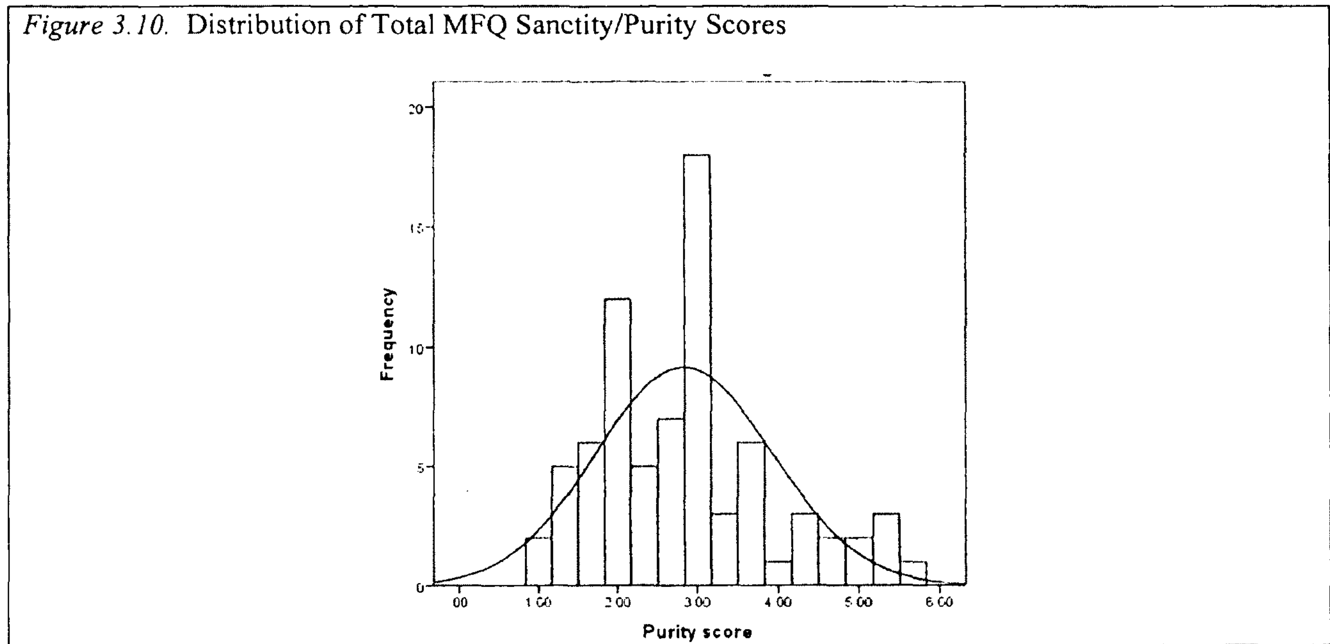


Figure 3.10. Distribution of Total MFQ Sanctity/Purity Scores

Negative Acts Questionnaire Revised

The *Negative Acts Questionnaire Revised* (NAQ-R; Einarsen et al., 1994; Hoel, 1999) was administered to the participants, measuring the concept of workplace aggression within this sample in the past six months. The NAQ-R consisted of 22 items that conveyed a facet of potential workplace aggression (Einarsen et al., 2009); participants rated their personal exposure to each of these 22 items using the following five-point Likert scale: (1) *never*, (2) *now and then*, (3) *monthly*, (4) *weekly*, and (5) *daily*. An additional question assessed if participants self-labeled themselves as being bullied at work. Upon being given a set definition by Einarsen and colleagues (2009) of what encompassed workplace bullying, participants then chose one of the

following responses: (1) *no*, (2) *yes, but only rarely*, (3) *yes, now and then*, (4) *yes several times per week*, or (5) *yes, almost daily*.

NAQ-R item analyses. Descriptive item analyses were conducted for the 22 items that assessed participants experience with behaviors related to workplace aggression (NAQ-R total score) and the supplemental question that participants self-labeled as being a victim of workplace bullying; See Table 3.2. Item responses on the 22 item scale varied and were contingent on the specific facet of workplace aggression being assessed. Within the descriptive 22 item analyses of the NAQ-R, the following was calculated per item: (a) range, (b) mean, (c) standard error, and (d) standard deviation.

Table 3.2

Descriptive Item Analysis of the Negative Acts Questionnaire Revised

NAQ-R Item	N	Range	Mean	Standard Error	Standard Deviation
Someone withholding information which affects your performance	76	1-5	1.51	.098	.856
Being humiliated or ridiculed in connection with your work	76	1-3	1.29	.059	.512
Being ordered to do work below your level of competence	76	1-5	1.71	.120	1.043
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	76	1-4	1.39	.090	.784
Spreading of gossip and rumors about you	76	1-4	1.36	.069	.605
Being ignored, excluded or being 'sent to Coventry'	76	1-4	1.29	.070	.607
Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	76	1-5	1.32	.082	.716
Being shouted at or being the target of spontaneous anger (or rage)	76	1-5	1.24	.067	.586

Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	76	1-2	1.09	.033	.291
Hints or signals from others that you should quit your job	76	1-4	1.17	.054	.473
Repeated reminders of your errors or mistakes	76	1-4	1.24	.077	.671
Being ignored or facing a hostile reaction when you approach	76	1-3	1.30	.068	.589
Persistent criticism of your work and effort	76	1-3	1.22	.058	.506
Having your opinions and views ignored	76	1-5	1.62	.101	.879
Practical jokes carried out by people you don't get on with	76	1-2	1.07	.029	.250
Being given tasks with unreasonable or impossible targets or deadlines	76	1-4	1.32	.078	.677
Having allegations made against you	76	1-2	1.11	.035	.309
Excessive monitoring of your work	76	1-5	1.36	.089	.778
Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	76	1-4	1.26	.073	.640
Being the subject of excessive teasing and sarcasm	76	1-4	1.17	.063	.551
Being exposed to an unmanageable workload	76	1-5	1.51	.110	.959
Threats of violence or physical abuse or actual abuse	76	1-4	1.05	.041	.361

Note: 1="never"; 2="now and then"; 3="monthly"; 4="weekly"; 5="daily"

Descriptive statistics for the question related to self-labeling as a victim of workplace bullying was also examined. Participant responses (n=76) varied in range from 1 to 3, describing that participants either (1) *no*, (2) *yes, but only rarely*, or (3) *yes, now and then* considered themselves to be the victim of workplace bullying. No participants responded with the provided

choices of (4) *yes several times per week*, or (5) *yes, almost daily.* Fifty eight participants (76.3%) reported "*no*," 7 participants (9.2%) reported "*yes, but only rarely*", and 11 participants (14.5%) reported "*yes, now and then.*" Participants mean score on this self-labeling item was 1.38. The standard error was calculated at .084 and the standard deviation was .730.

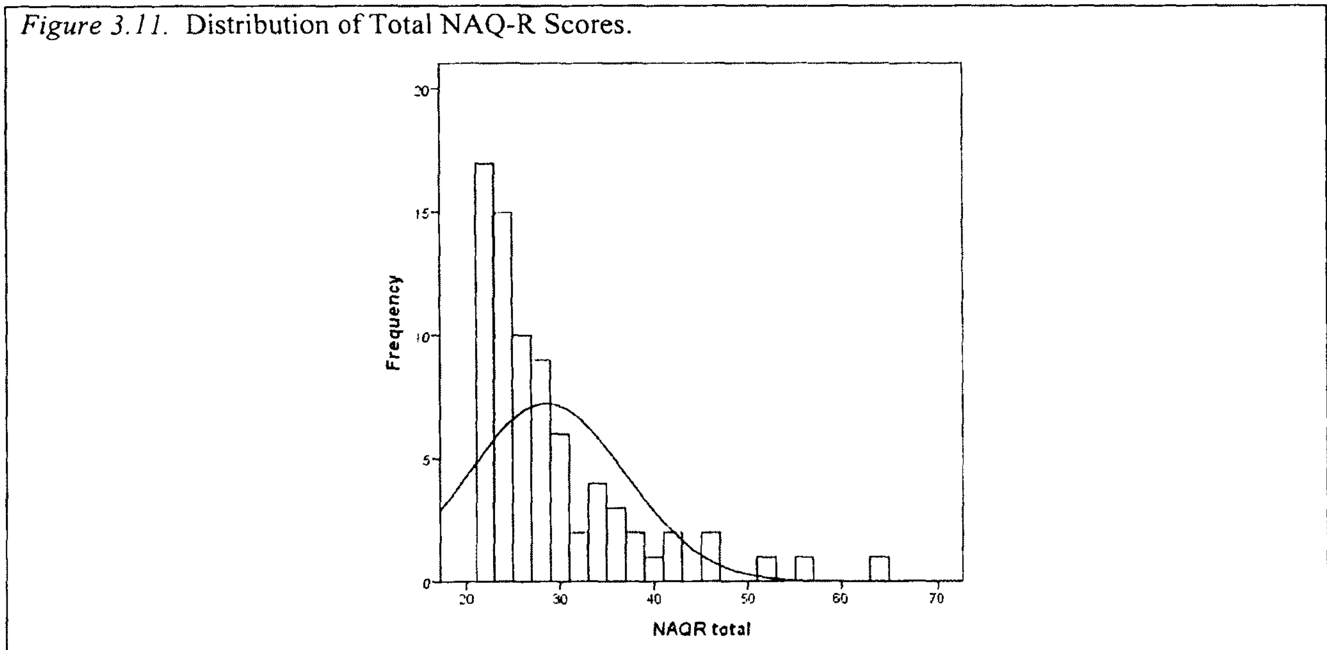
NAQ-R total score descriptive statistics. The 22 items that assessed workplace aggression related behaviors were used in deriving participants' total scores on the NAQ-R. The self-labeling question was not utilized as part of this scoring as it was considered to be supplemental; it is not part of the NAQ-R scale but provided another means of assessing workplace aggression (Einarsen et al., 2009). The NAQ-R was scored by summing each participants responses on the 22 item scale where 1="*never*", 2="*now and then*", 3="*monthly*", 4="*weekly*", and 5="*daily.*" Higher total scores on the NAQ-R represented more exposure to workplace aggression related behaviors when compared to lower scores.

Upon calculating the total derived scores for participants (n=76), descriptive analyses were run. Total scores on the NAQ-R ranged from 22 to 64 with a mean score of 28.6. The standard error was calculated at .96 and the standard deviation was 8.39. Skewness and kurtosis statistics revealed that total scores did not represent a normal distribution; both skewness and kurtosis statics were higher that 2 standard deviations of the error.

The data were significantly positively skewed (statistic=2.07; SE=.276) indicating that more participants had lower scores on the NAQ-R (and a few outlier scores were higher). Additionally, the data had a positive kurtosis (statistic=4.87; SE=.545) indicating flatness of the data as evidenced by more values located in the tails of the distribution. Pictorial representation of the distribution of scores further revealed that more participants in this sample scored lower on the NAQ-R (indicating less exposure to workplace aggression) than participants who scored

higher on the NAQ-R (indicating higher exposure to workplace aggression); See Figure 3.11. A normal distribution on the NAQ-R would have resulted if participants' scores were normally distributed around the mean, median, and mode. The scoring scale of the NAQ-R explained the resulting significant Skewness and Kurtosis considering that one tail of the distribution indicated no exposure to workplace aggression.

Figure 3.11. Distribution of Total NAQ-R Scores.



NAQ-R reliability coefficient. Considering that Cronbach alpha levels can vary dependent on sample characteristics (Wasserman & Bracken, 2013), an internal reliability analysis was conducted to determine the Cronbach coefficient for the NAQ-R specific to the sample within this study. Results indicated a reliability coefficient of α=.91.

Perceived Ethical Perceptions

The *Perceived Ethical Perceptions* (PEP) instrument was administered to the participants as to measure their perceptions of ethicality. The PEP consisted of 16 behavioral and/or mini scenario items; for each item, participants rated their perception about the perceived ethicality of

said item using the following four-point Likert scale: (1) *unethical*, (2) *somewhat unethical*, (3) *somewhat ethical*, or (4) *ethical*.

Descriptive item analyses post-reverse scoring. The PEP was reverse scored to allow comparison of participant scores to a norm of both perceived ethical and unethical behaviors (as established during the pilot study phase). Item coding within the subscale of perceived unethical behaviors was reversed, such that 4= "*unethical*", 3= "*somewhat unethical*", 2= "*somewhat ethical*", and 1= "*ethical*"; this reverse coding changed the subsequent response label to a Likert scale that now ranged from 1="*no congruence to the norm*" to 4="*congruent to the norm*." In essence, higher scores indicated more congruence and lower scores indicated less congruence with the perceived norm on the ethicality of each item.

Descriptive item analyses for the PEP was then conducted post item reverse scoring; See Table 3.3. Item responses on the 16 items varied in terms of their congruence to the perceived ethical norm. Descriptive data for each item was conducted to include the: (a) range, (b) mean, (c) standard error, and (d) standard deviation.

Table 3.3

Descriptive Item Analysis of the Perceived Ethical Perceptions Instrument Post-Reverse Scoring

PEP Item	n	Range	Mean	Standard Error	Standard Deviation
Having a plan to transfer your clients should you become incapacitated	76	1-4	3.89	.058	.808
Participating in continuing education after obtaining your degree	76	4-4	4.00	.000	.472
Offering a professional disclosure statement	76	1-4	3.88	.049	1.020
Informing clients of their legal rights (e.g., HIPAA, FERPA, confidentiality)	76	3-4	3.97	.018	.727
Breaking confidentiality if the client is threatening harm to him- or herself	76	3-4	3.96	.022	.526

Revealing the limits of confidentiality to your client	76	4-4	4.00	.000	.574
Being an advocate for clients	76	3-4	3.93	.029	.712
Encouraging a client's autonomy and self-determination	76	2-4	3.87	.043	.377
Giving a gift worth more than $25 to a client	76	1-4	3.68	.068	.271
Engaging in a professional counseling relationship with a friend	76	3-4	3.88	.037	.482
Terminating the counseling relationship without warning	76	3-4	3.87	.039	.671
Sharing confidential client information with your spouse/significant other	76	2-4	3.88	.042	.589
Stating you are licensed when you are in the process of obtaining your license	76	1-4	3.88	.049	.498
Revealing a client's record to the spouse of a client without the client's permission	76	4-4	4.00	.000	.836
Implying that a certification is the same as a license	76	1-4	3.86	.061	.225
Lending money to your client	76	2-4	3.84	.046	.602

Note: 1="no ethicality congruence"; 2="scant ethicality congruence"; 3="somewhat ethically congruent"; 4="ethicality congruence"

PEP total score descriptive statistics. Upon reverse scoring, the PEP total score was calculated by summing each participants' responses on the 16 item scale where 1="*no ethicality congruence*," 2="*scant ethicality congruence*," 3="*somewhat ethically congruent*," 4="*ethicality congruence*." Higher total scores on the PEP represented a score in which the participants rated all items more congruently to the established norm of their perceived ethicality when compared to lower PEP total scores.

Upon calculating the total derived scores for participants (n=76), descriptive analyses were run. Total scores on the PEP ranged from 54 to 64 with a mean score of 62.408. The standard error was calculated at .193 and the standard deviation was 1.683. Skewness and

kurtosis statistics revealed that total scores did not represent a normal distribution; both skewness and kurtosis statics were higher that 2 standard deviations of the error.

The data were negatively skewed (statistic= -1.967; SE=.276) indicating that significantly more participants had higher scores on the PEP and a few outlier scores were lower. Additionally, the data had a positive kurtosis (statistic=7.014; SE=.545) indicating flatness of the data as evidenced by more values located in the tails of the distribution. Pictorial representation of the distribution of scores further revealed that more participants in this sample scored higher on the PEP; See Figure 3.12. The scoring scale of the PEP explained the resulting significant skewness and kurtosis considering that one tail of the distribution indicated that this participant sample had perceptions of ethicality more congruent to the established norm.

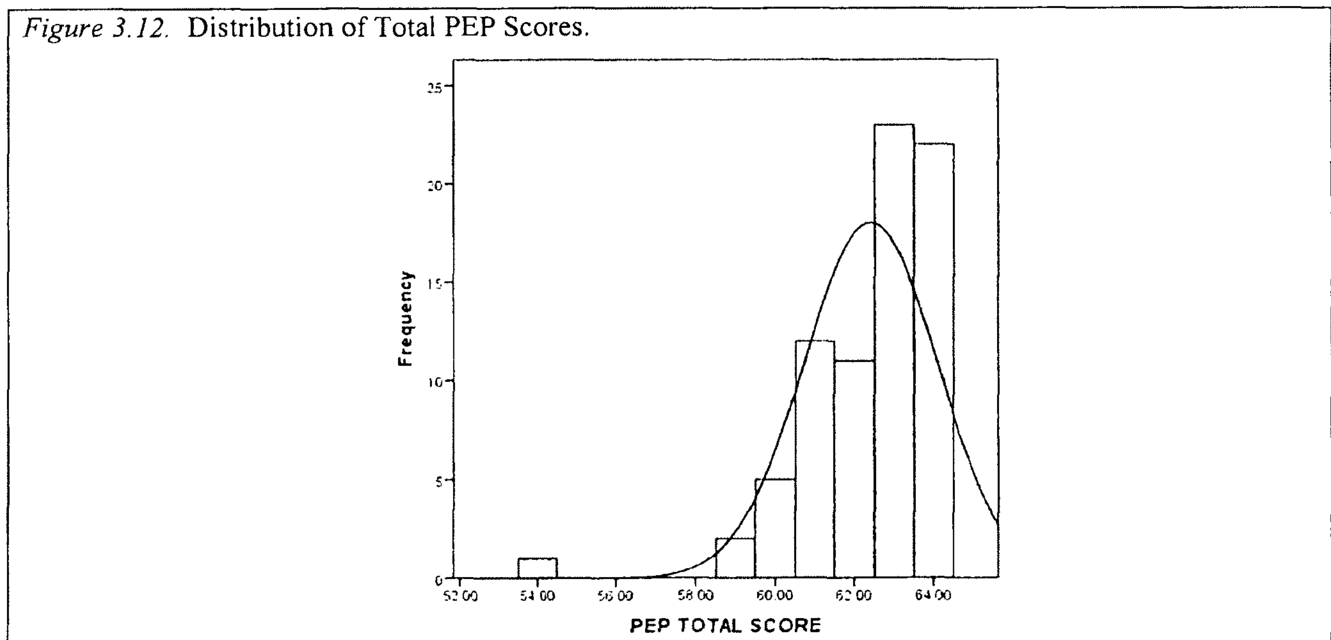


Figure 3.12. Distribution of Total PEP Scores.

PEP reliability coefficient. The above item analysis indicated low variance (and in some cases no variance) on item score distributions. Reliability analysis was conducted to determine the reliability coefficient for the PEP specific to the sample within the main study. Results indicated a reliability coefficient of α=.30 (See Methodological Limitations). Low

reliability was attributed to lack of variance within the participants' response patterns on the perceived ethicality of each item. Changes in item variance in the initial PEP to the one used within the main study were associated with qualitative changes in describing the intensity of perceived ethicality within the four point nominal Likert ratings; the intensity in the definition of the nominal category has been found to affect response patterns (Alexandrov, 2010).

Specific Perceived Ethical Items

Five specific items were chosen from the PEP to assess participants' responses on the perceived ethicality of that specific behavior (for hypotheses testing in the main study). It is important to note that single item analysis does not represent the construct of ethicality as a whole; it touches on a specific facet of a dimension of the behavior warranting thoughtful interpretation (Norman, 2010). The five specific items selected represented an aspect of ethical behavior pertaining to: (a) client care/referral, (b) confidentiality, (c) client autonomy, (d) gifts/boundaries, and (e) professional integrity. Within these aspects of ethicality, selected PEP items represented the highest variance compared to other items within the main study.

As these items were selected from the PEP, an established congruency in regards to either their perceived ethicality or non-thereof had been established through the literature and a panel of experts in counseling ethics. These specific items included: (a) *Having a plan to transfer your clients should you become incapacitated*, (b) *Breaking confidentiality if the client is threatening harm to him- or herself*, (c) *Encouraging a client's autonomy and self-determination*, (d) *Giving a gift worth more than $25 to a client*, and (e) *Implying that a certification is the same as a license*. Descriptive and frequency analyses for these specific five items can be found in Table 3.4 and Table 3.5.

Table 3.4

Descriptive Item Analysis of the Five Ethical Items

Specific Items	**n**	**Range**	**Mean**	**Standard Error**	**Standard Deviation**
Having a plan to transfer your clients should you become incapacitated	76	1-4	3.89	.058	.808
Breaking confidentiality if the client is threatening harm to him- or herself	76	3-4	3.96	.022	.526
Encouraging a client's autonomy and self-determination	76	2-4	3.87	.043	.377
Giving a gift worth more than $25 to a client	76	1-4	3.68	.068	.271
Implying that a certification is the same as a license	76	1-4	3.86	.061	.225

Note: 1="no ethicality congruence"; 2="scant ethicality congruence"; 3="somewhat ethically congruent"; 4="ethicality congruence"

Table 3.5

Frequency Analysis of the Five Ethical Items

	Participant response in terms of "n"			
Specific Items	**"Unethical"**	**"Somewhat Unethical"**	**"Somewhat Ethical"**	**"Ethical"**
Having a plan to transfer your clients should you become incapacitated	2	0	2	72
Breaking confidentiality if the client is threatening harm to him- or herself	0	0	3	73
Encouraging a client's autonomy and self-determination	0	1	8	67
Giving a gift worth more than $25 to a client	56	17	2	1
Implying that a certification is the same as a license	69	5	0	2

Note: overall n for each question item is 76

Perceived Normative Unethical Behaviors

Participants (n=76) answered items that gaged their personal exposure to any perceived unethical violations in the past six months. Specifically, participants were asked (yes or no) if they were aware or had been exposed to such acts where the alleged perpetrator was a peer and/or a supervisor/boss. If the respondent replied yes, additional information was gathered to assess the number of perceived unethical infractions committed by the alleged perpetrator.

Work peer. When reporting on the perceived unethical infractions of a work-peer, 24 participants (31.6%) reported "yes" that had been aware or were cognizant of a work peer engaging in a perceived unethical infraction in the past six month; the remaining 52 participants (68.4%) reported "no", they were not aware of such an infraction by a work peer. See Table 3.6.

Table 3.6

Perceived unethical infractions committed by a work peer in the past 6 months

Participant Responses	Frequency	Percent
Yes	24	31.6%
No	52	68.4%
TOTAL	76	100%

A follow up question was provided to gage the number of perceived unethical infractions that the participant had been aware of within the past six months if their initial response entailed "yes" (n=24); responses were given via text entry. Frequency of perceived unethical infractions by a work peer ranged from 1 to 10 and also included the response of "not sure" (n=1) and "too many" (n=1). From participants who reported the number of incidents numerically (n=22), the modal response was 2 infractions (n=5); the mean was 4.55 perceived unethical infractions.

Work supervisor or boss. Participants also reported on the perceived unethical infractions of a work supervisor or boss over the past 6 months. When asked if they were aware

or had witnessed their boss/supervisor engage in perceived unethical behaviors, 18 participants (23.7%) reported "yes" and 58 participants (76.3%) reported "no", they were not aware of such an infraction by their work supervisor or boss. See Table 3.7.

Table 3.7

Perceived unethical infractions by a work supervisor/boss in the past 6 months

Participant Responses	Frequency	Percent
Yes	18	23.7%
No	58	76.3%
TOTAL	76	100%

The number of perceived unethical infractions by a work supervisor and/or boss was calculated for those participants that had reported awareness/witnessing their supervisor/boss engage in such alleged behavior. Eighteen participants were eligible for this follow up question. Frequency of perceived unethical infractions by a work supervisor/boss ranged from 1 to 12 and also included the response of "many" (n=1). The modal response was 5 infractions (n=6); the mean response of infractions from participants who reported the incidents numerically (n=17) was 4.08 perceived unethical infractions.

Hypotheses Testing

Statistical analyses were conducted to test the research hypotheses of the current study (See Appendix F). Data used for hypotheses testing were derived from the pilot study or main study contingent on the specific hypothesis. Results for hypotheses tests are reported below.

Hypothesis One: Basic Demographics and Ethical Perceptions

The first hypothesis stated that a difference in counselors' mean score on the *Perceived Ethical Perceptions* instrument would differ across the basic demographic factors of age, gender, and ethnicity. The PEP measured the construct of ethical perceptions; higher scores on the PEP

indicated more congruence and lower scores indicated less congruence with an established norm of perceived ethicality. A between group multi-factor ANOVA was utilized to test the following alternative hypotheses:

1. *Participants mean scores on the Perceived Ethical Perceptions Instrument differs across the basic demographics of participants' ages, gender, and ethnicity.*

Data from the pilot-study were used where the Cronbach alpha yielded a .84. Participants' scores on the PEP served as the dependent variable (n=158). The factors of the ANOVA included the basic demographic variables of participant's gender, age, and ethnicity. The factor of gender had two levels (male, n=44; and female, n=114), the factor of age contained three levels [(ages 23 to 30, n=55); (ages 31 to 45, n=56); and (ages 46 to 74. n=47)], and the factor of race/ethnicity consisted two levels (Caucasian, n=132; and non-Caucasian, n=26).

Analysis of hypothesis one. A multi-factor ANOVA was used to explore the factors of age, gender, and ethnicity on counselors perceived perceptions of ethicality as measured on the PEP. Alpha levels were set at .10. The Levine's test was non-significant, indicating homogeneity of variance. No significant interaction effects were found across the factors (*age x ethnicity; age x gender; ethnicity x gender; age x ethnicity x gender*). The main effect of gender and the main effect of ethnicity were non-significant. The main effect of age indicated significance: $F(2, 146) = 3.386$, $p < .10$, $\eta 2=.044$. LSD post-hoc follow up analyses were run on the factor of age to determine the direction of the difference between the three levels; post-hoc tests indicated that counselors ages 31 to 45 (M= 57.89, SD= 4.4) scored significantly lower on the PEP when compared to counselors over the age of 45 (M= 59.21, SD= 4.28), p=.10. No other significant differences were found across the other levels of age. The null hypothesis was

rejected and the alternative hypothesis was accepted: counselors' mean cores on the PEP differed across the factor of age (See Table 3.8 and Table 3.9).

Table 3.8

Age, gender, and ethnicity on PEP mean scores: multi-factor ANOVA

Tests of Between-Subjects Effects

Dependent Variable: PEP total score

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	353.043[a]	11	32.095	1.974	.035
Intercept	192324.476	1	192324.476	11826.388	.000
Ethnicity	31.380	1	31.380	1.930	.167
Age	110.136	2	55.068	3.386	.037
Gender	13.142	1	13.142	.808	.370
Ethnicity * Age	70.424	2	35.212	2.165	.118
Ethnicity * Gender	1.212	1	1.212	.075	.785
Age * Gender	67.668	2	33.834	2.081	.129
Ethnicity * Age * Gender	56.596	2	28.298	1.740	.179
Error	2374.298	146	16.262		
Total	544028.000	158			
Corrected Total	2727.342	157			

a. R Squared = .129 (Adjusted R Squared = .064)

Note: p is significant at the .10 level

Table 3.9

Age post-hoc analyses using LSD

Dependent Variable: PEP total score
LSD

(I) age	(J) age	Mean Difference (I-J)	Std. Error	Sig.	90% Confidence Interval Lower Bound	Upper Bound
23-30	31-45	.7071	.76556	.357	-.5601	1.9744
	45+	-.6128	.80105	.446	-1.9388	.7133
31-45	23-30	-.7071	.76556	.357	-1.9744	.5601
	45+	-1.3199	.79775	.100	-2.6405	.0007
45+	23-30	.6128	.80105	.446	-.7133	1.9388
	31-45	1.3199	.79775	.100	-.0007	2.6405

Based on observed means.
The error term is Mean Square(Error) = 16.262.

Note: p is significant at the .10 level

Hypothesis Two: Training Condition Demographics and Ethical Perceptions

The second hypothesis stated that a difference in counselors' mean score on the Perceived Ethical Perceptions instrument would differ across the training condition demographic of educational level, years of experience, and obtained licensures/certifications. The PEP measured the construct of ethical perceptions; higher scores on the PEP indicated more congruence and lower scores indicated less congruence with an established norm of perceived ethicality. A between group multi-factor ANOVA was utilized to test the following hypotheses:

2. *Participants mean scores on the Perceived Ethical Perceptions instrument differs across the demographics training conditions of educational level, years of experience within the counseling profession, and obtainment of counseling related certifications/licensure.*

Data from the pilot-study were used where the internal reliability of the PEP had been established. Participants' scores on the PEP served as the dependent variable (n=166). The three factors of the ANOVA included the training condition demographic variables of years of experience, educational level, and obtainment of certifications/licensures. The factor of educational level consisted of three levels [(currently enrolled in a Master's level counseling program, n=25); (obtained Master's level degree in counseling program, n=75); and, (obtained Doctoral level degree in a counseling program, n=66)], the factor of years of experience included four levels [($0 \leq 4$ years, n=16); ($4 \leq 8$ years, n=47); ($8 \leq 12$ years, n=42); and (more than 12 years of experience, n=61)], and the factor of obtained licensures and certifications specific to the counseling profession was represented by four levels [(no certification/licensure, n=33); (only certifications, n=37); (only licensures, n=38); and (both certifications and licensures, n=58)]

Analysis of hypothesis two. A multi-factor ANOVA was used to explore the factors of educational level, years of experience, and obtained licensures/certification on counselors' perceived perceptions of ethicality as measured by the PEP. Alpha levels were set at .10. The Levine's test was non-significant, indicating homogeneity of variance. A significant three way interaction effect was found across the three factors (educational level x years of experience x obtained licensures/certification), $F(8,132) = 1.806$, $p<.10$, $\eta 2=.099$; See Table 3.10). To examine the three way interaction effect, follow up tests were run utilizing six separate one-way ANOVAs:

1. The effect of years of experience by educational level on mean scores of the PEP was examined; educational level constituted the factor (See Appendix E). A significant affect was not found for years of experience by educational level.
2. The effect of years of experience by obtained certifications/licensures on the mean scores of the PEP was examined; obtained certifications/licensures constituted the factor (See Appendix E). A significant affect was not found for years of experience by obtained certifications/licensures.
3. The effect of educational level by obtained certifications/licensures on mean scores of the PEP was examined; obtained certifications/licensures constituted the factor (See Appendix E). A significant affect was found for educational level by obtained certifications/licensures for those participants currently enrolled in a Master's level counseling program. Post-hoc analyses utilizing LSD indicated the following significant interactions: for those participants that were currently enrolled in a Master's level counseling program, the mean score on the PEP was found to be higher for participants who currently only held counseling related licensures ($M=62.17$, $SD=1.72$, $n=6$) when

compared to those that either held no certifications/licensures (M=56.81, SD=3.95, n=16) or those who held both certifications and licensures (M=57.33, SD=5.13, n=3).

4. The effect of educational level by obtained years of experience on mean scores of the PEP was examined; years of experience constituted the factor (See Appendix E). A significant affect was not found for educational level by obtained certifications/licensures.
5. The effect of obtained certifications/licensures by years of experience on mean scores of the PEP was examined; years of experience constituted the factor (See Appendix E). A significant affect was not found for certifications/licensures by years of experience.
6. The effect of obtained certifications/licensures by educational level on mean scores of the PEP was examined; educational level constituted the factor (See Appendix E). A significant interaction affect was found for obtained certifications/licensures by educational level for those participants who currently held no certifications/licensures. Post-hoc analyses utilizing the LSD indicated the following significant interactions: for those participants that currently held no certifications/licensures, the mean score on the PEP was found to be higher for participants who had an obtained Master's level degree (M=60.14, SD=2.60, n=14) when compared to those who were currently enrolled in a Master's level program (M=56.81, SD=3.95, n=16) or those who had an obtained doctoral level degree (M=53.67, SD=6.66, n=3).

The interaction effects suggested that for participants currently enrolled in a counseling Master's level program, PEP scores were found to be significantly higher for participants that currently held counseling related licensures when compared to those who either held no certifications/licensures or those who held both certifications and licensures. Additionally, the

interaction affects indicated that for those participants that currently had no certifications/licensures related to counseling, PEP scores where higher for those with an obtained Master's level degree when compared to those who were currently enrolled in a Master's level program or those who had an obtained doctoral level degree. The null hypothesis was rejected and the alternative hypothesis was accepted: participants' mean scores on the PEP differed across a three way interaction between educational levels, years of experience, and obtained licensures/certifications.

Table 3.10

Educational level, years of experience, and obtained licensures/certifications on PEP mean scores: multi-factor ANOVA.

Tests of Between-Subjects Effects

Dependent Variable: PEP total score

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	565.099[a]	33	17.124	.914	.606
Intercept	200826.302	1	200826.302	10714.607	.000
Yrs4lev	43.120	3	14.373	.767	.515
EdLevel	26.061	2	13.030	.695	.501
Certifications	41.862	3	13.954	.744	.527
Yrs4lev * EdLevel	37.313	5	7.463	.398	.849
Yrs4lev * Certifications	59.231	7	8.462	.451	.868
EdLevel * Certifications	167.861	5	33.572	1.791	.119
Yrs4lev * EdLevel * Certifications	270.812	8	33.851	1.806	.081
Error	2474.106	132	18.743		
Total	570314.000	166			
Corrected Total	3039.205	165			

a. R Squared = .186 (Adjusted R Squared = -.018)

Note: p is significant at the .10 level

Hypotheses Three - Seven: Workplace Aggression and Ethical Perceptions

Hypotheses three through seven stated that a difference in counselors' mean score on the rating of a specific facet of ethical behavior as either being unethical or ethical would be

contingent on the factor of whether the participant had been a victim of workplace aggression. A distinct ethical scenario/behavior was used for each of the five hypotheses. Higher rating scores (max=4) on each of the ethical items indicated more congruence to an established norm of whether the behavior was ethical/unethical and lower scores (minimum=1) indicated no congruence to the norm. The *Negative Acts Questionnaire Revised* (NAQ-R; Einarsen et al., 1994; Hoel, 1999) measured the construct of workplace aggression. A one-way ANOVA was used to test hypotheses three through seven, with each hypothesis examining a distinct ethical behavior:

3. *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will differ across levels of workplace aggression.*
4. *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will differ across levels of workplace aggression.*
5. *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will differ across levels of workplace aggression.*
6. *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will differ across levels of workplace aggression.*
7. *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will differ across levels of workplace aggression.*

Data from the main-study were used to analyze the hypotheses. Participants' rating on the perceived ethicality of each of the five items served as the dependent variable (n=76), respective of the hypothesis. The independent variable, workplace aggression was assessed

across four levels: (1) no presence of workplace aggression (n=17), (2) low presence of workplace aggression (n=21), (3) medium levels of workplace aggression (n=19), and (4) high levels of workplace aggression (n=19).

Analyses of hypotheses three through seven. A one-way analysis of variance was used to explore each hypothesis, assessing if differences existed between the mean score on the perceived ethicality rating of each item contingent on the participant being a victim of workplace aggression; See Table 3.11. Alpha levels were set at .10. The Levine's test was significant, indicating non-homogeneity of variance. The unequal variance was not interpreted due to the exploratory nature of the study (liberal approach), utilizing LSD post hoc analyses.

Table 3.11

Differences on participant ratings of specific ethical items contingent on levels of workplace aggression: one-way ANOVA:

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Having a plan to transfer your clients should you become incapacitated	Between Groups	.577	3	.192	.745	.529
	Within Groups	18.581	72	.258		
	Total	19.158	75			
Breaking confidentiality if the client is threatening harm to him- or herself	Between Groups	.355	3	.118	3.375	.023
	Within Groups	2.526	72	.035		
	Total	2.882	75			
Encouraging a client's autonomy and self-determination	Between Groups	1.005	3	.335	2.491	.067
	Within Groups	9.679	72	.134		
	Total	10.684	75			
Giving a gift worth more than $25 to a client	Between Groups	1.727	3	.576	1.678	.179
	Within Groups	24.694	72	.343		
	Total	26.421	75			
Implying that a certification is the same as a license	Between Groups	1.117	3	.372	1.321	.274
	Within Groups	20.291	72	.282		
	Total	21.408	75			

Note: p is significant at the .10 level

Analysis of hypothesis three. Hypothesis three stated that participants' mean rating on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" would differ across levels of workplace aggression. Utilizing a one-way ANOVA and an alpha level of .10, the effect of workplace aggression was not found to be significant on the ethicality ratings of this specific behavior, $F(3,72) = .745$, $MSerror = .258$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis four. Hypothesis four stated that participants' mean rating on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" would differ across levels of workplace aggression. Utilizing a one-way ANOVA and an alpha level of .10, the effect of workplace aggression was found to be significant on the ethicality ratings of this specific behavior, $F(3,72) = 3.375$, $MSerror = .035$, $p < .10$. Post hoc analyses using LSD criterion for significance indicated that participants in high levels of workplace aggression (M=3.84, SD=.375 , n=19) scored significantly lower on this specific item when compared to participants in medium levels of workplace aggression (M=4.0, SD=0, n=19), low levels of workplace aggression (M=4.0, SD=0, n=21), and no presence of workplace aggression (M=4.0, SD=0, n=17), $p < .10$. The null hypothesis was rejected in favor of the alternative hypotheses. A difference was found between participants' ethicality rating of the item "Breaking confidentiality if the client is threatening harm to him- or herself" contingent on the level of workplace aggression; those participants working within high levels of workplace aggression were found to show less congruence to the perceived ethicality of this specific behavior when compared to the other three levels of workplace aggression (none, low, medium).

Table 3.12

LSD post-hoc analysis on levels of workplace aggression: hypothesis four

Multiple Comparisons

Dependent Variable: Breaking confidentiality if the client is threatening harm to him- or herself
LSD

(I) NAORlevels	(J) NAORlevels	Mean Difference (I-J)	Std. Error	Sig	90% Confidence Interval Lower Bound	Upper Bound
none	low	.000	.061	1.000	-.10	.10
	medium	.000	.063	1.000	-.10	.10
	high	.158*	.063	.014	.05	.26
low	none	.000	.061	1.000	-.10	.10
	medium	.000	.059	1.000	-.10	.10
	high	.158*	.059	.010	.06	.26
medium	none	.000	.063	1.000	-.10	.10
	low	.000	.059	1.000	-.10	.10
	high	.158*	.061	.011	.06	.26
high	none	-.158*	.063	.014	-.26	-.05
	low	-.158*	.059	.010	-.26	-.06
	medium	-.158*	.061	.011	-.26	-.06

*. The mean difference is significant at the 0.10 level.

Note: p is significant at the .10 level

Analysis of hypothesis five. Hypothesis five stated that participants' mean rating on the perceived ethicality of "Encouraging a client's autonomy and self-determination" would differ across levels of workplace aggression. Utilizing a one-way ANOVA and an alpha level of .10, the effect of workplace aggression was found to be significant on the ethicality ratings of this specific behavior, $F(3,72) = 2.491$, MSerror =.134, $p<.10$. Post hoc analyses using LSD criterion for significance indicated that participants in high levels of workplace aggression (M=3.68, SD=.582 , n=19) scored significantly lower on this specific item when compared to participants in medium levels of workplace aggression (M=4.0, SD=0, n=19). The null hypothesis was rejected in favor of the alternative hypotheses. A difference was found between participants' ethicality rating of the item "Encouraging a client's autonomy and self-determination" contingent on the level of workplace aggression; those participants working within high levels of workplace aggression were found to show less congruence to the perceived ethicality of this specific behavior when compared to participants in medium levels of workplace aggression.

Table 3.13

LSD post-hoc analysis on levels of workplace aggression: hypothesis four

Multiple Comparisons

Dependent Variable: Encouraging a client's autonomy and self-determination
LSD

(I) NAORlevels	(J) NAORlevels	Mean Difference (I-J)	Std. Error	Sig.	90% Confidence Interval	
					Lower Bound	Upper Bound
none	low	-.022	.120	.852	-.22	.18
	medium	-.118	.122	.340	-.32	.09
	high	.198	.122	.110	-.01	.40
low	none	.022	.120	.852	-.18	.22
	medium	-.095	.116	.415	-.29	.10
	high	.221*	.116	.061	.03	.41
medium	none	.118	.122	.340	-.09	.32
	low	.095	.116	.415	-.10	.29
	high	.316*	.119	.010	.12	.51
high	none	-.198	.122	.110	-.40	.01
	low	-.221*	.116	.061	-.41	-.03
	medium	-.316*	.119	.010	-.51	-.12

*. The mean difference is significant at the 0.10 level.

Note: p is significant at the .10 level

Analysis of hypothesis six. Hypothesis six stated that participants' mean rating on the perceived ethicality of "Giving a gift worth more than $25 to a client" would differ across levels of workplace aggression. Utilizing a one-way ANOVA and an alpha level of .10, the effect of workplace aggression was not found to be significant on the ethicality ratings of this specific behavior, $F(3,72) = 1.678$, $MSerror = .343$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis seven. Hypothesis seven stated that participants' mean rating on the perceived ethicality of "Implying that a certification is the same as a license" would differ across levels of workplace aggression. Utilizing a one-way ANOVA and an alpha level of .10, the effect of workplace aggression was not found to be significant on the ethicality ratings of this

specific behavior, $F(3,72) = 1.321$, $MSerror = .282$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Hypotheses Eight - Twelve: Supervisor/Boss Unethical Behavior and Ethical Perceptions

Hypotheses eight through twelve stated that a difference in counselors' mean score on the ethicality rating of a specific behavior would be contingently based on whether the participant had been exposed or not exposed to perceived normative unethical behaviors by a work supervisor/boss within the past six months. A distinct ethical scenario/behavior was used for each of the five hypotheses. Higher rating scores (max=4) on each of the items indicated more congruence to an established norm of whether that behavior was ethical/unethical and lower scores (minimum=1) indicated no congruence to the established norm. A one-way ANOVA was utilized to test hypotheses eight through twelve, with each hypothesis examining a distinct ethical behavior:

8. *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*
9. *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*
10. *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will vary contingent upon the factor of either being*

exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.

11. *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*
12. *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

Data from the main-study were used. Participants' rating on the perceived ethicality of each of the five items served as the dependent variable (n=76). The independent variable was represented by participants' self-report on whether they had been aware or had witnessed a work supervisor/boss engage in perceived unethical infractions within the past 6 months; it was represented across two levels, either yes (n=18) or no (n=58).

Analyses of hypotheses eight through twelve. A one-way ANOVA was used to explore each hypothesis, assessing if differences existed between the mean score on the perceived ethicality rating of each item contingent on the presence of perceived unethical behaviors committed by a work supervisor boss; See Table 3.14. Alpha levels were set at .10. The Levine's test was significant, indicating non-homogeneity of variance. The unequal variance was not interpreted due to the study's exploratory nature (liberal approach previously justified).

Table 3.14

Differences on participant ratings of specific ethical items contingent on presence of unethical infractions by a work supervisor/boss: one-way ANOVA:

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Having a plan to transfer your clients should you become incapacitated	Between Groups	.058	1	.058	.226	.636
	Within Groups	19.100	74	.258		
	Total	19.158	75			
Breaking confidentiality if the client is threatening harm to him- or herself	Between Groups	.121	1	.121	3.245	.076
	Within Groups	2.761	74	.037		
	Total	2.882	75			
Encouraging a client's autonomy and self-determination	Between Groups	.136	1	.136	.956	.331
	Within Groups	10.548	74	.143		
	Total	10.684	75			
Giving a gift worth more than $25 to a client	Between Groups	.525	1	.525	1.499	.225
	Within Groups	25.897	74	.350		
	Total	26.421	75			
Implying that a certification is the same as a license	Between Groups	.027	1	.027	.092	.762
	Within Groups	21.381	74	.289		
	Total	21.408	75			

Note: p is significant at the 0.10 level

Analysis of hypothesis eight. Hypothesis eight stated that participants' mean rating on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" would vary contingent on if the participant had been exposed/aware of a work supervisor/boss engaging in perceived unethical infractions. Utilizing a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work supervisor/boss was not found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = .226$, $MS_{error} = .258$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis nine. Hypothesis nine stated that participants' mean rating on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" would vary contingent on if the participant had been exposed/aware of a work

supervisor/boss engaging in perceived unethical infractions. Utilizing a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work supervisor/boss was found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = 3.245$, $MSerror = .037$, $p < .10$. Participants who had witnessed or been aware of their work supervisor/boss engage in perceived unethical infractions ($M=3.89$, $SD=.323$, $n=18$) scored significantly lower on this specific item when compared to participants who were not aware of their work supervisor/boss engaging in perceived unethical infractions ($M=3.98$, $SD=.131$, $n=58$), $p < .10$. The null hypothesis was rejected and the alternative hypothesis was accepted. A difference was found between participants' ethicality rating of the item "Breaking confidentiality if the client is threatening harm to him- or herself" contingent on the participant being exposed to a work supervisor/boss engage in perceived unethical infractions; those participants who were aware/exposed to unethical infractions by a work supervisor/boss were found to show less congruence to the perceived ethicality of this specific behavior when compared to participants who were not aware/exposed.

Analysis of hypothesis ten. Hypothesis ten stated that participants' mean rating on the perceived ethicality of "Encouraging a client's autonomy and self-determination" would vary contingent on if the participant had been exposed/aware of a work supervisor/boss engaging in perceived unethical infractions. Utilizing a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work supervisor/boss was not found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = .956$, $MSerror = .143$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis eleven. Hypothesis eleven stated that participants' mean rating on the perceived ethicality of "Giving a gift worth more than $25 to a client" would vary contingent on if the participant had been exposed/aware of a work supervisor/boss engaging in perceived unethical infractions. Utilizing a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work supervisor/boss was not found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = 1.499$, $MSerror = .350$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis twelve. Hypothesis twelve stated that participants' mean rating on the perceived ethicality of "Implying that a certification is the same as a license" would vary contingent on if the participant had been exposed/aware of a work supervisor/boss engaging in perceived unethical infractions. Utilizing a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work supervisor/boss was not found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = .092$, $MSerror = .289$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Hypotheses Thirteen - Seventeen: Peer Unethical Behavior and Ethical Perceptions

Hypotheses thirteen through seventeen stated that a difference in counselors' mean score on the rating of a specific facet of ethical behavior as either being unethical or ethical would differ contingent on if the participant had been exposed to perceived normative unethical behaviors by a work peer within the past six months. A distinct ethical scenario/behavior was used for each of the five hypotheses. Higher rating scores (max=4) on each of the items indicated more congruence to an established norm of whether the behavior was ethical/unethical and lower scores (minimum=1) indicated no congruence. A one-way ANOVA was used to test

hypotheses thirteen through seventeen, with each hypothesis examining a distinct ethical behavior:

13. *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*
14. *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*
15. *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*
16. *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*
17. *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

Data from the main-study were used within the statistical analyses. Participants' rating on the perceived ethicality of each of the five items served as the dependent variable (n=76). The independent variable was represented by participants' self-reported data on whether they had been aware or had witnessed a work supervisor/boss engage in perceived unethical infractions within the past 6 months; it was represented across two levels, either yes (n=24) or no (n=52).

Analyses of hypotheses thirteen through seventeen. A one-way analysis of variance was used to explore each hypothesis, assessing if differences existed between the mean score on the perceived ethicality rating of each item contingent on the presence of perceived unethical behaviors committed by a work peer; See Table 3.15. Alpha levels were set at .10. The Levine's test was significant, indicating non-homogeneity of variance. The unequal variance was not interpreted due to the exploratory nature of the study (liberal approach).

Table 3.15

Participant ratings of ethical items contingent on presence of unethical infractions by work peer

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Having a plan to transfer your clients should you become incapacitated	Between Groups	.389	1	.389	1.532	.220
	Within Groups	18.769	74	.254		
	Total	19.158	75			
Breaking confidentiality if the client is threatening harm to him- or herself	Between Groups	.000	1	.000	.004	.948
	Within Groups	2.881	74	.039		
	Total	2.882	75			
Encouraging a client's autonomy and self-determination	Between Groups	.284	1	.284	2.018	.160
	Within Groups	10.401	74	.141		
	Total	10.684	75			
Giving a gift worth more than $25 to a client	Between Groups	2.636	1	2.636	8.200	.005
	Within Groups	23.785	74	.321		
	Total	26.421	75			
Implying that a certification is the same as a license	Between Groups	.017	1	.017	.058	.810
	Within Groups	21.391	74	.289		
	Total	21.408	75			

Note: p is significant at the 0.10 level

Analysis of hypothesis thirteen. Hypothesis thirteen stated that participants' mean rating on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" would vary contingent on if the participant had been exposed/aware of a work peer engaging in perceived unethical infractions. Utilizing a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work peer was not found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = 1.532$, $MSerror = .254$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis fourteen. Hypothesis fourteen stated that participants' mean rating on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" would vary contingent on if the participant had been exposed/aware of a work peer engaging in perceived unethical infractions. Using a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work peer was not found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = .004$, $MSerror = .039$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis fifteen. Hypothesis fifteen stated that participants' mean rating on the perceived ethicality of "Encouraging a client's autonomy and self-determination" would vary contingent on if the participant had been exposed/aware of a work peer engaging in perceived unethical infractions. Utilizing a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work peer was not found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = 2.018$, $MSerror = .141$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis sixteen. Hypothesis sixteen stated that participants' mean rating on the perceived ethicality of "Giving a gift worth more than $25 to a client" would vary contingent on if the participant had been exposed/aware of a work peer engaging in perceived unethical infractions. Utilizing a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work peer was found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = 8.200$, $MSerror = .321$, $p < .10$. Participants who had witnessed or been aware of their work peers engaging in perceived unethical infractions ($M=3.96$, $SD=.204$, $n=24$) scored significantly higher on this specific item when compared to participants who were not aware of their work peers engaging in perceived unethical infractions ($M=3.56$, $SD=.669$, $n=52$), $p < .10$. The null hypothesis was rejected and the alternative hypothesis was accepted. A difference was found between participants' ethicality rating of the item "Giving a gift worth more than $25 to a client" contingent on the participant being aware and/or witnessing a work peer engage in perceived unethical infractions; those participants who were not aware/exposed to unethical infractions by work peers were found to show less congruence to the perceived ethicality of this specific behavior when compared to participants who were aware/exposed.

Analysis of hypothesis seventeen. Hypothesis seventeen stated that participants' mean rating on the perceived ethicality of "Implying that a certification is the same as a license" would vary contingent on if the participant had been exposed/aware of a work peer engaging in perceived unethical infractions. Utilizing a one-way ANOVA and an alpha level of .10, the effect of being exposed to perceived unethical infractions by a work peer was not found to be significant on the ethicality ratings of this specific behavior, $F(1,74) = .058$, $MSerror = .289$,

p>.10. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Hypotheses Eighteen–Twenty Two: Cognitive Development and Ethical Perceptions

Hypotheses eighteen through twenty two stated that a relationship would exist between counselors' ratings of a specific facet (item) of ethical behavior and their cognitive complexity score. A distinct ethical scenario/behavior was used for each of the five hypotheses (obtained from the PEP). These items were ranked in terms of perceived ethicality in which a score of 4 indicated congruence to an established norm of that item's ethicality and a score of 1 indicated no congruence. The construct of cognitive complexity was measured by the N2 score from the DIT-2 (Rest et al., 1999a). Correlational analyses utilizing the Spearman Rho coefficient were used to test hypotheses eighteen through twenty two, with each hypothesis examining one of the five distinct ethical behaviors:

18 *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

19 *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

20 *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

21 *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

22 *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

Analyses of hypothesis eighteen through twenty two. Data from the main study were used to examine the relationship between these two variables. Spearman Rho correlational analyses were used to test each hypothesis; See Table 3.16. The use of a non-parametric correlation test assisted in addressing violations of data normality (i.e., distribution of the data, linearity). Alpha levels were set at .10. For flagged significant correlations, the resulting r and R^2 were then analyzed. In addition, scatterplot diagrams were examined as a pictorial representation of the relationship between the two variables.

Table 3.16

Relationship between ethical item ratings and cognitive complexity: Spearman correlations

			N2 score (N2 score)
Spearman's rho	N2 score (N2 score)	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	76
	Having a plan to transfer your clients should you become incapacitated	Correlation Coefficient	.065
		Sig. (2-tailed)	.575
		N	76
	Breaking confidentiality if the client is threatening harm to him- or herself	Correlation Coefficient	-.011
		Sig. (2-tailed)	.926
		N	76
	Encouraging a client's autonomy and self-determination	Correlation Coefficient	-.054
		Sig. (2-tailed)	.641
		N	76
	Giving a gift worth more than $25 to a client	Correlation Coefficient	.108
		Sig. (2-tailed)	.354
		N	76
	Implying that a certification is the same as a license	Correlation Coefficient	.238
		Sig. (2-tailed)	.038
		N	76

Note: p is significant at the 0.10 level

Analysis of hypothesis eighteen. Hypothesis eighteen stated that a relationship existed between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)=.065$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted

Analysis of hypothesis nineteen. Hypothesis nineteen stated that a relationship existed between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)=-.011$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

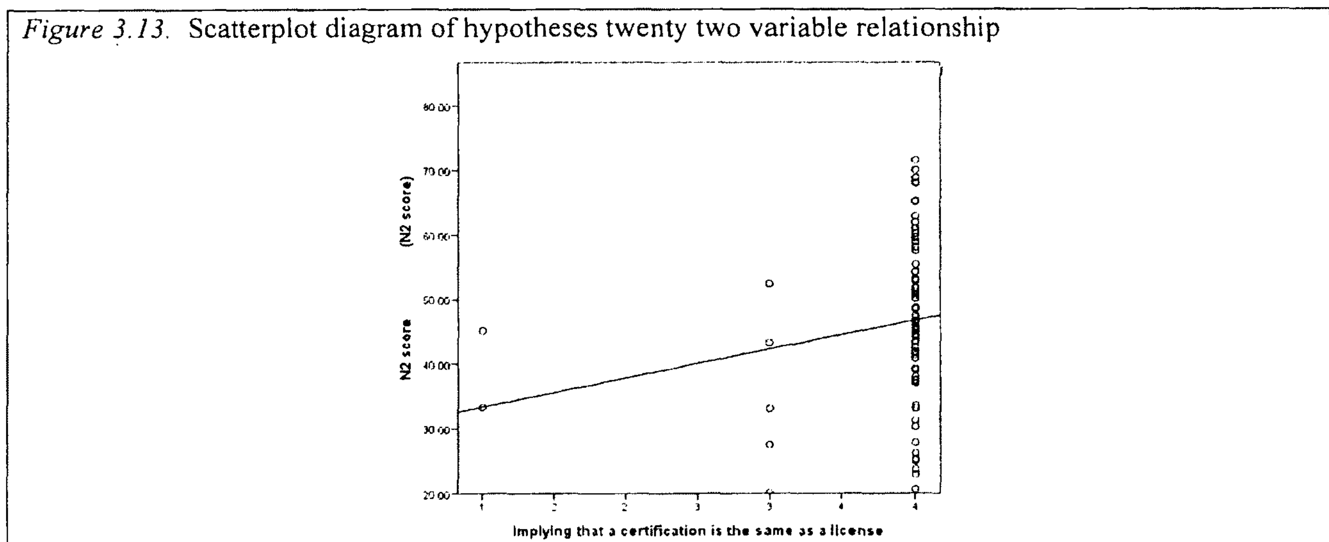
Analysis of hypothesis twenty. Hypothesis twenty stated that a relationship existed between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)= -.054$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis twenty one. Hypothesis twenty one stated that a relationship existed between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate

a significant correlation with a two-tailed test, $r_s(74)=.108$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis twenty two. Hypothesis twenty two stated that a relationship existed between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables indicated a significant positive correlation with a two-tailed test, $r_s(74)=.238$, $p<.10$. The coefficient of determination indicated that the two variables have 5.67% of their variance in common. The null hypothesis was rejected in favor of the alternative hypothesis. The results indicated that as cognitive complexity increased, there was a statistical increase in participants' rating congruence of the normed ethicality on this item.

Figure 3.13. Scatterplot diagram of hypotheses twenty two variable relationship



Hypotheses Twenty Three–Twenty Seven: Moral Care Foundation and Ethical Perceptions

Hypotheses twenty three through twenty seven stated that a relationship would exist between counselors' ratings of a specific facet (item) of ethical behavior and their moral care foundation score. Each distinct ethical scenario was obtained from the PEP and items were

ranked in terms of perceived ethicality; a score of 4 indicated congruence to an established norm of that item's ethicality and a score of 1 indicated no congruence. The construct of the moral care foundation was derived from the corresponding MFQ subscale (Graham et al., 2008). Correlational analyses using the Spearman Rho coefficient were used to test the hypotheses of whether a relationship existed between each of the unique ethical items and the moral care foundation. The following hypotheses, twenty three through twenty seven, were established:

23 *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

24 *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

25 *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

26 *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

27 *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

Analyses of hypotheses twenty three through twenty seven. Data from the main study were used to examine the relationship between these two variables. Spearman Rho correlational

analyses were used to test each hypothesis; See Table 3.17. The Spearman Rho, a non-parametric correlation test, assisted in addressing violations of data normality (i.e. distribution of the data, linearity). Alpha levels were set at .10. Significant correlations were then examined and interpreted in terms of the resulting r and R^2 statistics. Scatterplot diagrams were inspected and provided a pictorial representation of the relationship between the examined variables.

Table 3.17

Relationship between ethical item ratings and care foundation: Spearman correlations

			Harm score
Spearman's rho	Harm score	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	76
	Having a plan to transfer your clients should you become incapacitated	Correlation Coefficient	-.042
		Sig. (2-tailed)	.721
		N	76
	Breaking confidentiality if the client is threatening harm to him- or herself	Correlation Coefficient	-.131
		Sig. (2-tailed)	.258
		N	76
	Encouraging a client's autonomy and self-determination	Correlation Coefficient	.143
		Sig. (2-tailed)	.217
		N	76
	Giving a gift worth more than $25 to a client	Correlation Coefficient	-.006
		Sig. (2-tailed)	.959
		N	76
	Implying that a certification is the same as a license	Correlation Coefficient	.157
		Sig. (2-tailed)	.174
		N	76

Note: p is significant at the 0.10 level

Analysis of hypothesis twenty three. Hypothesis twenty three stated that a relationship existed between participants' moral care foundation score and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74) = -.042$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis twenty four. Hypothesis twenty four stated that a relationship existed between participants' moral care foundation score and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)=-.131$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis twenty five. Hypothesis twenty five stated that a relationship existed between participants' moral care foundation score and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)=.143$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis twenty six. Hypothesis twenty six stated that a relationship existed between participants' moral care foundation score and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)= -.006$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis twenty seven. Hypothesis twenty seven stated that a relationship existed between participants' moral care foundation score and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables

did not indicate a significant correlation with a two-tailed test, $r_s(74) = -.006$, $p > .10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Hypotheses Twenty Eight-Thirty Two: Moral Sanctity Foundation and Ethical Perceptions

Hypotheses twenty eight through thirty two stated that a relationship would exist between counselors' ratings of a specific facet (item) of ethical behavior and their moral sanctity foundation score. Five items from the PEP were used to represent specific ethical scenarios; each item was ranked in terms of its perceived ethicality; a score of 4 indicated congruence to an established norm of that item's ethicality and a score of 1 indicated no congruence. The construct of the moral sanctity foundation was derived from the corresponding MFQ subscale (Graham et al., 2008). Correlational analyses using the Spearman Rho coefficient were utilized to test the following hypotheses, twenty eight through thirty two, in which each hypothesis gaged the relationship between one of the specific ethical behaviors and the moral sanctity foundation:

28 *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

29 *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

30 *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

31 *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

32 *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

Analyses of hypotheses twenty eight through thirty two. Data from the main study were used to examine the relationship between these two variables. Spearman Rho correlational analyses were used to test each hypothesis; See Table 3.18. The use of a non-parametric correlation assisted in addressing violations of normality related to data distribution. Alpha levels were set at .10. The resulting correlation statistics (r and R^2) were then interpreted for correlations that indicated a significant p value. Scatterplot diagrams were also examined, providing a pictorial representation of the relationship between the investigated variables.

Table 3.18

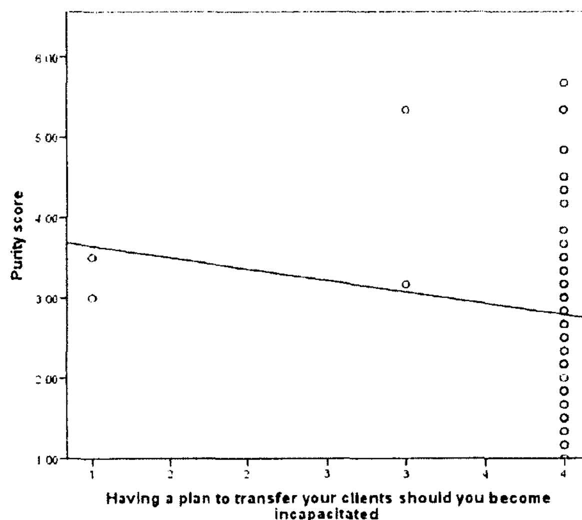
Relationship between ethical item ratings and sanctity foundation: Spearman correlations

			Purity score
Spearman's rho	Purity score	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	76
	Having a plan to transfer your clients should you become incapacitated	Correlation Coefficient	-.204
		Sig. (2-tailed)	.077
		N	76
	Breaking confidentiality if the client is threatening harm to him- or herself	Correlation Coefficient	-.002
		Sig. (2-tailed)	.989
		N	76
	Encouraging a client's autonomy and self-determination	Correlation Coefficient	.048
		Sig. (2-tailed)	.680
		N	76
	Giving a gift worth more than $25 to a client	Correlation Coefficient	-.087
		Sig. (2-tailed)	.456
		N	76
	Implying that a certification is the same as a license	Correlation Coefficient	.075
		Sig. (2-tailed)	.519
		N	76

Note: p is significant at the 0.10 level

Analysis of hypothesis twenty eight. Hypothesis twenty three stated that a relationship existed between participants' moral sanctity foundation score and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables indicated a significant negative correlation with a two-tailed test, $r_s(74) = -.204$, $p < .10$. The coefficient of determination indicated that the two variables have 4.16% of their variance in common. The null hypothesis was rejected in favor of the alternative hypothesis. The results indicated that as the moral sanctity foundation scale increased, there was a statistical decrease in participants' rating congruence of the ethicality on this item.

Figure 3.14. Scatterplot diagram of hypotheses twenty eight variable relationship



Analysis of hypothesis twenty nine. Hypothesis twenty three stated that a relationship existed between participants' moral sanctity foundation score and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)=-$

.002, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis thirty. Hypothesis twenty three stated that a relationship existed between participants' moral sanctity foundation score and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)=.048$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis thirty one. Hypothesis twenty three stated that a relationship existed between participants' moral sanctity foundation score and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)= -.087$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Analysis of hypothesis thirty two. Hypothesis twenty three stated that a relationship existed between participants' moral sanctity foundation score and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license." Utilizing a Spearman Rho correlation with an alpha level of .10, the relationship between the two variables did not indicate a significant correlation with a two-tailed test, $r_s(74)= -.075$, $p>.10$. The null hypothesis was not rejected and the alternative hypothesis was not accepted.

Summary of Results

The preceding chapter outlined the descriptive and statistical findings of the current research study. Demographic information related to the 76 participants that completed the main

study was discussed, pertaining to basic human demographics (age, gender) and counseling training condition demographics (years of experience, specialty cognate area). It was noted that for demographic information related to the participant sample of the pilot study, Chapter Three and Appendix C should be referenced.

Then, descriptive statistics related to the administered psychometric instruments were reviewed for the *Defining Issues Test 2* (DIT-2; Rest et al., 1999a), the *Moral Foundations Questionnaire* (MFQ; Graham et al., 2008), the *Negative Acts Questionnaire Revised* (NAQ-R; Einarsen et al., 1994; Hoel, 1999), and the *Perceived Ethical Perceptions* instrument (PEP; See Chapter Three: Instrument Construction). Additionally, descriptive data were examined for the five items in the PEP (utilized in hypotheses testing) and survey items that gaged participants' exposure to perceived unethical infractions (by a supervisor/boss and peer) within the workplace. Finally, the research hypotheses related to this study were reviewed and analyzed. An overview of the involved statistical procedures for each hypothesis was noted. This was followed by the reporting of the statistical analyses and ensuing results for each hypothesis.

Chapter 5: Discussion

This chapter will discuss the current study's research results, subsequent implications for the counseling profession, and suggested areas for future direction. First, descriptive analyses will be reviewed, examining the prevalence rate of workplace aggression and exposure to normative unethical behaviors within this participant sample. Then, statistical findings as they relate to perceived perceptions of ethicality and the examined independent variables will be expounded upon. This will include a discussion on mean differences of ethical perceptions in terms of participant basic and training condition demographics. Differences in perceptions of ethicality will then be explored in terms of five specific ethical items contingent on the prevalence of workplace aggression, exposure to normative unethical behavior by a work supervisor/boss, and exposure to normative unethical behavior by a work peer. The relationship between the different facets of an integrated modal of morality and participants' ethical perceptions on these five items will then be reviewed, including addressing the construct of cognitive complexity, the moral foundation of care, and the moral foundation of sanctity. Each one of these noted sections (i.e., descriptive analyses, mean differences, relationships) will encompass a discussion of the results, potential interpretations, implications, and recommendations for future research. These segregated interpretations will then be followed by a summary of all results and their implications for the counseling profession. Lastly, limitations to the current study will be provided as it relates specifically to the discussion and interpretation of this study's results.

Descriptive Data Overview

Workplace Aggression

Examining the prevalence of workplace aggression in the counseling profession, the findings of this study were congruent with the current literature: workplace aggression was found to be a common phenomenon (Schat et al., 2006; Schat and Kelloway, 2005). The administered instrument that measured the construct of workplace aggression (NAQ-R; Einarsen et al., 1994; Hoel, 1999) revealed that only 17 out of 76 participants (22.4%) self-reported no exposure to workplace aggression in the past six months. This indicated that the remaining 77.6% of participants surveyed had reported being the victim of at least one aggressive act within the past six months while working in the counseling field.

Nielsen and colleagues (2011) reported that just one aggressive act within the workplace can generate unhealthy and adversarial work conditions for the employee. However, these researchers went on to note that workplace aggression happens on a continuum of intensity; the qualitative aspect of workplace aggression can vary contingent on the magnitude and degree of the related aggressive behaviors. Keeping this in mind, further analyses and discussion of participants that had reported being the victim of at least one aggressive act becomes warranted, exemplifying potential differences inherent within different levels of workplace aggression.

A continuum of workplace aggression was established to differentiate the subsequent intensity of this construct for the participants, ranging from a level of no, low, medium, and high presence of workplace aggression. Low presence of workplace aggression was defined as scores on the NAQ-R that ranged from 23 to 25; these scores represented the participant as being a victim of at least one aggressive related behavior on a "now and then" basis. Higher scores indicated that the participant had either been the victim of two to three aggressive behaviors on a "now and then" basis or the intensity of one of the behaviors occurred with more frequency (i.e. monthly or weekly). Scores on the NAQ-R that ranged from 26 to 31 defined a medium level

category of exposure to workplace aggression. Compared to the lower level, these scores indicated more frequency of different aggressive behaviors on a "now and then" basis (up to 7 different behaviors compared to 3) or an increased intensity of a said aggressive behavior (i.e., monthly, weekly, or daily). Finally, high levels of workplace aggression were defined by NAQ-R scores that were equal to or greater than 32. These scores represented more frequent and intense exposure to aggressive related behaviors in the workplace when compared to the low and medium levels of workplace aggression. Within this participant sample, the highest score on the NAQ-R was 64.

From those sampled in the current study, 21 participants (27.6%) were classified as belonging into the low level of workplace aggression. It is important to note that a low level of workplace aggression does not discount the experience of the employee; he or she is still being subjected to aggressive conditions that ultimately may be unpleasant and in some cases, potentially unbearable. Within the low presence of workplace aggression category (n=21), one participant reported being the victim of the following occurrence on a weekly basis: *excessive monitoring of your work*. From the remaining behaviors (items) on the NAQ-R, 17 items were reported as occurring on a "now and then" basis by at least one of the 21 participants within this low level category. These 17 items included: (a) *someone withholding information which affects your performance*, (b) *being humiliated or ridiculed in connection with your work*, (c) *being ordered to do work below your level of competence,* (d) *spreading of gossip and rumors about you*, (e) *having insulting or offensive remarks made about your person, your attitudes, or your private life*, (f) *being shouted at or being the target of spontaneous anger*, (g) *intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way*, (h) *repeated reminders of your errors or mistakes,* (i) *being ignored or facing a hostile reaction*

when you approach, (j) *persistent criticism of your work and effort*, (k) *having your opinions and views ignored*, (l) *practical jokes carried out by people you don't get on with*, (m) *being given tasks with unreasonable or impossible targets or deadlines*, (n) *having allegations made against you*, (o) *pressure not to claim something which by right you are entitled to (e.g. sick leave)*, (p) *being the subject of excessive teasing and sarcasm*, and (q) *being exposed to an unmanageable workload.*

These various reported behaviors capture a gamut of unpleasant work related experiences and portray unideal environments for the employees subjected to them. However, some of these behaviors may be more commonplace within the counseling profession. For example, the excessive monitoring of work (that one participant indicated occurring on a weekly basis) may have been associated with residency requirements towards licensure or the role of supervision – in which the supervisor is ultimately responsible for the actions of the supervisee; this substantiates high levels of monitoring, especially for new professionals in the field who are not licensed to practice independently (Bernard & Goodyear, 2009). This interpretation warrants further investigation to segregate professional obligations from what might also have been the result of unnecessary micromanagement. Irrespective, the other 17 reported behaviors that occurred on a "now and then" occurrence spoke for themselves, portraying a picture in which the employee was ridiculed, insulted, and ignored. In essence, a low level of workplace aggression may indicate that problems are inherent within the work environment. For these 21 participants, the work condition may be less than ideal. This may lead to the common consequences often faced by those working in adversarial work conditions, such as decreased job satisfaction (Rowe & Sherlock, 2005), increased mental health consequences (Einarsen & Mikkelsen, 2003;

Rospenda et al., 2009), more interpersonal conflicts outside of work (Lewis & Oxford, 2005), and poorer performance at work (Rowe & Sherlock, 2005).

When looking at the medium level of workplace aggression, the intensity and frequency of being subjected to various aggressive behaviors in the workplace increased for the participants. From those sampled in the current study (n=76), 19 participants (25%) fell into the medium level of workplace aggression. What makes this finding discerning is that the reported frequency and intensity of the aggressive behaviors moves out of range in which justification for the noted behaviors may occur within the context of the counseling profession (i.e. supervision and monitoring of work). For example, when comparing the reported intensity of the different facets (items) of workplace aggression between those in low levels and medium levels, increases were noted from a "now and then" occurrence (low level of aggression) to a "monthly" occurrence (medium level of aggression) for the following behaviors: *someone withholding information which affects your performance, persistent criticism of your work and effort, having your opinions and views ignored,* and *being exposed to an unmanageable workload.* The behavior of "*being ordered to do work below your level of competence*" also increased in frequency and now represented a maximum "daily" occurrence for at least one of the participants. Additionally, within the medium level of workplace aggression, participants began to report on the occurrence of other facets of workplace aggression on a "now and then" basis that included: (a) *being ignored or excluded, (b) hints or signals from others that you should quit your job,* and (c) *threats of violence or physical abuse or actual abuse.* As intensity and frequency of being the victim of aggressive related behaviors increased for these participants (within the medium level), further investigation becomes warranted to assess the potential effects of these adversarial environments and the potential subsequent consequences on the employee.

The need for this investigation becomes particularly highlighted considering that reported behaviors now included threats to physical safety. As previously noted, commonplace consequences are associated for victims of workplace aggression that include both psychological ramifications for the employee and interpersonal implications for the employer and profession it serves (Einarsen & Mikkelsen, 2003; Lewis & Oxford, 2005; Rospenda et al., 2009; Rowe & Sherlock, 2005).

The consequences of workplace aggression on an individual level and professional level may become even more pronounced when examining those participants who reported being subjected to high levels of workplace aggression within the past six months. From the 76 participants surveyed in the main study, 19 participants (25%) were described as being the victims of high levels of workplace aggression. Undeniably, an increase in the noted frequency and intensity of the aggressive workplace behaviors added to the concern when examining this prevalence. For these 19 participants, many facets of workplace aggression increased to a "weekly" and "daily" occurrence rate. For example, the following behaviors were now reported by at least one participant to occur weekly: (a) *having key areas of responsibility removed or replaced with more trivial or unpleasant tasks*, (b) *being ignored excluded*, (c) *hints or signals from others that you should quit your job*, (d) *repeated reminders of your errors or mistakes*, (e) *being given tasks with unreasonable or impossible targets or deadlines*, (f) *pressure not to claim something which by right you are entitled to (e.g,. sick leave)*, (g) *being the subject of excessive teasing and sarcasm*, (h) *spreading of gossip and rumors about you,* and (i) *threats of violence or physical abuse or actual abuse.* Similarly, the following behaviors were reported as occurring on a daily basis: (a) *someone withholding information which affects your performance*, (b) *having insulting or offensive remarks made about your person, your attitudes, or your private*

life, (c) *being shouted at or being the target of spontaneous anger*, (d) *having your opinions and views ignored*, (e) *excessive monitoring of your work*, and (f) *being exposed to an unmanageable workload*.

As it can be seen, the increase in intensity and frequency of the reported aggressive behaviors was pronounced for participants working within high levels of workplace aggression. In particular, six facets (items) related to workplace aggression were found to be occurring on a daily basis for some of the participants; this intensity of occurrence was not present with such magnitude when comparing these adversarial work environments to the lower levels of workplace aggression. Though the noted increase in all the different behaviors related to workplace aggression warrant concern, the intensification in threats to physical safety (reported by one participant) was distressing; this behavior was now reported as occurring on a weekly basis. These findings necessitate further investigation considering the detrimental consequences of workplace aggression on employees' mental status and the overall negative implications that these types of work conditions can have within the larger system (Einarsen & Mikkelsen, 2003; Lewis & Oxford, 2005; Rospenda et al., 2009; Rowe & Sherlock, 2005). Further grounding the need for more research on workplace aggression within the counseling profession becomes substantiated when examining the NAQ-R total score frequency for the participants working within highly aggressive environments. Seven of these 19 participants had scores equal to or higher then 42 (maximum score within this sample was 64), representing very profound incidences of exposure to aggressive behavior within the work environment.

Implications and recommendations for the counseling profession. As noted, the findings of this study indicated that workplace aggression within the counseling field may be a prominent phenomenon that substantiates further investigation. Of the surveyed 76 participants,

77.6% reported being the victim of at least one aggressive act within the past six months. Further analyses of these results that took into consideration the continuum of workplace aggression revealed that from the 76 participants, 21 participants (27.6%) were subjected to low levels, 19 participants (25%) subjected to medium levels, and 19 participants (25%) subjected to high levels of workplace aggression. The continuum of workplace aggression should not be discounted and it was noted that even within lower levels, the employee may be subjected to behaviors that warrant concern.

These finding added to the literature as a previous dearth of research existed that investigated the phenomenon of workplace aggression within the specific context of the counseling profession. These findings indicated that not only does workplace aggression exist within the counseling profession but also that its rates of incidence might be higher than those previously established by other researchers investigating the construct on a more broad level (i.e., the helping profession). Indisputably, more investigation on this construct becomes warranted when considering that aggression in the workplace "may not only ruin employees' mental health, but also their career, social status and thus their way of life" (Einarsen &Mikkelsen, 2003, p. 127). Considering these ramifications, future researchers may want to investigate how these adversarial work conditions may or may not be related to counselor burn out; counselor burn out is a notorious concept within the counseling profession and has been linked to a lack of coworker support, scant clinical supervision, limited self-care activities (Oser, Biebel, Pullen, & Harp, 2013), lack of coping skills, compassion fatigue, perceptions of the work environment (Thompson, Amatea, & Thompson, 2014), work settings (Lent & Schwarts, 2012), and many other factors. Though the literature has linked workplace environments as potentially perpetuating counselor burnout (Lent & Schwarts, 2012; Thompson et al., 2014), an

investigation that includes the context of workplace aggression has been ignored within the equation. Instead researchers have examined participants reported satisfaction with their environment (Thompson et al., 2012) and type of agency setting (Lent & Schwatz, 2012). Building on this previous research and the current findings of this study, further investigation on workplace aggression and the relationship between burnout may be substantiated considering the detriment of these environments on employees' mental health.

Furthermore, these adversarial work conditions have also been found to negatively impact the ethical culture of the working environment, leading to negative consequences in terms of client care within other helping professions (Randle 2003; Roche et al., 2009). Considering that client care represents a core and coveted facet of the counseling profession, the indirect impact of workplace aggression upon the served clients becomes justified. Prior to any such investigations, it is recommended that researchers segregate behaviors that might be considered commonplace within the counseling profession from actual instances of aggressive related behaviors. These commonplace behaviors include, but are not limited to, the concept of intense supervision. In the end, workplace aggression might not fully be eradicated in counseling work organizations. However, with more knowledge on the potential causes and detriments of these adversarial work environments, the profession can gain knowledge that may assist in addressing the problem and reducing the potential harm to counselor employees and the clients they serve. This current study grounds future research in this area, considering the high prevalence of exposure to aggressive behaviors reported by the participants of this study.

Normative Unethical Behaviors in the Workplace

Normative unethical behaviors were defined as the exposure to unethical infractions within the environment. Specifically, this study was interested on the rate of prevalence that

participants had been exposed to a peer and supervisor/boss engage in perceived unethical infractions related to counseling ethics. The findings suggested that in both cases, participants had been aware or exposed to normative unethical behaviors in the work environment. From those surveyed (n=76), 31.6 % of participants (n=24) reported being aware of a work peer and 23.7% of participants (n=18) reported being aware of a work supervisor/boss engage in a perceived unethical infraction within the past six months. The prevalence of this exposure and awareness of normative unethical behaviors was disarming, especially when considering that acting with ethical intent represents a core philosophy of the counseling profession grounded in Kitchener's (1984; Kitchener & Anderson, 2011) moral principles.

Further analyses on the reported prevalence of unethical infractions committed by work peers and supervisors/bosses occurred, investigating the behavioral frequency of such alleged infractions. Participants that reported being aware or exposed to such behaviors followed up their responses with the actual number of unethical occurrences. For work peers, the alleged offences averaged 4.66 perceived unethical infractions within a six month time span. For supervisors/bosses the average was 4.08 infractions. This average might indeed be higher or lower considering that for both the categories of peers and supervisors, one participant did not write the actual number of occurrences but instead reported "too many" infractions. This specific text response read like too many to count, however, the actual meaning behind it was uncertain. When looking at the range of infractions, 1 to 10 for peers and 1 to 12 for supervisors, the upper range (10 infractions and 12 infractions) signals potential for more alarm, especially when emphasizing that the reported time span of these alleged infractions was considered to be short duration (six months). These averages, ranges, single occurrences - however one chooses to examine them - represent something larger when looking at the bigger picture. They speak to

behaviors and actions that can cause potential harm to clients and the counseling profession that serves them.

Implications and recommendations for the counseling profession. Considering these findings, more research in this area becomes substantiated that further investigates the ethical culture of the counseling profession. However, it must be noted that the above descriptive data on unethical normative behavior in the workforce warrants caution when interpreting. The actual types of alleged infractions were not gathered; hence, verification of these behaviors representing unethical instances was unknown. On the same note, the chance also existed that these percentages might be under representative of actual occurrences. The participant might have been exposed to an unethical behavior without the cognizance that this behavior was unethical. Keeping this in mind, the statistical rates are still alarming and have implications to the counseling profession as a whole, producing questions and lines of inquiries that necessitate further investigation.

First, the type of unethical infractions being committed requires investigation. What are these behaviors and is one more common than another? This type of information will give the profession a better feel for what it is up against. Knowledge gained from such inquiries can be incorporated into ethic courses, refining ethical trainings through emphasis on the normative unethical behaviors and their detrimental consequences. This approach may eventually become preventative, abating some of the normative unethical phenomenon in the future by increasing awareness within trainees.

Next, the question is raised – what is being done? Counselors have an ethical obligation to “take appropriate action” when they possess “knowledge that raises doubts” about others’ ethical behavior (ACA, 2005, Standard H.2.a., pp. 18-19). This action can vary and might

encompass an internal resolution or may eventually lead to reporting the behavior to the appropriate agencies if unresolved (ACA, 2005; National Board for Certified Counselors, 2012). Considering that some participants reported awareness of a potential unethical infraction committed by another person, this awareness points towards the doubt that the ACA (2005) ethical codes speak to. The question remains: how and are these counselors addressing these potential infractions committed by others? More importantly, are they fulfilling their ethical obligation to the profession and taking some type of action? Future research in this area becomes substantiated when considering the number of reported incidences of potential unethical infractions within the workplace: 31.6% of peers and 23.7% of supervisors/bosses. This specific line of research becomes further grounded if the counselors are not intervening; this lack of action constitutes an unethical infraction in and of itself (ACA, 2005; NBCC, 2012). Not intervening raises the numbers of actual unethical occurrences from those indicated within this study and may produce further detriments that inadvertently negatively impact the clients served.

Other questions that arise from these descriptive findings on the prevalence of normative unethical behaviors speak specifically to an alleged perpetrator, the work supervisor/boss. Within the counseling profession, a supervisor takes on a specific role in which they are bound to behave ethically and also serve as role models for their supervisees (ACA, 2005; NBCC, 2012). Though differentiation of if the supervisor or boss was a part of the counseling profession was not made in the question asked of participants in this study, the emphasized point lays in their role as a superior. With this role comes many responsibilities that include leading by example. Considering that nearly a quarter of participants reported cognizance of their superior engaging in a perceived unethical behavior, what are the subsequent repercussions? More research becomes justified that investigates how a superior's actions might affect the ethical culture of the

work organization within the context of counseling. Furthermore, considering the power differential between the supervisor and supervisee, research might also want to investigate this phenomenon from the eyes of the supervisee. As previously discussed, counselors have an ethical obligation to intervene when cognizant of others' unethical behaviors (ACA, 2005; NBCC, 2012); however, the power differential might muddle, complicate, and thwart the appropriate course of action if the alleged perpetrator is one's supervisor/boss. Ultimately, more research is needed that examines the relationship between these role dynamics and the supervisee's actions to address the situation.

Demographic Variables and Counselors' Ethical Perceptions

The reviewed literature spoke to instrumentation issues surrounding research that examined counselors' perceptions and beliefs about ethicality; these issues included the use of psychometric instruments that failed to report on measures of internal reliability or support external validity (Linstum, 2009; Toriello & Benshoff, 2003; Zibert et al., 1998). These researchers, in part, examined demographic variables and their relationship on counselors' ethical beliefs. However, inconsistent findings ensued on the effects of the investigated demographic variables and perceptions of ethicality. These inconsistent findings related to the use of potential low reliability psychometric measures and highlighted a gap in the current literature that necessitated further investigation.

As such, this researcher, out of personal integrity (of pointing out such a gap) felt a duty to examine these variables as it related to counselor's' perceived ethical perceptions. Though this analysis was supplemental to the main purpose of the current study focused on unhealthy work conditions and an integrative modal of morality, both lines of inquiry were interested in exploring factors that influence ethical perceptions. A self-constructed instrument was devised

during a pilot phase of research that yielded external validity thorough the use of an expert panel (Worthington & Whittaker, 2006) and an internal reliability measure of Cronbach alpha .84. Demographics were explored on two different levels: basic demographics (age, gender, and ethnicity) and training condition demographics (educational level, years of experience, and obtained licensures/certifications). To explore these relationships, a liberal analyses approach was taken (significant p values set at .10, liberal post hoc analyses) and data were utilized from the pilot study where the perceived ethical perceptions psychometric instrument yielded a sufficient internal reliability coefficient.

Basic Demographics

In looking at counselors' basic demographic information, this study's results suggested that the participants' age had a significant effect on subsequent perceptions of ethicality, $p<.10$. The other variables of gender and ethnicity indicated a non-significant relationship. Follow up analyses revealed that participants older than 45 years had more congruent perceptions to an established norm of what behaviors are ethical and unethical when compared to those participants that were 31 to 45 years of age. These differences might suggest wisdom gained by life experiences – as age increases one becomes wiser and keen in discerning what is ethical from what is not. However, confounding this specific interpretation is that no differences were found with participants 23 to 30 years of age when compared to the older participants. One would assume that if the adage was true - ethical insight was a byproduct of age - then this relationship would have also been seen with the younger participants; they would have scored lower on perceptions of ethicality when compared to the older two groups.

This begs the question of why did the oldest group show more congruence with their perceptions of ethicality when compared to those participants' ages 31 to 45. Several

explanations might be made to explain these results. First, the difference might have been attributed to the liberal approach in examining the analyses where the significant p value was set at .10; was this in fact a true difference or a result of a Type I error? The resulting eta squared ($\eta2$=.044) might indicate that the former is true. The low value suggested a minute effect size. Another explanation might speak to the complexity of ethical behavior. Though a multi-factor ANOVA was utilized for this analysis and no significant interactional effects were found between the basic demographic data, another unexamined factor might be interacting with the age variable. In other words, a unique characteristic might be inherent in general or within this specific population for those over the age of 45 compared to those ages 23 to 30, contributing to the resulting difference.

Implications and recommendations for the counseling profession. The findings of this study indicated that a potential relationship might exist between counselors' ages and their perceived notions of ethicality; this finding is congruent with previous literature in which age contributed to differences in perceived ethicality (Neukrug & Milliken, 2011). However, the findings of the current study warrants further investigation; clarity is needed to discover why a significant difference in perceptions of ethicality was found only between participants over the age of 45 when compared to those ages 31 to 45 and no differences were found between those ages 23 to 30 when compared to the older groups. As discussed, this finding might be a result of a Type I error or it might also speak to an interaction effect between another unknown variable. If the latter is true, the counseling profession might benefit from knowing what makes these three groups unique. Though age is a variable that cannot be manipulated, asides from through the passing of time, this other potential variable or variables might be subject to manipulation (e.g., changed/altered through purposeful intervention).

Future researchers might be interested in specifically honing in on the construct of age, investigating it in terms of potential interaction effects with factors not in the realm of basic demographics but outside of the person (e.g., current occupation, professional affiliations). In doing so, this researcher recommends that a more purposeful sample be obtained, focusing on equal representation of participants' ages. The current study, examined the effect of age in terms of three groups [(ages 23 to 30, n=55); (ages 31 to 45, n=56); and (ages 46 to 74. n=47)]. In obtaining representation in terms of participants' ages, future researchers might be able to create more distinct levels, assisting them in distinguishing between unique characteristics that might be inherent within certain age ranges.

Training Condition Related Demographics

In looking at participants' training condition demographics, this study suggested that a complicated three way interaction existed between the factors of educational level, years of experience, and obtained licensures/certifications on participants' subsequent perceptions of ethicality, $p<.10$. This interaction effect indicated differences on perceived ethicality: (a) for participants that did not have any obtained certifications/licensures related to counseling when examined by their obtained education level, and (b) for participants currently enrolled in a Master's level counseling program when examined by whether they currently held any certifications/licensures related to counseling.

The findings indicated that for participants without any certifications/licensures, perceived notions of ethicality were more congruent with the established norm contingent on educational level. For these participants (without certifications/licensures), those with a Master's level degree scored more congruently with the established norms of ethicality when compared to participants currently enrolled in a Master's level program or with an obtained doctoral level

degree. Basic assumptions related to ethical perceptions might assume that with increased education, counselors develop a more ethical aura. This assumption was partially supported through these findings in terms of those participants who held no certifications and licensures related to counseling: Master's level graduates were found to have more congruent ethical perceptions with the norm when compared to those currently enrolled in a Master's level program.

Conversely, these Master's level graduate also scored more congruently on perceived notions of ethicality when compared to those participants with an obtained doctoral level degree. This finding is partially congruent with other research that indicated that ethical sensitivity decreased as a result of educational experience (Toriello &Benshoff, 2003); however, the interpretation, as a result of the interaction affect, becomes confounded. When interpreting these results, it is important to note that participants within this group held no related counseling certifications or licensures. Hence, a potential explanation for these findings (in which doctoral level graduates showed less ethical congruence), might be an indirect effect of professional policies surrounding the renewal of such credentials if they had been obtained. Renewal policies for counseling related certifications and licensures require continual educational credit with part of that credit entailing a focus on continued ethics training (Dansby-Giles, Giles, Frazier, Crockett, & Clark, 2006; Kaye, 2012; Kerwin, Walker-Smith, & Kirby, 2006; Neukrug, Milliken, & Walden, 2001). As these participants were not professionally held to this standard, the chance existed that continued education in this arena was not obtained. Thus, despite their doctoral level status, time lapse between their initial ethics training (in graduate school) might have accounted for the differences in ethical perceptions when compared to those participants with a Master's level degree. This accounts for one feasible explanation of the interaction effect.

However, it must also be noted that just because a difference was found, Type I error (due to the liberal approach) might have occurred. Additionally, the small comparison sample sizes within this specific analysis (doctoral level participants with no certifications/licensures, n=3) might have attributed to the significant findings as this participant pool might not have been representative of the general population.

Additionally, the interaction effect also indicated that for participants currently enrolled in a counseling Master's level program, perceptions of ethicality differed contingent on obtained certifications/licensures. For these participants (enrolled in a Master's level program), those that currently held a counseling related license were found to have more congruent perceptions of ethicality to the established norm when compared to those participants that either held no such credentials or those that held both credentials. These findings are difficult to interpret as state licensure requirements dictate that an obtained Master's level degree is needed for one to even be considered as a candidate for a counseling related license (ACA, 2010); this requirement is ubiquitous throughout all counseling licensure boards in the United States. Considering the educational requirements pertaining to counseling licensure, the results of this study become problematic as logic dictates that students enrolled in a Master's level program are not eligible to have a counseling related license. Hence, it is assumed that participants answering this question might have confused the concept of a licensure with a certification, spoke to a licensure unrelated to the counseling profession, were in the process of seeking licensure, or for another undisclosed reason.

As such, this specific interaction result proves to be potentially misleading as it does not represent a possible scenario – currently enrolled Master's level students could not hold a current licensure specific to counseling. Despite this, these results raise another pertinent question: why

did these students report that they currently had an obtained licensure? The ACA (2005) codes speak to the ethical obligation that counselors have when reporting on their credentials (e.g., licensures and certifications). A certification is not a license to practice independently and hence should not be presented as such (Bradley, 1995). Additionally, working towards licensure does not equate to having an obtained license (ACA, 2005). Thirdly, licensures (and credentials) outside of the professional counseling realm are distinct to another professional identity, necessitating segregation of reported credentials when identifying oneself as a counselor. For example, if one has an obtained doctoral degree in Biology that degree does not transfer over to other fields, such as counseling. Whatever the reason or motivation behind the discrepancy within this study's findings (master's level students reporting to have obtained licensures), further investigation becomes necessitated as it might speak to a gap within ethical training courses in which these distinctions are specified. Interestingly enough, two of the items on the perceived ethical perceptions instrument spoke to this very issue: (a) *stating you are licensed when you are in the process of obtaining your license,* and (b) *implying that a certification is the same as a license.*

Implications and recommendations for the counseling profession. The findings of this study indicated that an interaction effect might be occurring between certain training condition demographics as it related to differences in counselors' perceptions of ethicality. An interaction effect signifies that it is not just one variable that relates to the noted difference but a relationship exists between two or more variables; this relationship can better account for the noted difference in the dependent variable (ethical perceptions). Within this study, the interaction effect might explain some of the previous incongruent findings within the literature as they pertained to the relationship of training condition demographics and perceived notions of

ethicality (Gumaer & Scott, 1986; Neukrug & Milliken, 2011; Toriello and Benshoff; Zibert et al., 1998). In this study, when examined on their own, no significant main effects were found for these variables; however, the combination of the three variables interacted and produced significant differences in terms of the training condition demographics.

This finding supports the complexity of ethical decision making, illustrating that many factors and variables may and can intertwine, effecting notions of ethicality. Further research is needed in this area to grasp a cleaner image of these interactions. This becomes substantiated considering that the three way interaction effect proved to have multiple potential explanations behind it. This researcher suggests that a larger sample size is gathered when making such comparisons, increasing the representation of each level and potential interactions of the independent variables (i.e., doctoral level students without certifications/licensures). Additionally, a non-liberal approach might assist in the process, decreasing the likelihood of a Type I error.

Of particular interest, researchers might want to explore the ethical perceptions of counselors with Doctoral level degrees that have no licensures/certifications. This study suggested that these participants scored lower on perceived notions of ethicality when compared to Master's level students without these specific credentials. What is lacking from this analysis is a more in depth understanding of why those with a higher educational level showed less congruence to notions of ethicality. Various potential reasons were suggested; however, these interpretations command grounding in the research. Additionally, further examination of Master's level students that reported having counseling related licensures becomes necessitated. As discussed, this participant demographic is not possible as counseling licensure requirements across the United States require an obtained Master's level degree (ACA, 2010). It is

recommended that research in this arena also include the potential for follow-up interviews with participants as to gage their qualitative understanding of what an obtained licensure constitutes and to also to explore the reasoning behind self-identifying as having an obtained licensure.

Workplace Aggression and Counselors' Ethical Perceptions

The literature on workplace aggression indicated that within these environments detrimental consequences can occur for the employee (Einarsen & Mikkelsen, 2003; Rospenda et al., 2009; Rowe & Sherlock, 2005) and the clients served (Randle 2003; Roche et al., 2009). There was a dearth in the current literature when examining the ethical implications of workplace aggression within the counseling profession; however, this relationship had been established in other helping professions such as nursing (Randle 2003; Roche et al., 2009). The current study aimed to fill the gap in the literature, investigating the construct of workplace aggression specifically within the counseling profession as it related to counselors' perceptions of ethicality. It was believed that counselors working within aggressive environments would exhibit less congruent perceptions of ethicality when compared to those who were not working in such conditions.

However, a psychometric instrument that measured perceptions of ethicality was lacking; current available instruments failed to substantiate measures of internal reliability and external validity (Linstum, 2009; Toriello & Benshoff, 2003; Zibert et al., 1998). Ultimately, this encumbered the investigation of aggressive work environments on ethical perceptions. As part of the current study, this researcher developed an instrument to measure counselors' perceptions of ethicality that showed to have a both internal reliability and external validity during the pilot phase of research. Unfortunately, within the main study, due to changes in the instrument (the PEP), it was deemed unusable as it yielded an unacceptable internal reliability coefficient. As

such, five specific items were chosen from the PEP to test this and all subsequent hypotheses in the main study. The five specific items included: (a) *Having a plan to transfer your clients should you become incapacitated*, (b) *Breaking confidentiality if the client is threatening harm to him- or herself*, (c) *Encouraging a client's autonomy and self-determination*, (d) *Giving a gift worth more than $25 to a client*, and (e) *Implying that a certification is the same as a license*. These items respectively touched on different dimensions and aspects of ethical behavior, such as: (a) client care/referral, (b) confidentiality, (c) client autonomy, (d) gifts/boundaries, and (e) professional integrity. It is important to note that these specific items did not encompass the construct of ethicality but instead represented a specific ethical behavior.

When examining these five specific ethical behaviors, the current study found a significant difference on two of the five items contingent on whether the participant was a victim of workplace aggression as measured by the *Negative Acts Questionnaire Revised* (NAQ-R; Einarsen et al., 1994; Hoel, 1999), $p<.10$. The two ethical items in which differences in mean scores were found included: "*Breaking confidentiality if the client is threatening harm to him- or herself*," and "*Encouraging a client's autonomy and self-determination.*" For these two items, follow up analyses were conducted to determine the direction of the difference across the four different levels of workplace aggression: (a) no presence of workplace aggression ($n=17$), (b) low presence of workplace aggression ($n=21$), (c) medium levels of workplace aggression ($n=19$), and (d) high levels of workplace aggression ($n=19$).

With the first item, "*Breaking confidentiality if the client is threatening harm to him- or herself*," this study suggested that a difference was found between participants' ethicality rating on this item contingent on the level of workplace aggression. What the findings suggested is that for participants working within high levels of workplace aggression, less congruent perceptions

to the perceived ethicality of this specific behavior was shown when compared to participants in the other three levels of workplace aggression (none, low, medium). What is surprising about this specific behavior (breaking confidentiality in cases of harm) is that it is grounded ubiquitously throughout professional counseling codes of ethics (ACA, 2005; American Association for Marriage and Family Therapy, 2012; American Mental Health Counselors Association, 2010; American School Counselor Association, 2010; Association for Addiction Professionals [NAADAC], 2011; Corey et al., 2006; NBCC, 2012; Welfel, 2012) and also supported through state and federal laws (Bean, Softas-Nall, & Mahoney, 2011; Corey et al., 2006; Sherman, Gordon, & Edger, 2013; Welfel, 2012).

This sparks the question of why then did participants in high levels of workplace aggression score lower on this specific aspect of ethical behavior when compared to all three other levels of workplace aggression? The findings suggested that something within these highly aggressive work environments in turn may be influencing the counselor's ethical perceptions. Reexamining what differentiated high levels of workplace aggression compared to the other levels of work place aggression, more prevalence, intensity, and frequency of aggressive acts were noted. These aggressive acts were found to occur on a weekly and daily basis and included behaviors such as but not limited to: (a) *having key areas of responsibility removed or replaced with more trivial or unpleasant tasks*, (b) *being ignored excluded*, (c) *repeated reminders of your errors or mistakes*, (d) *being the subject of excessive teasing and sarcasm*, (e) *spreading of gossip and rumors about you,* (f) *threats of violence or physical abuse or actual abuse,* (g) *having insulting or offensive remarks made about your person, your attitudes, or your private life*, (h) *being shouted at or being the target of spontaneous anger*, and (i) *having your opinions and views ignored.* A potential explanation to why counselors working in these environments

were found to have less congruent perceptions of ethicality might be tied to the type and intensity of aggression. In looking at the above items, what stands out is persistent exposure to behaviors related to ridicule, intimidation, and evoked fear. Quite possibly, either being the victim of this type of intense, debasing, and fear-evoking aggression or the subsequent mental health consequences that may have resulted from being the victim of this aggression (Einarsen & Mikkelsen, 2003; Lewis & Oxford, 2005; Rospenda et al., 2009; Rowe & Sherlock, 2005) might have encumbered these participants' notions of ethicality on this item. Nonetheless, more information becomes needed to better understand the correlate between this type of environment and notions of ethicality for the item related to breaking confidentiality in cases that the client is threatening to harm self.

With the second item, "*Encouraging a client's autonomy and self-determination,*" this study suggested that a difference was also found between participants' ethicality rating of this item contingent on the level of workplace aggression. These findings indicated that for those participants working within high levels of workplace aggression, less congruent perceptions to the perceived ethicality of this specific behavior were evident when compared to participants working in medium levels of workplace aggression; the significant mean difference in scores only existed between those participants in high and medium levels of aggression. The specific ethical behavior gaged (client's autonomy) speaks to the heart of counseling philosophy (Rogers, 1995) and constitutes part of the foundational principles of counseling ethics (Kitchener, 1984; Kitchener & Anderson, 2011).

Similar to the above item on breaking confidentiality, the questions of why participants in high levels of workplace aggression showed less congruence to the perceived notions of ethicality for this specific item arise. Going back to what constituted highly aggressive work

environments, what also became apparent was that the employee's own autonomy was being crushed within these environments as evidenced by consistent ridicule and harassment. Hence, a potential explanation for these employees' lack of ethical congruence on the item related to promoting client's autonomy might be rooted in their own lack of autonomy. However, such a potential explanation becomes muddled considering that differences in the perceived ethicality of this item were only seen between those in medium and high levels of workplace aggression. Hence, this finding warrants further investigation that can assist in interpreting these results.

Implications and recommendations for the counseling profession. The findings of this study indicated that a potential difference on counselors' perceptions of specific items as being ethical might exist contingent on the presence of workplace aggression. This difference was found for two specific items related to ethical behavior: breaking confidentiality in cases of threats to harms self and encouraging a client's autonomy. With both ethical items, those in high levels of workplace aggression were found to show less congruence to the items perceived ethicality when compared to participants working within other levels of workplace aggression. These findings spark many questions and potential lines of inquiry. First though, this researcher reminds the reader about the liberal approach in analyses and also the restriction of range that resulted by examining each behavior separately. Caution is warranted in interpretation due to the potential for both a Type I error (liberal approach) and a Type II error (restriction of range).

Of interest to the counseling profession as it relates to this study's findings is that workplace aggression was found to impact counselors' perceptions of ethicality only for certain items. Though significant differences were found in mean scores of perceived ethicality contingent on the presence of workplace aggression for two items, they were not found in the other three items. Future researchers might be interested in examining the construct of ethicality

as a whole to gage potential differences from a more holistic viewpoint; this would combat the restriction of range problem when examining each item separately. Also, it would allow for analyses to examine the effects of workplace aggression on overall perceptions of ethicality. Conversely, the fact that differences were found for some items and not for others is worthy of attention. Though these findings might have been the result of a Type I or Type II error, further inquiry becomes substantiated on why some facets of ethical perceptions might be affected and others not contingent on whether the counselor is a victim of workplace aggression. On the same note, this line of enquiry could also be expanded, exploring perceptional differences in ethicality based on the various levels of workplace aggression. Further knowledge is needed on what makes these highly aggressive work environments unique, asides from the obvious, when compared to other levels of workplace aggression as it pertains to affecting ethical perceptions.

Though perceptions of ethicality due differ among counselors (Evanof, 2006; Forester-Miller, 1996; Neukrug & Milliken, 2011), the two items in which differences were found both spoke to concepts that are grounded within the counseling literature and hence present less gray area in terms of their interpretation. The fact that in both these cases, those in high levels of aggressive work environment showed less congruence to their perceived ethicality warrants attention. These findings speak to the need for continued research on these adversarial work conditions and their potential relationship with counselors' ethical behaviors and perceptions. Previous research on aggressive work environments has linked these environments to detrimental outcomes in terms of client care (Randle 2003; Roche et al., 2009). Considering this, these unhealthy environments might be the answer to the previously posed questions of why those working in highly aggressive work environments showed less congruence to the perceived ethicality of the two items in question: breaking confidentiality in cases of a client threatening to

harm self and encouraging a client's autonomy. This potential explanation was also anchored in the findings of this study which suggested that such a relationship existed and differences in perceptions of ethicality were highlighted when increased aggression was present within the workforce. More research is needed in this area to either collaborate or disconfirm these findings and to also further explore the concept of ethicality as it pertains to the working environments. This study serves as a first step toward that agenda, making a link that suggested that ethical perceptions might be encumbered within aggressive work environments.

Normative Unethical Behaviors and Counselors' Ethical Perceptions

In reviewing the literature, exposure to unethical activities by work peers and supervisors were found to contribute to unethical infractions within the nursing profession (Hilbert, 1988; Randle, 2003). However, a gap existed in the current literature as these types of environments and their subsequent ramifications had not fully been studied within the context of the counseling profession. Within this study, exposure to such unethical behaviors was looked at in terms of constituting unethical normative behaviors. This terminology was supported by Randle's (2003) findings in which the exposure to unethical behaviors by work peers and supervisors was postulated to create a normative effect; from a theoretical perspective, normalization of behaviors within one's environment is a concept rooted in social learning theory (Bandura, 1977). In looking at these normative unethical behaviors, this study was interested in bridging the gap, assessing differences in participants' ethical perceptions contingent on if they had or had not been exposed to normative unethical behaviors by either a work peer or supervisor/boss within the past six months.

As formerly noted, the perceived ethical perceptions instrument, the PEP, was unsuitable to be used within these analyses (as data on normative unethical behaviors were gathered within

the main study in which the PEP did not yield a suitable internal reliability coefficient). Hence, the items previously discussed were chosen from the PEP and utilized to gage if differences existed on perceptions of ethicality through analysis of five distinct hypotheses. In review, these chosen PEP items touched on different dimensions and aspects of ethical behavior, such as: (a) client care/referral, (b) confidentiality, (c) client autonomy, (d) gifts/boundaries, and (e) professional integrity. Exposure to normative unethical behaviors was gaged by participants' self-reported data. This normative exposure was hypothesized to account for differences in participants' ratings on the five ethical items; in other words, exposure to normative behaviors would impact congruence to the established norm of these items ethicality.

Supervisor/Boss Normative Unethical Behaviors

From the five ethical items, one significant difference was found contingent on the presence of normative unethical behaviors committed by a work supervisor in the past six months. The findings of this study suggested that for participants who were aware or had been exposed to perceived unethical infractions allegedly committed by a work supervisor, there was less congruence to the perceived ethicality rating on the item "Breaking confidentiality if the client is threatening harm to him- or herself" when compared to participants who were not aware/exposed to these environments, $p<.10$. As it was previously noted, the ethicality of this specific behavior is one that is grounded within professional counseling codes of ethics (ACA, 2005; AAMFT, 2012; AMHCA, 2010; ASCA, 2010; Corey et al., 2006; NAADAC, 2011; NBCC, 2012; Welfel, 2012) and also supported through state and federal laws (Bean, Softas-Nall, & Mahoney, 2011; Corey et al., 2006; Sherman et al., 2013; Welfel, 2012).

Similar with the concept of workplace aggression, questions arose of why counselors within these normative unethical environments (in which the supervisor was reported to engage

unethically) scored lower on perceptions of ethical congruency as it related to this specific behavior. The study's findings suggested that something within these normative unethical environments may in turn be affecting the counselor's ethical perceptions pertaining to their duty to report when the client is threatening to harm him- or herself. Analyzed in terms of the literature in which unethical behaviors within the work environment were normalized (Hilbert, 1988; Randle, 2003), this study's findings may also indicate that this normative phenomenon might have affected these participants – exposure to unethical acts might have in turn normalized aspects of unethical behavior. This explanation becomes confounded considering that the type of alleged unethical behaviors that participants were exposed to was unknown and that this phenomenon was not evident in the other four ethical items.

Peer Normative Unethical Behaviors

In examining participants' ratings of the five ethical items in terms of exposure to unethical infractions by a work peer in the past six months, one significant difference was found contingent on the presence this factor. The findings suggested that participants not exposed to unethical infractions by a work peer had less congruence to the perceived ethicality of the item "*Giving a gift worth more than $25 to a client*" when compared to participants who were aware/exposed to this type of behavior, $p<.10$. This finding contradicts social learning theory (Bandura, 1977) and previous literature that indicated exposure to such environments would lead to the normalization of unethical behaviors (Hilbert, 1988; Randle, 2003).

Though not explicitly written in the ethical codes, giving a gift to your client is deemed unethical as it may cross lines of professional boundaries and also might point to client favoritism (ACA, 2005). However, in looking at the specifics of this item, the value of the gift was ascribed but the type of gift given was not clarified. This does not justify or rationalize the

ethicality of the situation but brings to attention specific details that are lacking as to further conceptualize this study's findings. Again, gift giving crosses professional lines into gray area that many professionals encourage counselors to avoid (Corey et al., 2006; Welfel, 2012). Yet these lines are associated in treating certain clients differently – but what if all clients were given the same gift? Does the type of gift matter? For example, celebration parties to commemorate the end of treatment are common "gifts" within the profession (Young, 2012). There are many questions left unanswered which ultimately encumber the interpretation of why counselors not exposed to normative unethical behaviors by work peers showed less ethical congruency to this specific item, warranting further analyses. Regardless though, it is important to note that this specific item (gift giving) was deemed unethical by 94.7% of all participants surveyed (n=535) within Neukrug and Milliken's study (2011). The ramifications of this action are highlighted when examining counseling disciplinary proceedings in which gift giving (along with other behaviors) attributed to convictions of gross negligence due to the crossing of professional boundaries (Corey et al. 2007).

Implications and Recommendations for the Counseling Profession

The findings of this study indicated that a potential difference on counselors' perceptions of ethicality of specific items might exist contingent on the presence of normative unethical behaviors in the work environment. A difference in the mean scores of participants' ethicality rating was apparent for participants who were cognizant of a work peer and supervisor engaging in perceived normative unethical behaviors. In terms of the supervisor, these participants were found to have less ethical congruence with the concept of breaking confidentiality in cases where the client was threating self-harm. Conversely, in terms of the work peer, these participants were found to have more ethical congruence on the concept of gift giving to clients. In interpreting

these results and the implications they may have on the counseling profession, this researcher reminds the reader about the potential consequences of the liberal analyses and item response restriction of range. Findings warrant careful interpretation due to the potential for both a Type I error (liberal approach) and a Type II error (restriction of range).

Similar with analyses conducted on workplace aggression, the analyses related to normative unethical behavior showed significant findings only for specific ethical items. Though this might have been a result of a Type I or Type II error, it sparks questions to be answered by future researchers as it relates to the potential effects of these environments. Further investigation on why some facets of ethical perceptions might be affected and others not contingent on the presence of normative unethical behaviors in the work environment becomes justified. Researchers interested in this line of inquiry might decide to increase the response rating on the Likert scale of proposed items if investigated individually; increasing the Likert scale to a 6 point range (compared to a 4) might increase the response variability that can assist in finding mean differences on the individual items (Pett et al., 2003). This researcher recommends placing careful attention on the associated qualifying weight of each Likert rating; one thing learned from this study and also substantiated within the literature (Alexandrov, 2010) relates to response pattern differences contingent on the nominal categorization of each Likert score. Additionally, the construct of ethicality might be examined as a whole as to assess if differences are found contingent on a holistic conceptualization that entails the construct of ethical behavior. Regardless if items are examined individually or holistically, follow up interviews with participants might be fruitful and add a qualitative depth to the subsequent research interpretations. This might help the counseling profession better understand the motives and logic behind participants' responses.

Other lines of inquiry are also fueled by this study's findings on the exposure to normative unethical behaviors. In particular, the contradictory finding that was apparent contingent on the perpetrator of the unethical behavior warrants further investigation. Participants exposed to a supervisor behave unethically were found to have less congruent ethical perceptions in terms of one item; this finding was congruent with the current literature (Hilbert, 1988; Randle, 2003). However, the contrary was found for participants exposed to peers behaving unethically; their ethical perceptions were more congruent in terms of one ethical item. One might argue that these two items are unequivocal - it is different not to break confidentiality in cases where the client threatens harm to self when compared to giving a gift to the client. The first is strongly rooted in ethical codes (ACA, 2005; AAMFT, 2012; AMHCA, 2010; ASCA, 2010; Corey et al., 2006; NAADAC, 2011; NBCC, 2012; Welfel, 2012) and the latter is not. The first can lead to grave consequences for the client (i.e., physical harm, death) and the latter's consequences are more indistinguishable. Yes, both items may be different but the fact remains that both have the potential to endanger the client and the therapeutic relationship (Corey et al., 2006; Welfel, 2012). Hence, this study's findings speak to a need for continued research on these normative unethical environments and their potential relationships with counselors' ethical behaviors and perceptions. This type of research can assist in either collaborating or disconfirming these findings and also further exploring the concept of ethicality as it relates to these normative environments.

Integrated Understanding of Morality and Counselors' Ethical Perceptions

In reviewing the literature, an integrated model of morality was grounded through the combination of moral developmental theory (Kohlberg, 1969) and the moral principles (Haidt, 2013). In examining the former, cognitive complexity (moral development) was defined by

universal principles that spoke to the foundations of ethical philosophy (Kohlberg, 1969); the literature suggested a positive correlational relationship between cognitive complexity and ethical perceptions (Bebeau, 1994; Hilbert, 1988; Linstrum, 2009; Ponemon & Gabhart, 1994). By also examining the relationship between moral principles and perceived ethicality, a more holistic view of morality ensued, moving past a one-dimensional view (cognitive complexity) that allowed the influence of the social world and self to be acknowledged. In particular, from the three moral principles, this study focused on the concept of moral foundation, examining participants' orientation within the moral foundations of care and sanctity. It was noted that the moral foundation of fairness was not studied due a lack of a desirable internal reliability coefficient within the main study. The moral foundation of care and sanctity were said to relate to principles inherent within the aspirational nature of the ACA (2005) ethical codes and also within Kitchener's (1984; Kitchener & Anderson, 2011) moral principles; a theoretical justification was made, linking these aspects of morality to increased ethical perceptions within the counseling profession.

However, a gap existed in the current literature as these aspects of morality and an understanding of their relationship with ethical behavior within the counseling profession were limited. Though research on cognitive complexity showed a positive correlation with ethical perceptions within the counseling profession (Linstrum, 2009), this finding was confounded by the effect of faulty instrumentation. Additionally, the moral foundation principles (care and sanctity) had not been investigating in terms of counseling ethics. This study was interested in examining both these facets of morality and their subsequent relationship with counselors' ethical perceptions to help bridge the information gap; it was hypothesized that notions of

ethicality would result in a significant correlational relationship with the constructs of cognitive complexity and the moral foundation orientation scores of care and sanctity.

Unfortunately, as previously discussed, methodological limitations within the main study, encumbered this investigation. As the psychometric instrument intended to gage the construct of ethical perceptions lacked internal reliability (within the main study), five specific ethical items were chosen to investigate the relationship between perceptions of ethicality and the different facets of morality. The specific items did not assess the construct of ethicality but instead examined participants' perceptions as it related to these five specific ethical behaviors. As such, restriction of range became an issue, potentially affecting the statistical power of the relationship and the strength of the subsequent correlations (Kiess & Green, 2010). The different aspects of morality were assessed through the respective psychometric instruments: the DIT-2 (Rest et al., 1999a) and the MFQ subscale of care and sanctity (Graham et al., 2008).

Cognitive Development

One significant relationship was found when examining the construct of cognitive complexity and participants' ratings on the five ethical items. This finding suggested as cognitive complexity increased, there was a statistical increase in participants' ethicality rating congruence on the item of "Implying that a certification is the same as a license," $p<.10$. The shared variance between the two variables was low, represented by 5.67% common variance. No other relationships were noted between the other four ethical items and participants' cognitive complexity.

The ethical item itself was first interpreted prior to attempting to understand this finding. In terms of ethicality, this item signifies a misrepresentation of one's professional credentials and thus is deemed unethical (ACA, 2005, Corey at al., 2007, Welfel, 2012). A licensure allows for

independent practice within the parameters of its specialty where as a certification does not; instead, the latter shows one has specific knowledge in a certain area. Hence, the two are not interchangeable and this type of misrepresentation has accounted for nearly 8% of filed complaints to counseling licensing boards across the United States (Neukrug et al., 2001). Yet, the specific behavior itself, implying one is licensed when he or she is not, illustrates issues related to professionalism that indirectly (not directly) can affect the client and the credibility of the counseling profession. Hence, considering that higher levels of cognitive complexity characterize a holistic and integrated understanding, these findings can be interpreted as such. With increased cognitive complexity, the counselor may be able to see this behavior for more than just an issue of professional misconduct but also recognize its potential indirect effects on client care and the profession as a whole. This relates to the concept of serving the better good which is inherent in post conventional thinking (Kohlberg, 1984).

Moral Foundation of Care

When examining the relationship between participants' orientation within the care foundation and their ratings on the five ethical items, no significant correlational relationships were found. These findings indicated that a relationship did not exist between the moral foundation of care and these five specific aspects of ethical behavior, $p>.10$. When interpreting these results, it is important to bring attention back to the limitations of this study (e.g., use of single item comparisons, restriction of range). Just because a relationship was not found within this study, a potential possibility exists that there still might be a relationship; conversely, the relationship might in fact not exist. However, for this study and for these participants, a relationship at this time could not be established between the moral foundation of care and counselors' ethical perceptions of these five items.

Moral Foundation of Sanctity

One significant relationship was found when examining the moral foundation of sanctity and participants' ratings on the five ethical items. This finding suggested that as one's moral sanctity foundation orientation increased, there was a statistical decrease in participants' rating congruence on the ethicality of this item "Having a plan to transfer your clients should you become incapacitated," $p<.10$. The shared variance between the two variables was low, represented by 4.16% common variance. A relationship was not found for the other four ethical items and the moral foundation of sanctity.

The ethical item related to incapacitation spoke to the concept of client care and referral if one was no longer able to uphold their duties in providing clinical services to a client. Bradley, Hendricks, and Kabell (2012) stated that a "counselor has an ethical responsibility to make decisions that protect the client. One of the ways to protect the client is to prepare a professional will," or a plan of what happens if the counselor becomes sick, incapacitated, or dies; this notion is supported through the ACA (2005) ethical codes. However, in examining the specificity of this item – the term sick, incapacitated, and death are highlighted to potentially explain the inverse relationship found with the sanctity foundation and counselors' ethical perceptions of this item.

The sanctity foundation represented a binding quality in which acting with ethical intent protects the counseling profession, promoting a cleanliness and purity within the client work that was done. Within this moral foundation, the initial response to potential system-threats included a feeling of disgust (Haidt, 2012). Though theoretically it appeared that increased orientation within this moral foundation would increase counselors' perceptions of ethicality, it was no surprise that for this specific item, an inverse relationship was found. The term incapacitation itself could have led to this relationship, as the term represented notions of sickness and death –

aspects that within this foundation lead to feelings of disgust; in other words, the term incapacitated goes against the cleanliness aspect of the sanctity foundation. More research is warranted in this area to further examine the potential relationship of this ethical item and the sanctity foundation.

Implications and Recommendations for the Counseling Profession

The findings of this study indicated that a potential relationship related to counselors' perceptions of ethicality might exist between certain aspects of morality and specific ethical behaviors. Particularly, a positive correlation was fond between cognitive complexity and the ethicality rating of "Implying that a certification is the same as a license." Additionally, an inverse relationship was found between the moral foundation of sanctity and the ethicality rating of the item "Having a plan to transfer your clients should you become incapacitated." Furthermore, no relationships were found between the ratings of the five ethical items and the moral foundation of care. As previously discussed, these findings and potential lack of findings are subjected to the methodological limitations of this study. Findings warrant thoughtful interpretation due to the potential for both a Type I error (liberal approach) and a Type II error (restriction of range).

Comparable to the previous analyses (workplace aggression and normative unethical behaviors), an interesting finding that emerged from this study was related to how different facets of morality related to specific ethical items. These findings necessitate further investigation as to elucidate the potential reasoning and cause behind this phenomenon. Specifically, the inverse relationship between the moral sanctity foundation and the ethical item related to the development of a counselor will (client care plan in case of counselor incapacitation) becomes justified. It becomes questioned if this relationship was a byproduct

from the inherent disgust produced by this moral foundation (Haidt, 2012) in reaction to the term incapacitation. Within this line of inquiry, this researcher recommends that the concept of restriction of range be considered and properly addressed within the methodological proposal of any future studies. Assisting with this line of inquiry, a mixed methodological approach might add depth by interviewing participants on their initial reactions and justifications as it related to influencing their ethicality ratings of the item.

To address restriction of range when using correlational analyses, this researcher recommends that the construct of ethicality be examined as a whole. The use of a reliable and valid psychometric instrument that measures the construct of ethicality in counselors or a behavioral frequency report of actual engaged unethical behaviors might assist in this process. If the former (psychometric instrument) is used, the PEP as administered in the pilot study of this research study might be one option as long as qualitative changes are not made to the initial instrument (similar to those made by this researcher). Examining the construct of ethicality as a whole would allow for a holistic conceptualization of ethics which might be more appropriate when examining its relationship between different facets of morality. Both morality and ethical behavior are convoluted constructs and restricting their range through the use of single item analyses may negate the holism inherent within these constructs; this concept is supported through moral developmental theory when examining the stage of post-conventional thinking that speaks to the integration of multiple viewpoints (Kohlberg, 1994).

In terms of looking at an integrated model of morality (moral development and moral foundations) and their subsequent relationship to specific aspects of counselors' ethical perceptions, this study's findings speaks to a need for continued research in this area. Moral development was found to be a protective factor; it showed a positive relationship with one

certain perception of ethicality. On the other hand, the moral foundation of sanctity showed an inverse relationship with a different facet of ethical behavior. With continued research that respects an integrated modal of morality, these relationships might be understood and can also assist in either collaborating or disconfirming this study's findings.

Summary of Findings, Implications, and Recommendations

In review, this study's findings revealed several different areas that necessitate further exploration within the counseling profession. In examining the descriptive data related to participants' exposure to workplace aggression and normative unethical behaviors in the work environment, findings indicated that both were prevalent occurrences for the 76 counselor participants surveyed. Seventy seven point six percent of the participants reported being the victim of at least one aggressive act within the past six months; in examining the magnitude and intensity of these aggressive acts, 21 participants (27.6%) were subjected to low levels, 19 participants (25%) subjected to medium levels, and 19 participants (25%) subjected to high levels of workplace aggression. In terms of exposure to normative unethical behaviors in the workplace, 31.6 % of participants (n=24) reported being aware of a work peer and 23.7% of participants (n=18) reported being aware of a work supervisor/boss engage in a perceived unethical infraction within the past six months. This study's finding on the prevalence of both workplace aggression and normative unethical behaviors highlighted that these miseducative environments may constitute a commonplace phenomenon within the counseling profession. Potential ramifications of these environments were said to not only have potential detrimental effects for the employee (Einarsen &Mikkelsen, 2003; Lent & Schwatz, 2012; Lewis & Oxford, 2005; Rospenda et al., 2009; Rowe & Sherlock, 2005) but may also lead to consequences for the served clients and the counseling profession as a whole (Randle 2003; Roche et al., 2009; Rowe

& Sherlock, 2005). Hence, further research in this area was substantiated as to better understand the causes, implications, and consequences of working in aggressive work environments and being exposed to normative unethical behaviors by work peers and supervisors/bosses.

Next, this study attempted to better understand how the presence of different variables might relate to or affect counselors' ethical perceptions. Considering that acting with ethical intent represents a core philosophy of the counseling profession grounded in Kitchener's (1984; Kitchener & Anderson, 2011) moral principles, this line of inquiry was considered important to the counseling profession; acting ethically safeguards the client from undue harm and more broadly protects the covenant of the counseling profession. The different variables that were studied in terms of counselors' ethical perceptions included the above noted constructs of workplace aggression and exposure to normative unethical behaviors. As an integrated modal of morality theoretically grounded this study, the impact of moral development (cognitive complexity) and the moral foundations of care and sanctity were also assessed. Additionally, demographic variables were examined due to previous incongruent findings within the literature (Linstum, 2009; Toriello & Benshoff, 2003; Zibert et al., 1998). Unfortunately, due to methodological limitations within this study, all these variables asides from the latter (demographics) were investigated in terms of mean differences on the ethicality rating of specific ethical items instead of using a holistic construct of counselors' ethical perceptions.

Briefly reexamining this study's findings on counselors' ethical perceptions, support was given that some of the above noted variables may affect notions of ethicality; certain factors were found to encumber and other factors promoted these ethical perceptions. It was indicated that for those participants exposed to high levels of workplace aggression, less ethical congruence was found for two of the ethical items when compared to participants subjected to a

lower level of workplace aggression. These two ethical items related to breaking confidentiality in cases of client harm and encouragement of client autonomy. For participants exposed to normative unethical behaviors committed by a work supervisor, a decrease in the ethical perception of the item related to breaking confidentiality was found when compared to participants that were not exposed to such a behavior. Conversely, participants exposed to normative unethical acts by a work peer were found to have an increased perception of ethicality on the item related to giving a gift to a client when compared to participants that were not exposed. Cognitive development was found to be a potential protective factor, showing a positive relationship with perceptions of ethicality related to implying that a counseling certification was the same as a license. On the other hand, the moral foundation score of sanctity was found to have an inverse relationship with participants' perceived notions of the ethicality related to the development of a counselor will in cases of incapacitation. In terms of basic demographics, participants' age was found to contribute to mean differences on general ethicality perceptions. Investigating training condition demographics, a three way interaction effect existed between the factors of educational level, years of experience, and obtained licensures/certifications related to counseling. In essence, the findings showed a complicated relationship; the various examined factors contributed differently to counselors' perceptions of ethicality.

It was suggested that further research is needed in this area to grasp a cleaner image of these investigated variables and their potential effects on counselors' perceptions of ethicality. One potential interpretation of all results encompassed the possibility of a Type I or Type II error; liberal statistical procedures (significant p value set at .10, not controlling for alpha slippage) and the use of single ethical items to gage specific perception of ethicality (restriction

of range) might have confounded some of the findings. Nonetheless, in the above sections, other possible explanations were provided when analyzing the results. Detailed interpretations and implications were given for each of the findings related to workplace aggression, normative unethical behaviors, an integrated modal of morality, and participant demographics.

Suggestions for future research were also noted; these suggestions spoke to two different lines of investigation. The first was interested in assessing why certain perceptions of ethicality were affected differently. Findings from such studies might elucidate why some facets of ethical perceptions might be affected and others not contingent on the variable being examined. By dissecting ethical behavior into parts, a depth of understanding might ensue that otherwise might have gone undetected. This type of research might be especially useful if the researcher is interested in understanding specific ethical behaviors or facets of behaviors. Additionally, it can be used to examine common reported ethical infractions to counselor licensing boards and organizations that were committed by counselors. Ultimately, a depth of knowledge might be gained that in turn can be proactively addressed through advocating, interventions, and ethical trainings. This type of research can add to the counseling literature as to address specific issues related to counselors' upholding an ethical aura.

The second line of future inquiry took a holistic approach, observing ethicality as a construct; it was noted that this holistic approach respected the complexity and multi-faceted nature of ethics in the counseling profession. Within this second line of inquiry, this researcher also recommends increasing the holistic parameter as to include analyses that take into consideration more than one of the above noted independent variables. For example, differences in counselors' ethical perceptions might be viewed in terms of the presence of workplace aggression, normative unethical behaviors, and an integrated modal of morality. The use of a

regression analysis would allow the weight of all variables to be explored, assessing their contribution and relationship to perceived notions of ethicality. Findings from such research might produce a better understanding of the intra-relationship that certain encumbering and protective variables have towards perceptions of ethicality. The original intent of this study was to complete this type of analysis; however, methodological limitations thwarted this process.

Limitations of the Study

When analyzing the results of this study, consideration for the limitations inherent within the research design warrants attention. Methodological limitations were previously discussed in detail (See Chapter Three); these limitations included the participant sample of the main and pilot study, utilized psychometric instruments and other related survey questions, changes made in the self-constructed instrument to measure the construct of perceived ethicality (the PEP) during the main study, the research procedure, the liberal approach taken within the analyses, the stated research hypotheses, and the subsequent hypotheses analyses testing. This section will review these previously discussed limitations as it applies to interpretation of this study's results. Specifically, the participant sample, the construct of workplace aggression, the measurement of perceived ethical perceptions and normative unethical behaviors, and general methodological limitations will be deliberated upon, clarifying needed attention on deducing the above fore mentioned result-discussions and implications of this study.

Participant Sample

Population parameters were defined as counselors currently working in the field. However, as it was noted, this study utilized a convenience sample and technological means to recruit participants for all phases of the research. A possibly exists that this approach encumbered obtaining a representative sample of the target population, affecting the

generalizability of the current studies results. In interpreting the study's results, it is recommended that participant demographics be considered, evaluating this study's participant sample to the population parameters being considered for comparison.

Workplace Aggression

When interpreting the results related to workplace aggression, it was brought to attention that some of the noted "aggressive" behaviors might actually be substantiated through professional practices related to counseling. Though the NAQ-R measured the construct of workplace aggression (Einarsen et al., 1994; Hoel, 1999), differentiation of some of items might be necessitated as to distinguish aggressiveness from commonplace actions. For example, one of the items related to excessive supervision of one's work. Within the field of counseling, this specific behavior might be associated with residency requirements towards licensure or the role of supervision. Under these contexts, the supervisor is ultimately responsible for the actions of the supervisee and ultimately results in high levels of monitoring, especially for new professionals in the field (Bernard & Goodyear, 2009). However, it is also likely that this behavior might be a byproduct of unnecessary micromanagement. Hence, though the prevalence of workplace aggression for these participants encompassed behaviors outside a potential realm of professional obligations, segregation is still warranted as to clearly understand the work environments of counselors. It is recommended that researchers interested in further inquiring about workplace aggression in the counseling profession, scrutinize the proposed psychometric instrument. Additional follow up questions can be added (to the survey not the instrument) that would assist in properly allocating questionable behaviors related to professionalism.

Perceived Ethical Perceptions

The initial intent of this research study was to gage participant differences on the construct of ethical behavior. However, the proposed instrument that gaged ethical perceptions was deemed unusable in the main study due to a lack of internal reliability. Hence, participant ratings of five specific ethical behaviors were utilized for analyses in the main study. The use of single items from a Likert scale created several drawbacks. First, these specific items did not represent the construct of ethical behavior; instead they assessed a facet of explicitly defined behavior. As a construct was not measured and analyses were made on single items, careful and thoughtful interpretations become warranted (Norman, 2010). This dissection of ethicality into single parts might due an injustice to the multifaceted concept of ethical behavior as a whole. As a result of looking at specific behaviors, this study's results on workplace aggression, normative unethical behaviors, and an integrated understanding of morality, need to be interpreted as such. Any significant findings do not speak to the construct of ethicality but only as they relate to the specific ethical item in question.

Potential benefits to a single item analyses approach were also noted and included an increased understanding of potential relationships towards a specific facet of ethical behavior. This line of inquiry might be beneficial as to address the types of ethical complaints reported to counseling boards and could also be used in formatting ethical training courses. However, to understand ethicality as a multifaceted phenomenon, this researcher recommends the use of a reliable and validated psychometric instrument. The current study attempted to construct such an instrument as inherent limitations existed in those measurement tools that were currently available (Linstrum, 2009; Toriello and Benshoff, 2003; Zilbert et al., 1998). During the pilot phase of research, a psychometric instrument that measured the construct of ethical perceptions specifically for counselors was created: the PEP. The PEP showed content validity through the

use of items based in the literature (Neukrug & Milliken, 2011) and the utilization of an expert panel (Worthington &Whittaker, 2006). Internal reliability yielded a Cronbach alpha of .84 for the full scale score in the pilot phase of research. However, in the main study, the internal reliability of the PEP plummeted to a Cronbach alpha coefficient of .30. The change in internal reliability was attributed to lack of variance within the participants' response patterns in the main study and linked to this researcher's improper choice of changing the qualifying categories of the four point Likert scale. Alexandrov (2010) noted that the associated weight (qualifying terms) placed on the Likert scale rating can affect participant response patterns.

This researcher encourages anyone interested in utilizing the PEP for future research to learn from the mistakes and subsequent limitations of this study. It is highly recommended that only the initial PEP constructed during the pilot phase be considered without altering the associated Likert rating terminology. The PEP might serve as one means in assessing counselors' perceptions for ethicality more broadly in future research studies. This researcher also recommends that if another psychometric instrument is considered for the purposes of measuring perceived ethicality, it be reviewed and assessed for adequate internal reliability and external validity.

Normative Unethical Behaviors

Additionally, when interpreting the results related to alleged normative unethical behaviors committed by a work peer or supervisor/boss, the method of assessing such infractions should be considered. Participants were specifically asked if they had been aware or exposed to such behavior within the past six months. Hence gathered descriptive statistics on these occurrences represented self-reported data; this could have potentially resulted in either over or under estimation of the noted prevalence rates. Furthermore, specific details on the types of

alleged infractions were not gathered and hence their unethicality could not be verified for authenticity. Conversely, the participant may have been exposed to an unethical behavior within these domains and reported lack of such exposure; he or she might have been unaware of the ethicality of a certain behavior.

This researcher suggests that future studies interested in normative unethical behaviors take these limitations into consideration. To address them, researchers might want to incorporate follow up interviews with the participants. This would allow for a qualitative understanding of the alleged infractions, while also allowing space for the participant to process his or her personal and behavioral reactions to the infraction. Another option could also include a follow up survey question where the participant specified the actual type of infraction. This could either be achieved through text entry response in which the researcher then verified the items' ethicality or through a checklist response of ethical behaviors.

Synopsis of Methodological Limitations

Finally, additional limitations that may have affected the results of this study include the potential for both a Type I and Type II error. It was noted that the current study was exploratory in nature and a liberal approach was utilized in examining the statistical analyses. This included the use of a significant p value set at .10, the use of liberal post hoc analyses (LSD), and non-correction for alpha slippage across the 32 hypotheses. This liberal approach was justified; it can assist in discovering potential relationships between variables that have not been fully understood. Within the current counseling literature, scant research exists on the construct of workplace aggression, normative unethical environments, and potential effects/relationships of these variables on counselors' perceived notions of ethicality. However, the liberal approach, compared to more conservative method, might have attributed to a Type I error. This error is

associated in rejecting the null hypothesis in favor of the alternative in cases that the null should not have been rejected. Despite this limitation, this researcher chose to continue with liberal methodology while pointing out its' drawbacks as to gain an understanding and conduct preliminary analyses for the phenomenon of interest. Future researchers might want to consider a more conservative approach; this would reduce the likelihood of a Type I error, adding strength to any subsequent findings related to the potential differences and relationships between workplace aggression, normative unethical behaviors, an integrated modal of morality, and counselors' ethical perceptions.

Similarly, the methodological approach utilized in this study also perpetuated the possibility of a Type II error. This error is associated in not rejecting the null hypothesis when in fact it should have been rejected in favor of the alternative hypothesis. When examining the five specific ethical behaviors used to asses perceptions of ethicality in the main phase of research, these items were scored on a four point Likert scale. As such, restriction of range could have encumbered finding true mean differences. With correlational analyses, this restriction of range had the propensity of decreasing the power of the relationship and the strength of the correlation coefficient (Kiess & Green, 2010). Despite these limitations, this researcher chose to utilize the five specific items as the PEP lacked internal reliability within the main study. Future research in this area might consider using a scaled score from a psychometric instrument that gages perceptions of ethicality as to address restriction of range.

Summary: Discussion

This chapter outlined the research results of the current study. Results were examined through segregated sections that encompassed a discussion of the results related to the specific section, potential interpretations, implications, and recommendations for future research. Within

these different sections, the prevalence of workplace aggression and exposure to normative unethical behaviors were first reviewed for this participant sample. Next, statistical findings as they related to perceived perceptions of ethicality and the examined independent variables were explored. This included a discussion on the mean differences of ethical perceptions as it related to participants' basic and training condition demographics. Ethical perception differences on five specific items where then reviewed contingent on whether the participant had been a victim of workplace aggression. The discussion on workplace aggression was then followed on exploring differences of perceptions on these five items as it related to the exposure of normative unethical behaviors by a work peer or supervisor/boss. The relationship between the different facets of an integrated modal of morality and perceptions of ethicality on these five items were then reviewed, including cognitive complexity, the moral foundation of care, and the moral foundation of sanctity. As to integrate these different and segregated interpretations, a summary of all results and their implication for the counseling profession was provided. Finally, limitations to the current study were explored as it related specifically to the discussion and interpretation of this study's results.

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Appendix A: Perceived Ethical Perceptions (PEP) Instrument

Please rate the following items based on your belief of whether they are very/always unethical, unethical, ethical, or always/very ethical.

	Very/Always Unethical	Unethical	Ethical	Very/Always Ethical
1. Having a plan to transfer your clients should you become incapacitated				
2. Giving a gift worth more than $25 to a client				
3. Participating in continuing education after obtaining your degree				
4. Engaging in a professional counseling relationship with a friend				
5. Offering a professional disclosure statement				
6. Terminating the counseling relationship without warning				
7. Informing clients of their legal rights (e.g., HIPAA, FERPA, confidentiality)				
8. Sharing confidential client information with your spouse/significant other				
9. Breaking confidentiality if the client is threatening harm to him- or herself				
10. Stating you are licensed when you are in the process of obtaining your license				
11. Revealing the limits of confidentiality to your client				
12. Revealing a client's record to the spouse of a client without the client's permission				

13. Being an advocate for clients				
14. Implying that a certification is the same as a license				
15. Encouraging a client's autonomy and self-determination				
16. Lending money to your client				

Scoring Note**: Ethical items are represented by odd number items; Unethical items are represented by even number items**

Appendix B: Initial Pool of Questions for Ethical Perceptions Instrument

Neukrug & Milliken (2011)

Perceived Unethical Items

1. Not having a plan to transfer your clients should you become incapacitated
2. Trying to persuade your client to not have an abortion even though she wants to
3. Treating homosexuality as a pathology
4. Making grandiose statements about your expertise
5. Giving a gift worth more than $25 to a client
6. Keeping client records in an unlocked file cabinet
7. Not participating in continuing education after obtaining your degree
8. Engaging in a professional counseling relationship with a friend
9. Terminating the counseling relationship without warning
10. Not offering a professional disclosure statement
11. Referring a client who is satisfied with his or her homosexuality for "reparative therapy"
12. Lending money to your client
13. Sharing confidential client information with your spouse/significant other
14. When counseling an older client, not reporting suspected abuse of that client
15. Not informing clients of their legal rights (e.g., HIPAA, FERPA, confidentiality)
16. Stating you are licensed when you are in the process of obtaining your license
17. Revealing a client's record to the spouse of a client without the client's permission
18. When counseling a child, not reporting suspected abuse of that client
19. Attempting to persuade your client to adopt a religious conviction you hold
20. Implying that a certification is the same as a license
21. Not revealing the limits of confidentiality to your client
22. Viewing your client's personal web page (e.g., MySpace, Facebook, blog) without informing your client
23. Counseling clients from a different culture with little or no cross-cultural training
24. Becoming sexually involved with a person your client knows well
25. Setting your fee higher for clients with insurance than for those without
26. Accepting a client when you have not had training in his or her presenting problem

27. Not allowing clients to view their records (excluding case notes)
28. Trying to change your client's values
29. Kissing a client as a friendly gesture (e.g., greeting)
30. Accepting a client's decision to commit suicide
31. Accepting a gift from a client that's worth more than $25
32. Revealing confidential information if a client is deceased
33. Engaging in a professional counseling relationship with a colleague who works with you
34. Engaging in a dual relationship (e.g., your client is also your child's teacher)
35. Telling your client you are attracted to him or her
36. Seeing a minor client without parental consent

Perceived Ethical Items

1. Being an advocate for clients
2. Encouraging a client's autonomy and self-determination
3. Breaking confidentiality if the client is threatening harm to him- or herself
4. Referring a client because of interpersonal conflicts between you and your client
5. Having clients address you by your first name
6. Making a diagnosis based on *DSM-IV-TR*
7. Using an interpreter when a client's primary language is different from yours
8. Self-disclosing to a client
9. Providing services to an undocumented worker (sometimes called "illegal immigrant")
10. Consoling your client by touching him or her (e.g., placing your hand on his or her shoulder)
11. Publicly advocating for a controversial cause
12. Keeping client records on your office computer

Appendix C: Pilot Study Participant Demographics

Figure C.1. Pilot Study demographics: participants' ages.

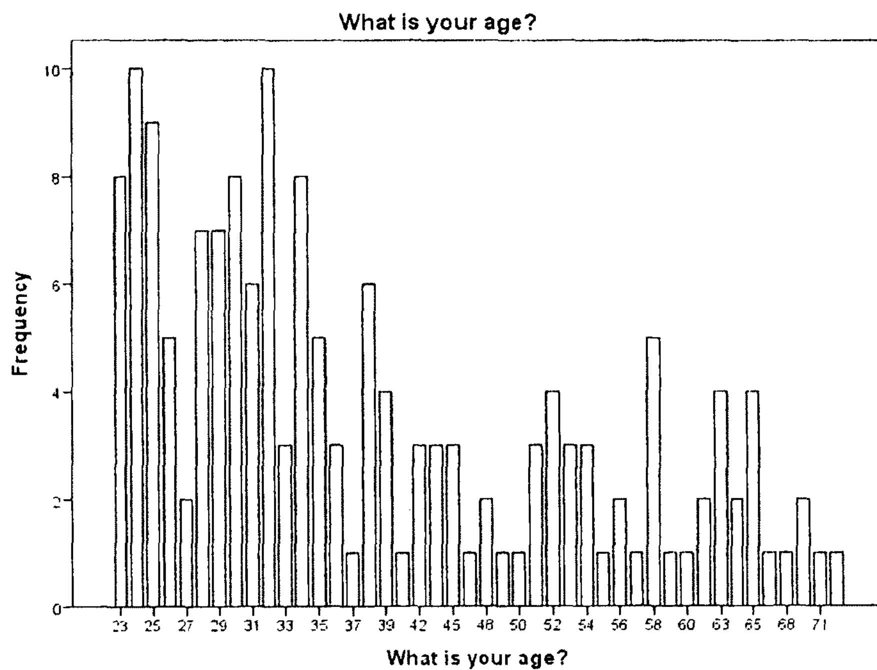


Figure C.2. Pilot Study demographics: participants' gender

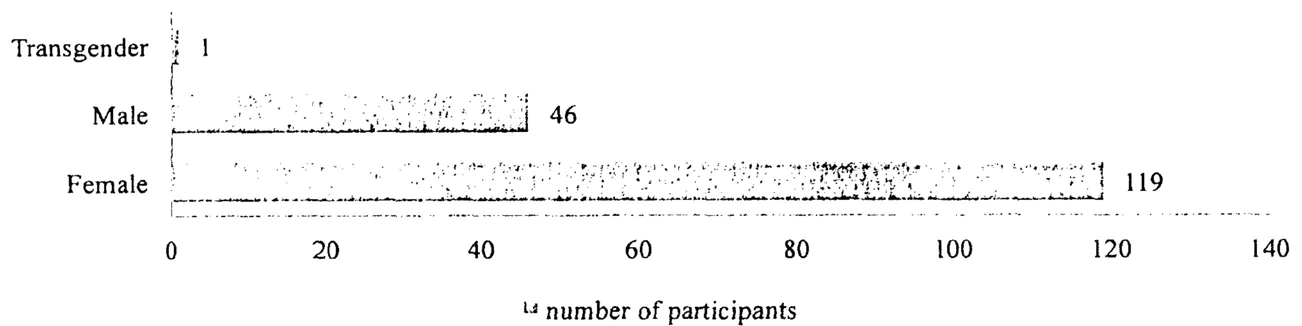


Figure C.3. Pilot Study demographics: participants' race/ethnicity

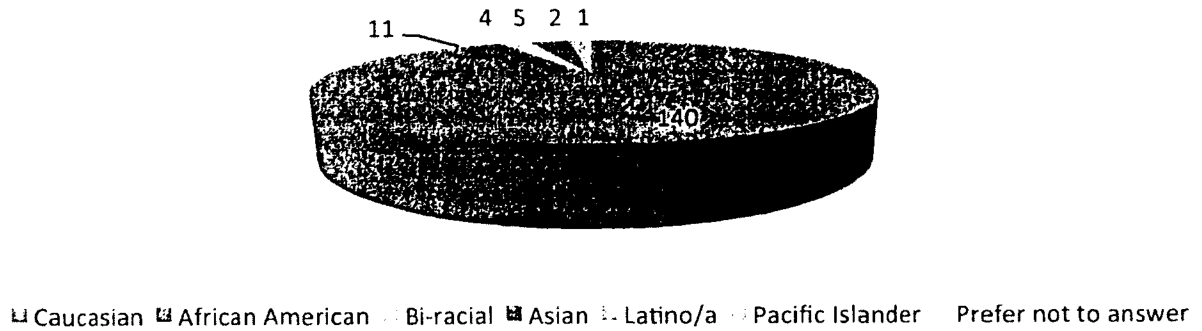


Figure C.4. Pilot Study demographics: participants' years associated with the counseling field

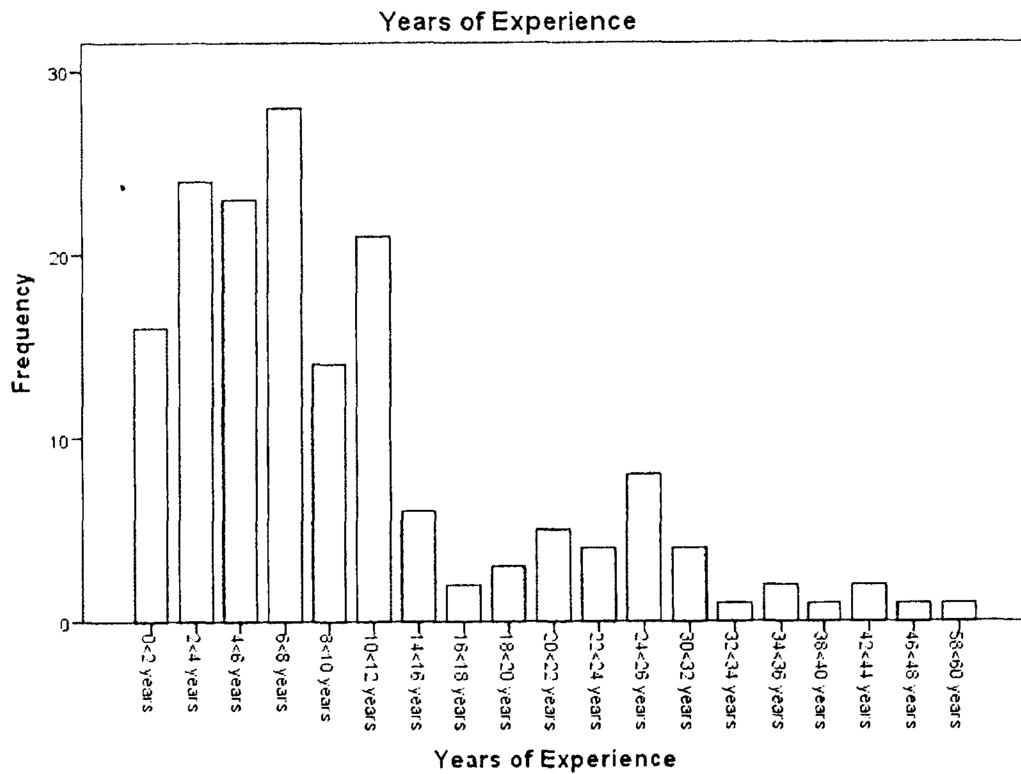


Figure C.5. Pilot Study demographics: participants' received terminal degree

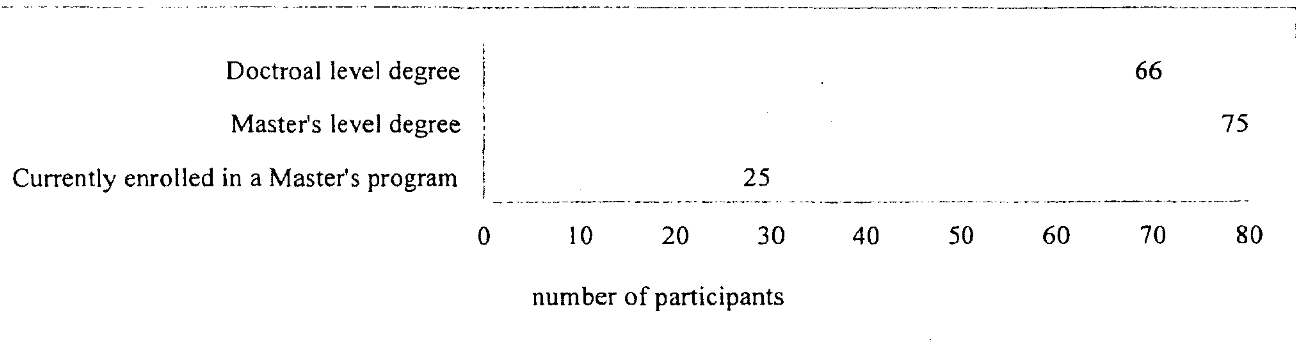


Figure C.6. Pilot Study demographics: participants' obtainment of counseling related certifications/licensures

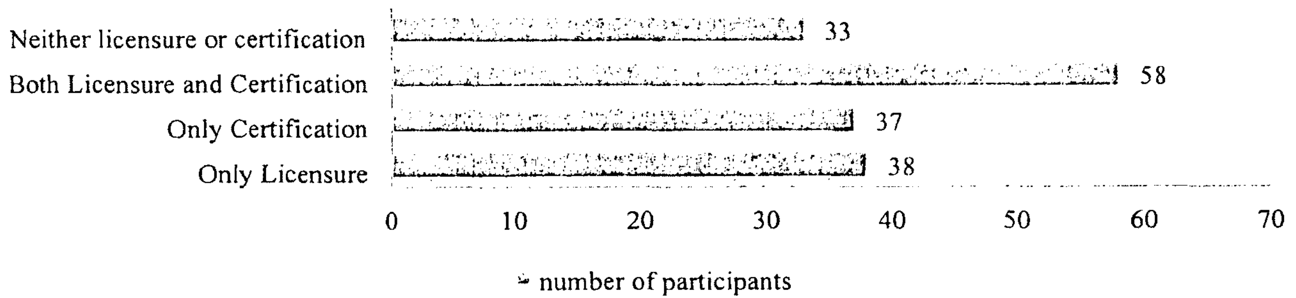
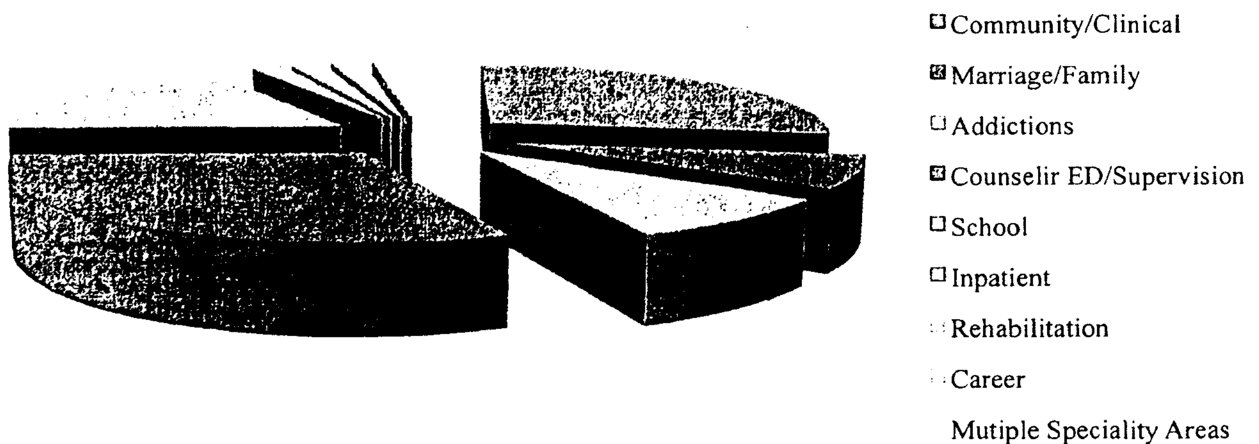


Figure C.7. Pilot Study demographics: participants' cognate area of training/practice



Appendix D: Instrument Construction; Factor Loadings

Table D.1.

Factor loading of the eight item PEP "ethical" subscale

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.090	38.621	38.621	3.090	38.621	38.621
2	.992	12.404	51.025			
3	.923	11.534	62.559			
4	.813	10.167	72.726			
5	.693	8.663	81.388			
6	.657	8.215	89.603			
7	.449	5.617	95.220			
8	.382	4.780	100.000			

Extraction Method: Principal Component Analysis.

Table D.2.

Factor Loading of the eight item PEP "unethical" subscale

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.908	36.350	36.350	2.908	36.350	36.350
2	.969	12.115	48.465			
3	.906	11.321	59.786			
4	.801	10.014	69.801			
5	.736	9.204	79.005			
6	.630	7.876	86.881			

7	.534	6.674	93.555			
8	.516	6.445	100.000			

Extraction Method: Principal Component Analysis.

Table D.3.

Factor Loading of the full PEP scale

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.816	30.100	30.100	4.816	30.100	30.100	2.391	14.943	14.943
2	1.297	8.103	38.204	1.297	8.103	38.204	2.054	12.837	27.780
3	1.110	6.939	45.142	1.110	6.939	45.142	1.929	12.058	39.838
4	1.011	6.322	51.464	1.011	6.322	51.464	1.860	11.626	51.464
5	.965	6.034	57.498						
6	.879	5.496	62.993						
7	.843	5.268	68.262						
8	.760	4.748	73.010						
9	.725	4.528	77.538						
10	.688	4.298	81.836						
11	.621	3.881	85.717						
12	.551	3.446	89.163						
13	.497	3.108	92.271						
14	.477	2.981	95.252						
15	.423	2.644	97.896						
16	.337	2.104	100.000						

Extraction Method: Principal Component Analysis.

Table D.4.

Component matrix of the full PEP scale

Component Matrix[a]

	Component			
	1	2	3	4
Having a plan to transfer your clients should you become incapacitated	.461			
Participating in continuing education after obtaining your degree	.630		-.406	
Offering a professional disclosure statement	.636			
Informing clients of their legal rights (e.g., HIPAA, FERPA, confidentiality)	.637	-.404		
Breaking confidentiality if the client is threatening harm to him- or herself	.413			
Revealing the limits of confidentiality to your client	.672	-.441		
Being an advocate for clients	.527			
Encouraging a client's autonomy and self-determination	.457	-.409		
Giving a gift worth more than $25 to a client	.484	.556		
Engaging in a professional counseling relationship with a friend	.472	.492		
Terminating the counseling relationship without warning	.517			
Sharing confidential client information with your spouse/significant other	.533		.403	

Stating you are licensed when you are in the process of obtaining your license	.558			
Revealing a client's record to the spouse of a client without the client's permission	.556			
Implying that a certification is the same as a license	.569		.488	
Lending money to your client	.580			

Extraction Method: Principal Component Analysis.

a. 4 components extracted.

Appendix E: Training Condition Demographics and PEP; Hypothesis Two Tables

Using a multifactor ANOVA, a significant three way interaction effect was found across the factors of educational level x years of experience x obtained licensures/certification on the mean score of the PEP, $F(8) = 1.806$, $p<0.10$, $\eta2=.099$. To examine the three way interaction effect, follow up tests were run utilizing six separate one-way ANOVAs:

1. **The effect of years of experience by educational level on mean scores of the PEP was examined; educational level constituted the factor; See Table E.1**

Table E.1.

ANOVA

PEP total score

Yrs4lev		Sum of Squares	df	Mean Square	F	Sig.
1.00	Between Groups	13.861	1	13.861	.624	.443
	Within Groups	311.077	14	22.220		
	Total	324.938	15			
2.00	Between Groups	2.952	2	1.476	.107	.899
	Within Groups	607.687	44	13.811		
	Total	610.638	46			
3.00	Between Groups	.667	2	.333	.016	.984
	Within Groups	829.810	39	21.277		
	Total	830.476	41			
4.00	Between Groups	75.185	2	37.592	1.891	.160
	Within Groups	1153.078	58	19.881		
	Total	1228.262	60			

Note: p is significant at the 0.10 level

2. **The effect of years of experience by obtained certifications/licensures on the mean scores of the PEP was examined; obtained certifications/licensures constituted the factor; See Table E.2.**

Table E.2.

ANOVA

PEP total score

Yrs4lev		Sum of Squares	df	Mean Square	F	Sig.
1.00	Between Groups	.438	1	.438	.019	.893
	Within Groups	324.500	14	23.179		
	Total	324.938	15			
2.00	Between Groups	15.888	3	5.296	.383	.766
	Within Groups	594.750	43	13.831		
	Total	610.638	46			
3.00	Between Groups	8.634	3	2.878	.133	.940
	Within Groups	821.842	38	21.627		
	Total	830.476	41			
4.00	Between Groups	12.239	3	4.080	.191	.902
	Within Groups	1216.024	57	21.334		
	Total	1228.262	60			

Note: p is significant at the 0.10 level

3. **The effect of educational level by obtained certifications/licensures on mean scores of the PEP was examined; obtained certifications/licensures constituted the factor; See table E.3.**

Table E.3

ANOVA

PEP total score

Educational Level		Sum of Squares	df	Mean Square	F	Sig.
currently enrolled in a Masters Program	Between Groups	127.422	2	63.711	4.642	.021
	Within Groups	301.938	22	13.724		
	Total	429.360	24			
Masters degree	Between Groups	36.130	3	12.043	.645	.589
	Within Groups	1325.870	71	18.674		
	Total	1362.000	74			
doctoral degree	Between Groups	72.680	3	24.227	1.296	.284
	Within Groups	1159.138	62	18.696		
	Total	1231.818	65			

Note: p is significant at the 0.10 level

a. **A significant affect was found for educational level by obtained certifications/licensures for those participants currently enrolled in a Master's level counseling program; See Table E.3.a.**

Table E.3.a.

Educational Level	(I) Do you have any counseling related certifications or licensures?	(J) Do you have any counseling related certifications or licensures?	Mean Difference (I-J)	Std. Error	Sig.
currently enrolled in a Masters Program	none	only licensures	-5.35417*	1.77347	.006
		both	-.52083	2.33079	.825
	only licensures	none	5.35417*	1.77347	.006
		both	4.83333*	2.61958	.079
	both	none	.52083	2.33079	.825
		only licensures	-4.83333*	2.61958	.079

Note: p is significant at the 0.10 level

4. **The effect of educational level by obtained years of experience on mean scores of the PEP was examined; years of experience constituted the factor; See Table E.4.**

Table E.4.

ANOVA

PEP total score

Educational Level		Sum of Squares	df	Mean Square	F	Sig.
currently enrolled in a Masters Program	Between Groups	98.733	3	32.911	2.090	.132
	Within Groups	330.627	21	15.744		
	Total	429.360	24			
Masters degree	Between Groups	10.500	3	3.500	.184	.907
	Within Groups	1351.500	71	19.035		
	Total	1362.000	74			
doctoral degree	Between Groups	12.294	2	6.147	.318	.729
	Within Groups	1219.524	63	19.358		
	Total	1231.818	65			

Note: p is significant at the 0.10 level

5. **The effect of obtained certifications/licensures by years of experience on mean scores of the PEP was examined; years of experience constituted the factor; See Table E.5.**

Table E.5.

ANOVA

PEP total score

Do you have any counseling related certifications or licensures?		Sum of Squares	df	Mean Square	F	Sig.
none	Between Groups	44.879	3	14.960	.852	.477
	Within Groups	509.000	29	17.552		
	Total	553.879	32			
only certications	Between Groups	3.458	3	1.153	.053	.984
	Within Groups	715.839	33	21.692		
	Total	719.297	36			
only licensures	Between Groups	8.114	2	4.057	.177	.838
	Within Groups	801.781	35	22.908		
	Total	809.895	37			
both	Between Groups	1.987	2	.994	.059	.943
	Within Groups	930.496	55	16.918		
	Total	932.483	57			

Note: p is significant at the 0.10 level

6. **The effect of obtained certifications/licensures by educational level on mean scores of the PEP was examined; educational level constituted the factor; See Table E.6.**

Table E.6.

ANOVA

PEP total score

Do you have any counseling related certifications or licensures?		Sum of Squares	df	Mean Square	F	Sig.
none	Between Groups	143.060	2	71.530	5.223	.011
	Within Groups	410.818	30	13.694		
	Total	553.879	32			
only certications	Between Groups	2.042	1	2.042	.100	.754
	Within Groups	717.255	35	20.493		
	Total	719.297	36			
only licensures	Between Groups	76.117	2	38.058	1.815	.178
	Within Groups	733.778	35	20.965		
	Total	809.895	37			
both	Between Groups	7.389	2	3.694	.220	.804
	Within Groups	925.094	55	16.820		
	Total	932.483	57			

Note: p is significant at the 0.10 level

a) A significant interaction affect was found for obtained certifications/licensures by educational level for those participants who currently held no certifications/licensures; See Table E.6.a.

Table E.6.a.

Do you have any counseling related certifications or licensures?	(I) Educational Level	(J) Educational Level	Mean Difference (I-J)	Std. Error	Sig.
none	currently enrolled in a Masters Program	Masters degree	-3.33036*	1.35426	.020
		doctoral degree	3.14583	2.32820	.187
	Masters degree	currently enrolled in a Masters Program	3.33036*	1.35426	.020
		doctoral degree	6.47619*	2.35431	.010
	doctoral degree	currently enrolled in a Masters Program	-3.14583	2.32820	.187
		Masters degree	-6.47619*	2.35431	.010

Note: p is significant at the 0.10 level

Appendix F: Research Hypotheses

Research Question: Do any specific demographic variables affect counselors' ethical perceptions and if so, how do certain demographic variables affect ethical perceptions?

Basic Demographics

Ho: *Participants mean scores on the Perceived Ethical Perceptions Instrument does not differ across the basic demographics of participants' ages, gender, and ethnicity.*

H1: *Participants mean scores on the Perceived Ethical Perceptions Instrument differs across the basic demographics of participants' ages, gender, and ethnicity.*

Training Condition Demographics

Ho: *Participants mean scores on the Perceived Ethical Perceptions Instrument does not differ across the demographics training conditions of educational level, years of experience within the counseling profession, and obtainment of counseling related certifications/licensure.*

H1: *Participants mean scores on the Perceived Ethical Perceptions Instrument differs across the demographics training conditions of educational level, years of experience within the counseling profession, and obtainment of counseling related certifications/licensure.*

Research Question: Does the presence of workplace aggression affect counselors' ethical perceptions and if so, how does workplace aggression affect ethical perceptions?

Client care/referral

Ho: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will not differ across levels of workplace aggression.*

H1: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will differ across levels of workplace aggression.*

Confidentiality

Ho: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will not differ across levels of workplace aggression.*

H1: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will differ across levels of workplace aggression.*

Client autonomy

Ho: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will not differ across levels of workplace aggression.*

H1: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will differ across levels of workplace aggression.*

Gifts/boundaries

Ho: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will not differ across levels of workplace aggression.*

H1: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will differ across levels of workplace aggression.*

Professional integrity

Ho: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will not differ across levels of workplace aggression.*

H1: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will differ across levels of workplace aggression.*

Research Question: Does the presence of normative unethical infractions by a work supervisor/boss affect counselors' ethical perceptions and if so, how does the presence of normative unethical infractions by a work supervisor/boss affect ethical perceptions?

Client care/referral

Ho: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H1: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

Confidentiality

Ho: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H1: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

Client autonomy

Ho: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H1: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

Gifts/boundaries

Ho: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H1: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will vary contingent upon the factor of either being exposed/aware*

or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.

Professional integrity

Ho: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

H1: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work supervisor/boss engaging in perceived unethical infractions within the past six months.*

Research Question: Does the presence of normative unethical infractions by a work peer affect counselors' ethical perceptions and if so how does the presence of normative unethical infractions by a work peer affect ethical perceptions?

Client care/referral

Ho: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

H1: *Participants mean rating scores on the perceived ethicality of "Having a plan to transfer your clients should you become incapacitated" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

Confidentiality

Ho: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

H1: *Participants mean rating scores on the perceived ethicality of "Breaking confidentiality if the client is threatening harm to him- or herself" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

Client autonomy

Ho: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

H1: *Participants mean rating scores on the perceived ethicality of "Encouraging a client's autonomy and self-determination" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

Gifts/boundaries

Ho: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will not vary contingent upon the factor of either being*

exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.

H1: *Participants mean rating scores on the perceived ethicality of "Giving a gift worth more than $25 to a client" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

Professional integrity

Ho: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will not vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

H1: *Participants mean rating scores on the perceived ethicality of "Implying that a certification is the same as a license" will vary contingent upon the factor of either being exposed/aware or not being exposed/aware of a work peer engaging in perceived unethical infractions within the past six months.*

Research Question: Is there a relationship between cognitive complexity and counselors' ethical perceptions and if so, what is the relationship between cognitive complexity and ethical perceptions?

Client care/referral

Ho: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

H1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

Confidentiality

Ho: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

H1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

Client autonomy

Ho: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

H1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

Gifts/boundaries

Ho: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

H1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

Professional integrity

Ho: *No relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

H1: *A relationship exists between participants' cognitive complexity (N2 score) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

Research Question: Is there a relationship between the moral foundation of care on counselors' ethical perceptions and if so, what is the relationship between this moral foundations and ethical perceptions?

Client care/referral

Ho: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

H1: *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

Confidentiality

Ho: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

H1: *A relationship exists between participants' moral care foundation score (MFQ care subscale)) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

Client autonomy

Ho: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

H1: *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

Gifts/boundaries

Ho: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

H1: *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

Professional integrity

Ho: *No relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

H1: *A relationship exists between participants' moral care foundation score (MFQ care subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

Research Question: Is there a relationship between the moral foundation of sanctity on counselors' ethical perceptions and if so, what is the relationship between this moral foundations and ethical perceptions?

Client care/referral

Ho: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

H1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) rating scores on the perceived ethicality of the item "Having a plan to transfer your clients should you become incapacitated"*

Confidentiality

Ho: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

H1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Breaking confidentiality if the client is threatening harm to him- or herself"*

Client autonomy

Ho: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

H1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Encouraging a client's autonomy and self-determination"*

Gifts/boundaries

Ho: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

H1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Giving a gift worth more than $25 to a client"*

Professional integrity

Ho: *No relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*

H1: *A relationship exists between participants' moral sanctity foundation score (MFQ sanctity subscale) and rating scores on the perceived ethicality of the item "Implying that a certification is the same as a license"*