Testing the Intercultural Model of Ethical Decision Making With Counselor Trainees

Melissa Luke, Kristopher M. Goodrich, and Dennis D. Gilbride

A training intervention using the Intercultural Model of Ethical Decision Making was tested with a sample of 48 counselor trainees enrolled in 3 counseling courses across 2 universities. Postintervention data indicated students’ scores increased significantly on 5 of 6 evaluation criteria as well as on the overall total score. Although pretest scores were significantly different between students who had taken a multicultural course and those who had not, there was no posttest difference. Implications and suggestions for future training and research are discussed.

Keywords: ethical decision making, counselor education, school counseling, intercultural, dilemma

The counseling profession has clearly affirmed the responsibilities of school counselors to engage in culturally competent service delivery with all students and school stakeholders (Crethar, Torres Rivera, & Nash, 2008; Dixon, Tucker, & Clark, 2010). However, there still remains uncertainty and a lack of guidance about how to negotiate dilemmas that result when there is a conflict between two equally valid moral, religious, and/or cultural imperatives. For that reason, Luke, Goodrich, and Gilbride (in press) created the Intercultural Model of Ethical Decision Making (IMED) so that professional school counselors would have a practical, user-friendly tool to meet these complex challenges. Although key components of this model were drawn from scholarship concerning ethical decision making in counseling, no empirical research has been conducted on the IMED to date. Therefore, the purpose of the study was to explore the effectiveness of the IMED with a group of counselor trainees.

There has recently been an increased focus on ethical dilemmas within the field of counseling, exemplified by the increase in ethical decision-making models (Garcia, Winston, Borzuchowska, & McGuire-Kuletz, 2004) along with attention that two legal cases have received (i.e., Keeton v. Anderson-Wiley et al., 2010; Ward v. Wilbanks et al., 2010). Ethical dilemmas are uniquely challenging because, unlike other ethics issues (e.g., abstaining from sexual relationships with clients), they have no simple or obvious solution and occur when two mutually exclusive values or courses of action collide (e.g., how to balance one’s value of egalitarianism with strongly held religious beliefs). There is little known about how effective ethical decision-making models

Melissa Luke, Department of Counseling and Human Services, Syracuse University; Kristopher M. Goodrich, Department of Individual, Family, and Community Education, University of New Mexico; Dennis D. Gilbride, Department of Counseling and Psychological Services, Georgia State University. Correspondence concerning this article should be addressed to Melissa Luke, Department of Counseling and Human Services, Syracuse University, 259 Huntington Hall, Syracuse, NY 13244 (e-mail: mmluke@syr.edu).

© 2013 by the American Counseling Association. All rights reserved.
might be in practice or even if counselors use them (Garcia, McGuire-Kuletz, Froelich, & Dave, 2008; Garcia et al., 2004). Similarly, although research has indicated that school counselors’ perceived multicultural counseling competence differed significantly on the basis of whether they had taken an entry-level multicultural course (Holcomb-McCoy, 2005), it is unknown how multicultural course work may affect the ethical decision making of school counselors and those in training.

The IMED (Luke et al., in press) is intended to provide professional school counselors and those in training the support and assistance they need to develop the skills and problem-solving strategies to effectively, ethically, and respectfully negotiate ethical dilemmas. It was created to expand how practitioners thought about ethical dilemmas, specifically those that included social, cultural, or worldview differences and conflicts. Furthermore, the model was designed to sensitize practitioners concerning the need to seek out appropriate consultation and identify and utilize relevant policies and laws. The model extended the Transcultural Integrative Model (TIM; Garcia et al., 2004), which first introduced cultural awareness and sensitivity in the formulation and response of a counselor to an ethical dilemma. The IMED extended the TIM by calling for the practitioner to consider the specific cultural, religious, and worldview (CRW) factors held by the counselor, client/student, and social context in which they live and work when they respond to an ethical dilemma. The need for school counselors to consider how their own values and beliefs may affect how they are approaching a client is fundamental, because scholars (e.g., Beauchamp & Childress, 2009; Radden & Sadler, 2010; Watter, 2012) have recognized the importance (and potential biases) that counselors can have in responding to ethical dilemmas.

School counselors often have little or no role in selecting or declining students on their caseload and may not be able to refer students to another counselor should a conflict in worldviews be identified. Therefore, the IMED was developed to provide a flexible cognitive frame in identifying the CRW tensions that may exist between the school counselor, the student and her or his family, and other stakeholders (Luke et al., in press).

The IMED model involves seven steps:

1. Recognize there is an ethical dilemma with CRW factors embedded, because both the counselor and the client live in a multicultural society and hold multiple cultural identities (e.g., gender, race/culture, sexual orientation, ability status).
2. Identify the CRW factors that are relevant to the particular case.
3. Identify and review institutional policies and procedures and relevant case law and professional codes of ethics (i.e., American Counseling Association [ACA], 2005; American School Counselor Association [ASCA], 2010).
4. Consult with cultural experts (in accordance with appropriate ethical and legal standards) to ensure key CRW factors have been accurately identified within the case.
5. Brainstorm and list alternative courses of action.
6. Analyze the relationship between potential courses of action and its congruency with CRW factors (e.g., those related to process actions at the school, community, family, and individual level).
7. Select, document, and evaluate the courses of action that best meet the needs of clients.

The purpose of this study was to test the effectiveness of the IMED model with a group of counselor trainees. There were three research questions for this study: (a) Following training in the IMED, was there a significant increase in participants’ ability to identify ethical dilemmas? (b) Following IMED training, was participants’ ability to appropriately respond to an ethical dilemma increased significantly? and (c) As the IMED involves cultural factors, did prior multicultural training experiences influence pre- or posttest scores on participants’ ethical decision making? Participants’ responses were scored using the same standardized scoring protocol (described later).

**Method**

**Participants**

Participants were 48 counselor trainees in two universities (24 per university) enrolled in one of three counseling courses (Foundations of Counseling, Introductory School Counseling, and Advanced School Counseling). Twenty-one participants identified as school counseling students, four as dual track (e.g., both school and clinical mental health counseling), eight as clinical mental health, and 15 as nonmatriculated students. There were 43 participants identifying as female, four as male, and one as transgender. With respect to racial and ethnic makeup, 24 identified as White, nine as Hispanic or Latino/a, five as African American or Black, one as Asian American, five as multiracial, and four participants who did not report race/ethnicity. Of these, four participants also identified as international students. The religious/spiritual identity distribution of participants was 15 participants identifying as Christian, eight as Catholic, two as Muslim, one as Jewish, five reporting no religious/spiritual orientation, 12 reporting some type of other religious/spiritual orientation, and five not reporting at all. Prior to the study, 29 participants had experience working in a school, and 19 had previously taken a multicultural course. Thirty-five participants had completed less than half of their respective program. Students had taken an average of 3.84 classes ($SD = 4.7$, range = 0–17 courses).

**Sampling**

The sample was derived from students in three counseling courses; the first and second authors taught one course each at their respective institutions, and a colleague at the first author’s institution who was not part of the study taught a third course. Although all potential participants received ethical decision-making instruction in the form of the IMED intervention as part of
the course in which they were enrolled, five participants did not complete the posttest (response rate = 90% with equal attrition across the two counselor education programs). One program was located in the Northeast and the other in the Southwest; both programs were accredited by the Council for Accreditation of Counseling and Related Educational Programs. Post hoc testing found no significant differences between program tracks on the pretest scores, $F(3, 31) = 0.47, p < .71$.

**Case Vignettes**

Two fictional school counseling ethical dilemma case vignettes were developed and standardized as stimuli for this study. The case vignettes were developed by the first two authors, both assistant professors of counselor education who have taught and published articles about professional issues in the areas of counselor training and supervision. First, the two authors explored the extant literature on professional ethics and multicultural counseling, referring back to these sources often as the case vignettes were developed. Upon completion of the first case vignette, the authors created two more case vignettes, referring back to the first vignette to match the information provided in each case by reading and analyzing the information provided in a line-by-line review. The third author, a full professor who has developed and taught a doctoral seminar in professional issues, served as an auditor of the case vignettes.

After meeting and discussing to consensus the information provided in each of the three case vignettes, we selected the two case vignettes that would be used in this study. The pretest vignette described an ethical dilemma faced by a school counselor named Rachel with respect to her work on an awards committee that was considering awarding a scholarship to Afaf, a female Arab American high school student who had expressed that she was not planning to attend college and would instead enter an arranged marriage (for full case, see Luke et al., in press). The posttest vignette can be found in the Appendix and described an ethical dilemma faced by a school counselor named Rosa with respect to her consultation and counseling with Natasha, a female Navajo high school student who reported being 6 weeks pregnant and sought information about her options.

Before implementation of the study, the original IMED article, two additional case vignettes, and other study materials were shared with students in the third author’s doctoral seminar on professional issues to further audit the research stimuli. Discussion with the doctoral students supported that the case vignettes adequately represented information provided in the IMED, that both case vignettes provided equivalent information, and that the other research materials were comprehensive and comprehensible. It was at this point that we sought institutional review board approval and implemented the study.

**IMED Scoring Instrument**

Participants were provided a four-question response protocol and were asked to respond to both the pre- and post-IMED school counseling inter-
vention case vignettes. The protocols were developed in a similar way to the case vignettes as described in the previous section. The response protocol included the following questions: What do you see as the key presenting issue(s)? How do you understand the situation? What information might be relevant as you try to make your decision? Describe how you would proceed, including the means you would use to determine what is the most appropriate course of action.

The instrument was scored using a standardized 14-point evaluation protocol (Luke et al., in press). The interrater reliability of the scoring protocol was .89. For the current study, we served as independent coders, calculating scores for the participants’ data not associated with their respective classes. The interrater reliability across the coding pairs was .84. The scoring protocol evaluated participants’ responses across six criteria: (a) awareness of potential that an ethical dilemma exists; (b) awareness of potential that cultural tension/conflict exists; (c) indication of seeking professional resources related to ethics; (d) indication of seeking cultural consultation and professional resources; (e) identification of relevant institutional precedents, policies, or laws; and (f) indication of need for additional information for decision. Coders reviewed participants’ answers for each of the four prompts to see how participants addressed the six criteria of the study. Although answers for all four prompts were reviewed by coders in their scoring, participants’ answers to the first two prompts typically yielded information on the first two criteria (awareness of an ethical dilemma and awareness of CRW tension), and answers to the second two prompts typically reflected participants’ scores on the last four criteria items (information and resources needed by participants and their later decision making). The IMED instrument can yield potential total scores ranging from 0 to 14, with lower scores reflecting lower levels of ethical decision making and higher scores reflecting greater attention to ethical decision making by participants.

**Intervention**

The IMED intervention served as the independent variable in this study and was conducted between Weeks 4 and 8 of the spring 2011 semester. The first and second authors conducted each of the iterations of the intervention, which were implemented 4 weeks apart and ranged from approximately 70 to 90 minutes.

Overall, the IMED research intervention consisted of three primary components: Problematizing, Teaching, and Model Application. The first aspect of Problematizing involved redistributing the IMED pretest case vignettes participants had already seen at our respective programs. We encouraged participants to openly discuss their initial reactions to vignettes, including their impressions of both the case content and their subsequent decision-making processes. We then facilitated a critical discussion of the various ways in which the students thought about and responded to the presented ethical dilemma. As we asked participants to identify potential responses to each of the IMED pretest questions, we intentionally attempted to raise ambiguity
and offer nuanced possibilities the participants may not have considered. At this point, we were careful not to answer content questions related to the case itself. Only after participants engaged and debated one another about the merits and challenges involved in the case did the Teaching component of the intervention take place. Of note is that during the training, none of the participants raised the idea of consulting an ethical decision-making model with the case. Thus, we concluded the Problematizing portion of the intervention by making a process observation of this fact.

The Teaching component of the intervention was the largest element of the intervention and began with a reminder about the necessity that counselors know and adhere to ethical codes (i.e., ACA, 2005; ASCA, 2010). We then reviewed the way in which ethicality of counselors’ behavior is determined and gave specific instruction about the importance of a systematic decision-making process. At this point, we referenced possible participants’ past exposure to ethical decision-making models in other courses and distributed a copy of the seven-step IMED model. Next, we carefully explained each step of the IMED model, using examples as to the various ways ethical decision making within the case vignettes might be accomplished. We offered several sample incidences (compiled from our past experiences) to illustrate the processes and sometime unexpected outcomes that can result from counselor decision making. We responded to participants’ spontaneous questions throughout the Teaching component of the intervention.

The Model Application portion of the intervention was the shortest of the three intervention components. We began by referring students back to the IMED pretest case scenario and asking them to consider how application of the IMED to the case of Rachel and Afaf might change their initial thinking and behavior related to the case. Next, we assisted participants in identifying these aspects and discussing them with one another. We then intentionally encouraged participants to identify and describe how they might have used the IMED with a previous or currently encountered case. In each of the classroom interventions (across program and course settings), at least one participant offered a detailed description of a potential ethical dilemma from a real-life counseling situation, which allowed participants an opportunity to model, observe, and practice going through the seven steps in the IMED. We concluded the intervention by recommending that participants reflect on and utilize the IMED or other ethical decision-making models over the remainder of the semester, noting that not doing so raises the risk of making unethical decisions, given the necessity of following a systematic process when determining the ethicality of a counselor’s behavior.

Results

This study explored the impact of instructing master’s-level students in the IMED on their ethical decision making, based on student responses to two case vignettes. Specifically, we asked the following three questions: (a) Does the introduction of the IMED promote higher scores on students’ ethical decision making? (b) If the IMED does promote higher scores for
students’ ethical decision making, in what areas can we see an increase in ethical decision making in students? and (c) As the IMED involves students’ considering cultural factors, does having completed a multicultural course prior to the introduction of the IMED influence students’ scores when faced with an ethical dilemma?

Table 1 lists the pre- and posttest means and standard deviations of the six evaluation criteria, along with the range of potential scores for the criteria. Participants’ total IMED pretest mean score was 3.81 (SD = 2.29) and their total posttest mean score was 6.86 (SD = 3.49), p < .001. Seventy-nine percent of participants’ posttest scores increased from 1 to 11 points; the modal increase was 6 points (nine participants). However, it should be noted that the posttest scores of 21% of participants declined from 1 to 6 points, with a modal decline score of 2 points. Of the six participants whose scores declined, all six scored zero on four of the outcome measure items, including identifying the dilemma.

Independent t tests comparing pre- and posttest scores were significantly higher on five of six evaluation criteria. Furthermore, there was a statistically significant difference in pretest scores between students who had and those who had not taken a multicultural course. Participants who had taken a multicultural course had a mean pretest score of 4.89 (SD = 2.66), whereas those who had not taken a multicultural course had a pretest mean score of 3.28 (SD = 1.90), t(1, 46) = 6.03, p = .018. There were no significant differences in the posttest scores of participants who had versus those who had not taken a multicultural course. Participants who had not taken a multicultural class had a mean posttest score of 7.11 (SD = 3.52), whereas those who had taken a multicultural class had a posttest score of 6.40 (SD = 3.52). We conducted an analysis of covariance (ANCOVA) using pretest scores as a covariate to determine the effect of the multicultural class on posttest scores. The ANCOVA was found to be nonsignificant, F(2, 42) = 0.40, p = .53, indicating no significant relationship between taking and not taking a multicultural course in posttest scores.

Discussion

This study explored the potential effectiveness of the IMED. The primary finding was a main effect for the IMED training intervention. This result suggests that the IMED may have enhanced ethical decision making with this group of counseling students. Secondary findings suggest that school counseling trainees who had taken a multicultural counseling course had higher pretest scores than their counterparts who had not had this training; however, there were no significant differences detected in posttest scores. This finding is perplexing, especially given that the low posttest scores overall demonstrate a substantial potential for additional ethical decision-making improvement. One way to understand this is that ethical decision making using the IMED combines the traditional tripartite areas of multicultural competence (i.e., knowledge, awareness, and skills; Sue, 2001), and it has been suggested that integration of these into behavior may develop later.
<table>
<thead>
<tr>
<th>Criterion</th>
<th>Score</th>
<th>Pretest M</th>
<th>Pretest SD</th>
<th>Posttest M</th>
<th>Posttest SD</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Awareness that an ethical dilemma exists</td>
<td>0–2</td>
<td>0.70</td>
<td>0.72</td>
<td>1.20</td>
<td>0.77</td>
<td>.003</td>
</tr>
<tr>
<td>2. Awareness that cultural tension/conflict exists</td>
<td>0–3</td>
<td>1.23</td>
<td>0.97</td>
<td>1.91</td>
<td>0.96</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>3. Student indicates that she or he would seek professional resources</td>
<td>0–2</td>
<td>0.04</td>
<td>0.20</td>
<td>0.41</td>
<td>0.73</td>
<td>.006</td>
</tr>
<tr>
<td>related to ethics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Student indicates that she or he would professionally consult with</td>
<td>0–3</td>
<td>0.44</td>
<td>0.77</td>
<td>1.02</td>
<td>1.00</td>
<td>.007</td>
</tr>
<tr>
<td>others or seek out relevant professional resources (not just the student/client or her or his family)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Student identifies potentially relevant institutional policies and/or</td>
<td>0–2</td>
<td>0.13</td>
<td>0.40</td>
<td>0.80</td>
<td>0.80</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>laws</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued on the next page)
Relatedly, although Holcomb-McCoy (2005) found overall increases in school counselors’ multicultural self-efficacy associated with multicultural course work, she found a “noneffect” on two of six factors that involved behavioral manifestations of multicultural competence. Thus, school counselors, as well as counselor educators and supervisors, may wish to intentionally include more emphasis on the integration of knowledge, awareness, and skills and the translation of this into skill development, such as use of the IMED for ethical decisions.

Additionally, the trainees’ posttest scores remained low when we looked at the range of potential scores (posttest mean of 6.86 out of a possible 14). A particular area of concern is that even with training, the mean scores of Criteria 3 (student indicates that she or he would seek professional resources related to ethics) and 5 (student identifies potentially relevant institutional policies and/or laws) remained below 1, indicating that the majority of participants in this study did not seek relevant resources or examine the relevant school policies and law to help them negotiate the ethical dilemma. On average, participants sought general consultation but did not seek specialized consultation related to culture. This finding points to the idea that students may still be relying on their own knowledge and experience, and those close to them, when responding to ethical dilemmas rather than seeking out more expert opinions and reviewing relevant policies and legal resources. This is a troubling finding, as we (Luke et al., in press) and other scholars (e.g., Garcia et al., 2004, 2008) believe that most, if not all, ethical dilemmas are culturally loaded in some way.

One finding that we found most concerning was that a small subset of scores went down from the pretest experience. It may be that there was something confounding in either the pre- or posttest that artificially inflated/deflated these six participants’ scores. In further exploring these participants, we found that they had taken on average twice as many courses as the average participant in the study, yet they did not identify that there was any ethical dilemma. It appears that there may have been another influencing factor that may have affected these students’ assessment of the posttest case. This could be from acknowledged biases they held to the specifics of the case.

**Note.** N = 48. CRW = cultural, religious, and worldview.

**TABLE 1 (Continued)**

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Score</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Student indicates she or he can’t decide without additional information (2 points)</td>
<td>0–2</td>
<td>1.52</td>
<td>1.66</td>
</tr>
<tr>
<td>0 = makes a decision</td>
<td></td>
<td>0.74</td>
<td>0.71</td>
</tr>
<tr>
<td>1 = decides but is tentative</td>
<td></td>
<td></td>
<td>.402</td>
</tr>
<tr>
<td>2 = doesn’t decide the specific question asked in the case study</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Score</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Student indicates she or he can’t decide without additional information (2 points)</td>
<td>0–2</td>
<td>1.52</td>
<td>1.66</td>
</tr>
<tr>
<td>0 = makes a decision</td>
<td></td>
<td>0.74</td>
<td>0.71</td>
</tr>
<tr>
<td>1 = decides but is tentative</td>
<td></td>
<td></td>
<td>.402</td>
</tr>
<tr>
<td>2 = doesn’t decide the specific question asked in the case study</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(e.g., Catholic, abortion, context), unacknowledged bias or lack of awareness on the part of the student, or some other confounding factor (e.g., history and timing of study). From an educational perspective, however, this finding highlights the need for faculty and supervisors to raise students’ awareness of potential of dilemmas within their lives and how to address these potential confounding variables for their future practice.

Limitations

There are several limitations to this study. Although there were significant changes in pre- and posttest scores, the findings do not necessarily indicate the intervention caused the change. Issues such as history and maturation may have affected trainees’ scores and should be considered in follow-up studies. Future research with experimental designs would be useful to further provide empirical support. Also, given the convenience sampling used within this study, it is impossible to account for how much, if any, of the posttest score changes may be a result of instructor variability or the course content. Because it is possible that systematic differences in score changes could be based on who was the instructor, who conducted the intervention, or the course content, future research should consider how to account for this.

Additionally, although both the pre- and posttest cases were written to be identical, the ethical nature of each dilemma differed across both cases. Even though we were intentional in constructing the cases (e.g., line-by-line review of the case content, audits by two sources), the context and specific dilemma varied between cases (e.g., a feminist female professional school counselor working with a Muslim/Arab American student from a family with traditional family values vs. a professional school counselor identified as Catholic working with a Native American client who was facing an abortion decision). Thus, the content may have been differentially received by students. It is possible that the content and context influenced students’ decision making related to the cases; however, the point of the IMED is to ensure that the counselor is self-aware about elements in each case that can affect his or her ethical judgment. Future research should explore how content and context can influence one’s ethical decision making, and if the IMED or other interventions can assist in ameliorating any negative influences and promote practitioners’ ethical decision making.

In addition, we were intentional in using our sample of convenience so that differences in student diversity, across two regions and three courses, would provide more diversity than many previous samples in counselor education (Goodrich, Shin, & Smith, 2011; Shin, Smith, Goodrich, & LaRosa, 2011). The sample of the current study was robust in racial and ethnic diversity but included few male participants. The self-selected/convenience nature of this sample, as well as the fact that it was conducted in a training context with our own students, does limit its generalizability to the broader population.

Although the current study may have found efficacy for the use of the IMED with a sample of professional counselors-in-training, future research is warranted. One such study could explore the utility of the IMED with
counselors and counselor educators in the field. Deeper exploration into questions about how cultural issues and resources are considered when facing ethical dilemmas is warranted to provide a baseline to more precise measurement of the IMED. Because posttest scores remained low and indicated that even with instruction in the IMED, trainees struggled with ethical decision making, future research should explore how to increase internalization of the information, as well as adherence and fidelity to the processes involved. Finally, broadening the sample in future studies to include trainees and counselors from other institutions or regions would be helpful to add to the generalizability of this training. In addition, subsequent qualitative study could be conducted to explore participants’ decision making as they are reviewing case vignettes while using the IMED or other ethical decision-making models to more fully understand the processes in which professional school counselors think about and make decisions when faced with ethical dilemmas.

Implications and Conclusion

Although the findings of this study may support the use and effectiveness of the IMED in training school counseling students to face ethical dilemmas, they also point out that we have much work to do as a field. Despite consistent efforts to train students in multicultural and ethical issues, the results of this study suggest that students’ awareness of the need to seek out culturally appropriate resources, consultation, and supervision—even after direct instruction to do so—is very limited. Furthermore, although students who have taken multicultural counseling course work scored significantly higher on the pretest than their peers who had not taken the course, these same students’ pretest scores remained low when compared with the potential range of scores (4.89 on a scale from 0 to 14). While these findings need to be interpreted with caution, research has supported that school counselors’ multicultural self-efficacy increased with course work and training (Holcomb-McCoy, 2005). Thus, it is possible that increased multicultural self-efficacy may decrease students’ inclination to seek consultation, supervision, or use of an ethical model to make decisions. Future research can explore the potential for school counselors’ multicultural self-efficacy to mediate or moderate the impact of IMED training and decrease their inclination for consultation, supervision, or need for an ethical model to make decisions. Additionally, supervision is not required for professional school counselors in most states, and after 2 years (e.g., being permanently licensed), many states do not require continued supervision for clinical mental health counselors either. Therefore, it appears that the participants in this study would be unlikely to seek consultation or supervision about ethical dilemmas once firmly in their own practice.

This study offered support for the usefulness of the IMED in increasing students’ ethical decision making, with students’ scores increasing after training and support in using the IMED. Even so, students’ overall scores on the evaluation instrument remained low, and many students failed to consult
multicultural and ethical resources. Despite the emphasis in the counselor education literature of its importance, it appeared that for some students, “a little knowledge can be a bad thing.” That is, if students believe that they are multicultural or ethical experts, they may take cognitive and practice-related shortcuts and thereby not adhere to ethical decision-making models.

Findings from Kruger and Dunning (2009) suggest that an overestimation of ability is common in social and intellectual domains, but the findings also demonstrated that improving these skills, and thereby metacognitive competence, can help students recognize their limitation. Counselor educators and supervisors may wish to consider how their use of feedback can better inform students’ accurate appraisal of their skills in multicultural and ethical decision making. It appears that the utility of ethical decision-making models, and the practice case vignettes provided in the current study, may be useful in counselor training to ensure that students learn the different contexts and confounding issues that could affect their ethical practice when they enter the counseling field.

References


APPENDIX
Intercultural Model of Ethical Decision Making: Posttest School Counseling Case Vignette

Rosa is a Chicano American professional school counselor, with 12 years of experience at Sandia High School, a Grade 9–12 school in New Mexico. She is one of five counselors employed at the school and is responsible for a caseload of 160 students with the last names A–D. Rosa has a strong reputation at school as well as in the local community in which she resides. She is a past president of the New Mexico School Counseling Association and is currently a member of the association’s School–Family–Community Partnership Task Force. Rosa is active in her Catholic church; she not only attends service but is also a Eucharistic Minister and volunteer educator in the Confirmation classes for public school students.

Natasha Arrowhead is a 14-year-old ninth-grade student on Rosa’s caseload. The Arrowhead family describes themselves as being traditionally Navajo. Natasha is a solid “B” student involved in numerous extracurricular activities including yearbook and swim team. After a recent faculty meeting, the swim coach approached Rosa and raised concerns that Natasha was recently seen vomiting before a morning practice. Rosa immediately became concerned about the coach’s report, due to the increased awareness of disordered eating of female high school athletes. Therefore, Rosa called Natasha to her office to explore the issue further. During the appointment, Natasha confided in Rosa that the vomiting was morning sickness, as she was approximately 6 weeks pregnant. She explained that the father is Mike, an 11th-grade honors student, who also happens to be on Rosa’s caseload. Mike’s mother is a prominent local business owner, and the family also belongs to the same congregation as Rosa does.

In discussing the situation, Natasha shares that she has consulted the Internet for information and feels overwhelmed about her options. At this point, she is thinking about either having an abortion or putting the child up for adoption. Natasha doesn’t have money or transportation, but has asked Rosa to help her find resources to find out about abortion or adoption. Rosa’s ethical dilemma rises as she is decidedly pro-life and she needs to decide if she will provide assistance and support to find resources about abortion.

Rosa must decide if she is going to provide Natasha support and information about abortion.