

THE PREDICTORS OF COUNSELOR MORAL AND ETHICAL REFLECTION:
SPIRITUAL INTELLIGENCE, MEDITATION, CLINICAL EXPERIENCE, AND
ETHICAL CLIMATE

by

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A dissertation submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in
Counselor Education and Supervision

Charlotte

2021

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ABSTRACT

CHRISTIE M. NELSON. The predictors of moral and ethical reflection: Spiritual intelligence, meditation, clinical experience, and ethical climate (Under the direction of DR. SUSAN R. FURR)

While research on the ethical decision-making process in counseling continues to evolve, ethical violations committed by counselors persist, evidenced by an increase in the number of adverse incidents resulting in closed insurance claims and millions of dollars paid to the public on behalf of counselors (Healthcare Providers Service Organization, 2019). Knowledge of ethical codes and legal statutes, along with available decision-making models alone have been insufficient in guiding counselors' ethical decision-making (Burns, 2019; Burns & Cruikshanks, 2019; Lambie et al., 2010; Lambie et al., 2011). Other factors must be considered to better understand this complex process. The purpose of this study was to examine how spiritual intelligence, meditation practice, clinical experience, and ethical climate were related to moral and ethical reflectivity among counselors in North Carolina. A standard multiple linear regression was utilized to examine the role of counselors' ($n = 700$) spiritual intelligence, meditation practice, clinical experience, and quality of the ethical climate to predict their moral and ethical reflection. Results indicated that spiritual intelligence, meditation, and ethical climate were significantly positively correlated to moral and ethical reflection. Additionally, the model accounted for 12% of the variance in moral and ethical reflection. Implications for the field of counseling are discussed.

Keywords: Moral and ethical reflection, spiritual intelligence, meditation, clinical experience, ethical climate, counselors

DEDICATION

When I started my doctoral journey, I had several goals in mind—I wanted to learn how to be an educator, become a skilled supervisor, an advanced practitioner, and I wanted to learn how to conduct research. With humble confidence, I can say that I have achieved all of these goals. While my dissertation is a culmination of my efforts and represents an endpoint to one leg of my professional journey, it also represents a transition. A new path is opening before me; one that involves deepening into the aforementioned roles with an expanded state of consciousness and a heart-centered approach.

It goes without saying, I accomplished none of this in isolation. I want to thank my parents, Michael and Terry Nelson for their unwavering belief in my abilities and for their material support, my brother Michael for being there to share the laughter and the tears of growth and development, and my grandparents, Theresa and Jack Geiyer for providing me a loving and safe place to roam and be free. To my family as a whole—my aunts, uncles, and cousins who created a larger network of support, and to the many ancestors who have come before me, providing the bones to my flesh, I thank you.

Of course, none of this would have been possible without my UNCC family. To all my peers, thank you for your brilliance, diverse perspectives, kind and encouraging words, emotional support, and technical knowledge. To all of the students I have had the honor of working with, who have challenged me to grow and evolve as a counselor educator, I appreciate your willingness to engage with me. A special thanks goes out to Dr. Sejal Foxx who has afforded me the opportunity to teach numerous classes during my doctoral experience, offering her guidance and encouragement on countless occasions.

I want to thank my dissertation committee for sharing your valuable time, energy, and professional wisdom during this process. Dr. Allison Stedman, thank you for serving as a committee member and being a positive presence during my experience. To Dr. Claudia Flowers, your ability to break down complex statistical knowledge and to make it understandable for counseling students and relatable to the field of counseling is unsurpassed. To Dr. Hank Harris, thank you for your kind nature, pragmatism, and ability to use humor and wit. I especially enjoyed how you referred to me by my last name, calling me Nelson. Thank you to Dr. Ed Wierzalis for paving the spiritual path within the counseling department and for supporting my growth as an educator. You provided guidance and assurance during my early solo teaching experiences and helped me navigate student concerns with sensitivity, care, and professionalism.

Most notably, thank you to Dr. Susan Furr for her steadfast and balanced approach and for allowing me to ‘wax philosophical’ while I discovered my dissertation topic. I am most appreciative of your attention to detail and your desire for me to have a great finished product. Through our relationship, I have learned much about what it takes to create high-quality, productive learning environments, and how to maintain impeccable standards for myself and for students.

To Pasha, Cody, and Minou—thank you for being an endless source of joy, wonder, love, and inspiration. To all my New York and North Carolina friends I have made along the way, I value all of our experiences together. Finally, to the unseen, nonmaterial, transcendent realm of spirit—thank you for the numerous and countless ways you speak in that ‘still small voice’ and through synchronicities guiding my actions.

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CHAPTER 1: INTRODUCTION

Counseling is a professional relationship that empowers diverse individuals, families, and groups to reach mental health, wellness, education, and career goals (American Counseling Association [ACA], 2014). For this relationship to be most effective, counselors are called upon to practice within the bounds of professional standards and to uphold a sacred covenant of ethical conduct and care (Kocet & Herlihy, 2014; Ponton & Duba, 2009). The ACA Code of Ethics provides ethical guidelines for professional counselors, the counseling profession, licensing boards, and informs the courts in legal proceedings. The primary purpose of the ethical standards and governing bodies is to prevent harm to others and benefit clients through the professional relationship (Cottone & Tarvydas, 2016; Remley & Herlihy, 2019). However, the ethical decision-making process for counselors is fraught with complexities and limited empirical information exists regarding the factors that help a counselor consider the nuances involved in ethical decision-making.

The Complex Process of Ethical Decision-Making

Ethical decision-making is a process for resolving moral issues, involving the application of the ethical codes, official laws, and ethical decision-making models (EDMMs) to known facts resulting in a nuanced, well-reasoned conclusion (Cottone & Tarvydas, 2016; Herlihy & Corey, 2015; Remley & Herlihy, 2019). Oftentimes counselors are confronted with situations in which they find themselves at the center of an ethical quandary that requires a high level of sophisticated reasoning ability and decision-making skill. These ethical quandaries are referred to as ethical dilemmas. Ethical dilemmas stem from issues arising in the counseling relationship for which no

single course of action seems satisfactory and exist because there are good, but contradictory ethical reasons to take divergent courses of action (Kitchener, 1984). Although guidance is provided in the ACA Code of Ethics, many ethical dilemmas that counselors face are intricate and often ambiguous, making it difficult to apply the professional standards and codes to real-life situations (Dufrene & Glossoff, 2004; Lloyd-Hazlett & Foster, 2017).

Scholars have sought to understand the determinants of counselors' ethical decisions by examining the relationships of several variables and facets of the decision-making process. Research has demonstrated that for counseling trainees, ethics education had no detectible effect on ethical decision-making abilities (Lambie et al., 2010). Furthermore, knowledge of ethics and legal statutes have not been enough to predict ethical decision-making ability among practicing counselors (Lambie et al., 2011). In addition to considering applicable ethical standards, principles, and laws, the ACA Code of Ethics (2014) states that counselors use an EDMM when faced with an ethical dilemma. However, research has shown that EDMMs had little to no effect in the decision-making processes of both trainees and practicing counselors (Burns, 2019; Burns & Cruikshanks, 2019).

Although the use of EDMMs is encouraged within the profession, Levitt et al. (2015) found that seasoned counselors did not think about the steps involved in ethical decision-making in a linear fashion as indicated by an EDMM. Instead, experienced counselors seemed to make decisions in a split-second fashion, simultaneously aware of their personal moral stance and professional responsibilities. Learning to make ethical decisions in counseling appears to be a developmental process of acculturating to the

ethics of the profession and integrating professional ethics with counselors' own morals and values (Ametrano, 2014; Kitchener, 1984). The integration of their personal and professional selves in this context can be conceptualized as an overall ethical identity, which has been positively correlated with more complex decision-making (Lloyd-Hazlett & Foster, 2017).

While acculturating to the ethics of the profession and integrating the personal and professional selves towards developing an ethical identity have been implicated in more complex ethical decision-making ability for counselors, specific factors that might support this process are lacking. Research has shown that knowledge of ethical codes and legal statutes, along with available EDMMs have been identified as insufficient in guiding counselors' decision-making in ethical matters (Burns, 2019; Burns & Cruikshanks, 2019; Lambie et al., 2010; Lambie et al., 2011). These findings highlight that in addition to ethics education, knowledge of ethical and legal statutes, and access to EDMMs, additional variables contribute to the ethical decision-making process of counselors and must be considered.

Background of the Problem

While the understanding of the ethical decision-making process in counseling continues to grow, ethical violations committed by counselors persist. A look at the disciplinary actions taken against professional counselors by a state licensing board will reveal a wide spectrum of violations from failure to complete continuing education credits to engaging in sexual activity and alcohol use with clients (North Carolina Board of Licensed Clinical Mental Health Counselors [NCBLCMHC], 2020). Highlights from the 2019 Healthcare Providers Service Organization (HPSO) report demonstrated that

30.7 million dollars in liability claims involving ethical violations were paid on behalf of insured counselors from 2003 through 2017. Additionally, within a five-year period from 2012 to 2017, the number of adverse incidents resulting in closed claims affecting counselors went from 1,043 to 5,626 (HPSO, 2019).

Because the number of liability claims against counselors has increased and ethical violations continue to occur despite growing research within the profession, there is more that needs to be understood about the ethical decision-making process. Clearly, additional research regarding factors that support more complex and sophisticated decision-making is warranted. However, measuring ethical decision-making is difficult due to the multidimensional and intricate nature of the construct itself and because there are few assessment tools available to assess counselors' experiences with ethical issues (Dufrene & Glosoff, 2004). Herlihy (personal communication, September 2019) noted there are several instruments that purport to measure ethics knowledge, but measuring skill is difficult. In addition, there is no universal model or theory recognized by the counseling profession that addresses how counselors understand moral and ethical decision-making (ACA, 2014; Dufrene & Glosoff, 2004).

Reflection in the Ethical Decision-Making Process

Evidence has suggested that even experienced counselors struggle with the gray areas of ethics and while counselors may seek definitive answers to ethical dilemmas, straightforward and clear resolutions are limited given the multifaceted nature of counseling ethics (Levitt et al., 2015). Counselors are encouraged to self-reflect and gain awareness as to how their personal values and morals affect the counseling relationship and their ethical decision-making (Kocet & Herlihy, 2014). Reflection inward involves

observing and interpreting one's actions and insights, and in turn, promotes the ability to garner control over cognition and decision-making (Mullen et al., 2017; Pompeo & Levitt, 2014).

Prominent scholars of counseling ethics have placed emphasis on the use of reflection in EDMMs (Ametrano, 2014; Cottone & Tarvydas, 2016; Kocet & Herlihy, 2014; Levitt et al., 2019) and the 2014 ACA Code promotes the use of reflection as a means of supporting sound ethical decision-making. Self-reflection has been deemed vital in ethical considerations because it leads to self-awareness about one's own values, perspectives, and personal stance (Levitt et al., 2015; Pompeo & Levitt, 2014), which is crucial to the ethical decision-making process (Ametrano, 2014; Kocet & Herlihy, 2014; Levitt et al., 2019). While the use of reflection appears to be an important factor within the ethical decision-making process, empirical research is still sparse.

The construct of moral and ethical reflectivity (MER), the tendency to reflect upon the moral and ethical issues in daily life, is one approach to examining the reflective process. However, limited information exists in the counseling literature regarding counselor MER or what contributes to counselors' propensity to reflect upon moral and ethical matters. An investigation of MER in counselors was executed in this study to help close the gap in understanding and to provide additional empirical support for the use of reflection in the ethical decision-making process. This information can be applied to counselor educational settings and training efforts with the ultimate goal of reducing ethical missteps and protecting public welfare.

Variables of Interest

It is important for the counseling profession to better understand the elements of counselors' ethical decisions by examining the relationships of key variables related to the decision-making process. The aim of this study was to provide information to support a greater understanding regarding personal and environmental factors that inform counselors' tendencies to reflect on moral and ethical issues. The predictor variables in this study were spiritual intelligence (SI), years of meditation practice, years of clinical experience, and ethical climate (EC). The outcome variable was counselor moral and ethical reflectivity (MER).

Moral and Ethical Reflectivity

MER can be defined as the extent to which an individual ponders and regularly considers moral and ethical matters across all aspects of daily life (Reynolds, 2008). Assessing MER provides a way to evaluate counselors' tendencies to regularly pay attention to moral and ethical matters across various circumstance. Habitual attention to the moral and ethical nuances of life may result in automatic or reflexive behavior (Reynolds, 2008), so as counselors' ability to routinely reflect upon moral and ethical matters (MER) increases, so too might their instinctive ability to make ethical decisions.

While limited empirical research on the construct of MER exists within the counseling literature, information can be applied through other fields, such as education and business management. Wurthmann (2013) found that as MER increased, so did business students' ethical sense of responsibility to the greater collective. Giacalone et al. (2016) found a significant positive relationship between MER and students' overall perception of goal achievement. Students' sense of agency, the belief in their personal

capacity to initiate and sustain actions, was associated with MER, as was students' belief in their personal capacity to generate routes or pathways to reach these goals.

Such findings have important implications for ethical decision-making in counseling because ethical decision-making requires counselors to be change agents, generating both pathways (e.g., consultation of the Code and use of EDMMs) and initiating and sustaining behaviors leading to an outcome. In fact, Reynolds (2008) has provided empirical evidence that MER is associated with moral and ethical behavior and actions. Conceptualizing and understanding counselor ethical decision-making using the construct of MER seems to align particularly well with the mission of the counseling profession.

Spiritual Intelligence

Scholars have recommended that counselors' moral values be integrated with professional ethics to promote more sophisticated ethical decision-making (Ametrano, 2014; Kitchener, 1984; Kocet & Herlihy, 2014). If a counselor's personal stance, which includes their moral values is, in part, guiding the ethical decision-making process and operating within a split-second and at a gut level (Levitt et al., 2015), it appears advantageous to understand what might be informing counselors' moral values. Morals, values, and the evaluation of moral behavior are determined within the broad context of a society and partly shaped by the religious and spiritual views of that particular culture (Cottone & Tarvydas, 2016; Remley & Herlihy, 2019).

A critical question facing counselors today is how to incorporate their personal spirituality to inform the counseling role, the therapeutic relationship, and the consideration of presenting issues (Cashwell, 2017). Counselor spiritual intelligence (SI)

may provide a useful framework in which to explore these elements further. SI refers to the ways in which a counselor might use spiritual information to interact within the counseling relationship and to use this knowledge to resolve ethical issues.

To date there is no research that explains how counselor SI might inform the ethical decision-making process. However, the need to produce literature generating a greater understanding of the nature of the relationship between counselor spirituality and ethics is warranted. From the fields of business and education, literature is emerging regarding the relationship between SI and ethics which provided support for the current study. A novel approach to have begun this investigation within the counseling profession was to examine the relationship between counselor SI and counselor MER.

In prior studies, SI has been linked to business professionals' belief they were adhering to professional ethical responsibilities (Esfahani & Najafi, 2015) and the perception of behaving in ways that produced the greatest good for the greatest number of people (Hildebrant, 2011). SI has also been described by women in academic leadership roles as a screening mechanism through which behavior could be evaluated that increased awareness of personal moral conduct (Ramachandaran et al., 2017). In addition, participants in the Ramachandaran and colleagues study attributed heightened moral values and reduced ethical issues among their staff to their own level of SI.

It is possible that the heightened awareness of moral conduct afforded by SI (Ramachandaran et al., 2017) may support the heightened level of broad moral awareness found in MER (Reynolds, 2008; 2006a). For counselors, the ability to use spiritual, nonmaterial, and transcendent information to bolster awareness of both personal conduct and awareness of the moral and ethical aspects of daily experience would appear to be

highly advantageous. The cultivation of both SI and MER within counselors might heighten the level of critical thinking within ethical decision-making and serve as a means of supporting multiculturalism and social justice (e.g., an enhanced sense of ethical responsibility to the collective society). In addition to exploring a possible correlate of MER, an aim of this study was to demonstrate that greater levels of SI in counselors would predict higher levels of MER.

Meditation

Closely related to SI is the practice of meditation. Meditation can be loosely defined as a wide variety of reflective or contemplative activities generally produced by forms of sensory motor discipline which may include sitting quietly, relaxing, closing the eyes, and breathing deliberately as a technique and means of developing concentration, awareness, and consciousness (Johnson, 1982). While meditation can be a method associated with SI, it is also distinct and enjoys a host of applications employed by diverse individuals in an array of contexts. Meditation can be understood in both spiritual (Dale, 2014; Leichtman & Japikse, 1982) and secular terms (Cardoso et al., 2004; Roemer & Orsillo, 2010). For example, a counselor who practices meditation might be doing so as part of a religious or spiritual tradition, while another meditates for wellness and health benefits.

Although there is no research in the counseling literature, or elsewhere, describing a direct association between meditation and MER to date, literature exists to support a theoretical relationship between the two constructs. Kohlberg et al. (1983) suggested that meditation can be utilized to develop advanced moral reasoning marked by reflection upon both the practical elements within society and upon the whole of human nature.

Shapiro et al. (2012) conducted a study using a mindfulness meditation intervention with a group of graduate students and found that participants' moral reasoning abilities were significantly more advanced as compared to their level of moral reasoning before the meditation intervention. These authors asserted that the foundation of moral reasoning rests on awareness and it is through awareness that the opportunity for conscious choice in ethical decision-making is realized (Shapiro et al., 2012).

Years of Clinical Experience

Throughout the 2014 ACA Code of Ethics we find a consistent thread highlighting the importance of counselor development. Because the foundation of ethics in counseling is largely based on the cognitive developmental model (Kohlberg, 1969; Rest, 1979, 1994) which focuses on the maturational processes of moral reasoning and changes that occur in the structures of one's thinking across the lifespan, years of counseling experience could influence ethical decision-making. As counselors develop professionally and clinically, so too would their ability to make more sophisticated ethical decisions. If counselors abide by the ACA Code of Ethics and work towards living out an ethical commitment in earnest, one could posit that years of clinical experience would result in better ethical decision-making.

Scholars have noted that moral maturity and ethical behavior are developmental in nature and therefore greater benefits would be seen with continued practice (Shapiro et al., 2012). While there is no research examining the role of years of clinical experience and MER in any known study, literature exists to support a theoretical association between the two variables. Given the emphasis on reflection in the counselor ethical decision-making process and the importance of counselor development over the course of

one's career, years of clinical experience was hypothesized to positively correlate with and predict MER in the current study.

Research has shown that more experienced counselors use reflection in their ethical decision-making processes (Burns & Cruikshanks, 2019; Levitt et al., 2015). In fact, Levitt and colleagues have suggested that reflectivity, at least in part, is dependent upon years of clinical experience. Additional authors have found no relationship between years of clinical experience and moral development (Sias et al., 2006) and ethical decision-making skills (Lambie et al., 2011) in practicing counselors. However, these studies revealed a common link (lack of reflection) as to why years of clinical experience did not yield significant findings.

Ethical Climate

There are likely a myriad of factors that both enhance and impede the development of complex and sophisticated moral and ethical decision-making over the course of one's counseling career (Cottone & Tarvydas, 2016). In addition to years of experience, the quality of the environment in which the counseling experience is gained also affects the way in which counselors reflect upon the moral and ethical issues (MER) in their respective environments. Ethical climate (EC) refers to the shared perceptions held by employees regarding the policies, procedures, and practices related to ethics in the workplace (Kuenzi et al., 2019). These conditions create, support, and sustain the type and quality of ethical decision-making that occurs (Cottone & Tarvydas, 2016).

Within the counseling literature there is no research examining the relationship between EC and the propensity for counselors to regularly ponder moral and ethical matters (MER). However, literature exists to suggest a theoretical relationship between

EC and MER. Ethics scholars have stated that not only do unethical individuals in the workplace influence others to behave unethically (Cottone & Tarvydas, 2016; Kuenzi et al., 2019), a negative work environment may also have a deleterious effect on counselors' abilities to perform clinical tasks appropriately and upon the ethical decision-making process (Mullen et al., 2017). For example, counselor educators who reported working in overly challenging or caustic environments had lower scores on an index of ethical decision-making (Rashid, 2016). MER can be considered an element of the ethical decision-making process that can also be influenced by contextual factors (EC) such as being in overly challenging, caustic environments, and via the ethicality of others within the work setting.

Research is needed that will continue to identify, clarify, and define contextual factors as they relate to sound, ethical decision-making in counseling practice because an ethical or unethical climate may affect the decision-making processes of counselors (Cottone & Tarvydas, 2016; Mullen et al., 2017). From an organizational standpoint, the environment in which counselors practice can greatly influence how and if they tend to view the world through an ethical lens (MER). As such, an investigation of whether EC contributed to MER was conducted to understand this relationship more clearly and to inform future research, counselor pedagogy, and the ethical practice of counseling.

Summary

The previous sections presented brief descriptions of ethical decision-making in counseling, its complexities, and the use of reflection in counselor ethical decision-making. The background of the problem and the variables of interest have also been introduced. The outcome variable MER was described as was its relationships to the four

predictor variables: SI, years of meditation practice, years of clinical experience, and EC. The aim of this study was to determine the predictive ability of counselors' level of spiritual intelligence, meditation practice, years of clinical experience, and the quality of the ethical environment in which they work upon their moral and ethical reflectivity.

Significance of the Study

Limited information exists regarding the factors that help a counselor consider the complex nuances of ethical decision-making which may lead to better outcomes for all involved. Both intrinsic characteristics of the counselor and the contextual aspects of the counseling environment, as described herein, have been implicated in how decisions are processed and ultimately carried out. This research study contributes to existing literature highlighting the role of reflection in the ethical decision-making process of counselors by focusing on the construct of MER.

Because MER has been established as a precursor to ethical behavior (Reynolds, 2008), understanding more about how it is operating within counselors is important. Additionally, results from this study provide implications for professional counselors, counselor educators, and clinical supervisors to better address aspects of the decision-making process from an integral framework. Examining counselors' level of spiritual intelligence, years of meditation practice, years of clinical experience, and the quality of the ethical environment in which they work provides and understanding as to what factors influence their propensity to reflect upon the moral and ethical aspects of life.

Purpose of the Study

The purpose of this study was to examine the amount of variance in counselor MER explained by their SI, years of meditation practice, years of clinical experience, and

the quality of the EC in which they work within a sample of practicing counselors ranging from practicum students to seasoned professionals.

Research Question

Do counselor spiritual intelligence, meditation practice, years of clinical experience, and the quality of ethical climate in which they work, predict moral and ethical reflectivity?

Assumptions

The following assumptions were made during this research:

1. It is believed that participants in this study engaged in a genuine manner, answered survey items truthfully, and to the best of their ability.
2. Participants included licensed clinical mental health counselors (LCMHCs) in the state of North Carolina and students enrolled in CACREP-accredited counseling master's programs in the state of North Carolina.
3. The instruments used were both reliable and valid, as reported by developers of the instruments.

Delimitations

This study had the following delimitations:

1. Participants were individuals who had valid email addresses listed with the North Carolina Board of LCMHCs membership directory or students within counselor preparation programs in the state of North Carolina.
2. Participants were required to have access to the internet.
3. Participants were required to read and respond to surveys in English.

Limitations

This study had the following limitations:

1. Bias may exist among individuals responding to self-report survey questions.
2. Participants were limited to students and practicing clinicians in the state of North Carolina.
3. Because the study was correlational, causal inferences cannot be made.

Threats to Validity

Threats to Internal Validity

Data for this study was collected via the use of self-report instruments which can yield two potentially significant threats, instrumentation and social desirability. To minimize the instrumentation threat, the reliability and validity of the instruments have been reviewed. Social desirability was minimized by reminding participants of the anonymity of their responses.

Threats to External Validity

External validity is the extent to which findings that emerge from one study can be applied to other situations (Mertens, 2015). The proposed sample consisted of counselors licensed in the state of North Carolina and students enrolled in counseling master's programs also in North Carolina. Findings from the current study may be generalizable to counseling students and licensed counselors in North Carolina. However, the findings may not generalize to counselors who are not licensed or to students and licensed clinicians in other states.

Operational Definitions

Morals

Morals refer to the basic beliefs about what is right and wrong that guide an individual (Cottone & Tarvydas, 2016). Moral behavior is determined within the broad context of a society, filtered through one's personal belief system and shaped by their values, religious and spiritual views, and their culture (Remley & Herlihy, 2019).

Ethics

Ethics is a discipline within philosophy that focuses on human conduct in moral decision-making (Remley & Herlihy, 2019). Ethical codes are written to provide guidelines for professional conduct and as a means for a profession to enforce these codes (Kitchener, 1984).

Values

Values are enduring beliefs of what is worthwhile and reflect the value holder's worldview, culture, or understanding of the world (Cottone & Tarvydas, 2016).

Moral and Ethical Reflectivity

Moral and ethical reflectivity is defined as the extent to which an individual considers, ponders, and ruminates on moral and ethical matters (Reynolds, 2008).

Spiritual Intelligence

Spiritual Intelligence a set of mental abilities which contribute to the awareness, integration, and adaptive application of the nonmaterial and transcendent aspects of one's existence (King & DeCicco, 2009).

Meditation

Meditation is defined as a wide variety of reflective or contemplative activities generally produced by forms of sensory motor discipline which includes sitting quietly, relaxing, closing the eyes, and breathing deliberately as a technique and means of developing awareness and consciousness (Johnson, 1982).

Ethical Climate

Ethical climate denotes the shared perceptions held by employees of the policies, procedures, and practices related to ethics in the workplace (Kuenzi et al., 2019).

Organization of the Study

This study consists of five chapters. In chapter one, the purpose of the study, significance of the study, research question, variables of interest, assumptions, delimitations, limitations, threats to validity, operational definitions, and summary are reviewed. In chapter two, the literature regarding each variable and the relationship between the predictor variables (counselor spiritual intelligence, meditation practice, years of clinical experience, and ethical climate), and the outcome variable (counselor moral and ethical reflectivity) are addressed to demonstrate the need for this research. In chapter three, the research methodology used in this study is described. A description of participants, research question, procedures, instrumentation, research design, and data analysis are also discussed. Chapter four describe the results. Finally, chapter five includes a discussion of the results, along with implications for practitioners, counselor educators, and clinical supervisors.

CHAPTER II: REVIEW OF THE LITERATURE

The purpose of this study was to investigate the amount of variance in counselor moral and ethical reflectivity (MER) accounted for by their spiritual intelligence (SI), years of meditation practice, years of clinical experience, and the ethical climate (EC) in which they work. This chapter contains a review of the literature and is divided into eight main sections related to the conceptual framework, the outcome variable, and predictor variables. This first section describes the conceptual framework and why it is important to the current study. The subsequent sections provide a broad understanding of the ethical decision-making literature in counseling, followed by a review of the relevant literature on MER. The remaining sections provide a review of the relevant literature on the predictor variables and their proposed relationship to MER and include the variables of SI, meditation, years of clinical experience, and EC.

Conceptual Framework

Without a unified code of ethics, the counseling profession would be absent of formal guidelines articulating the obligations and expectations of professional conduct, placing the public, as well as the profession, in danger. Even with a code of ethics counselors commit ethical violations. A glance at the disciplinary actions taken against professional counselors by a state licensing board will demonstrate a wide spectrum of violations from failure to complete continuing education credits to having sex and engaging in alcohol use with clients (NCBLCMHC, 2020). While sex and substance use with clients is at an extreme end of the spectrum and results in license revocation, other violations are mediated with a developmental approach, resulting in license censorship.

For example, a board might require a counselor to take a formal counseling ethics course and to receive supervision for a probationary period, while practicing with a censured license (NCBLCMHC, 2020). This example demonstrates how a licensing board might apply a developmental approach to assist a counselor during a probationary period to build the necessary knowledge and skills aimed at increasing their ethical decision-making abilities. This example also highlights how the process of ethical decision-making is sensitive to intervention and the social environment.

Integral Theory (IT; Wilbur, 1999; 2000), a holistic approach to conceptualizing human development that incorporates body, mind, soul, and spirit, serves as the theoretical framework for this study. Drawing from the works of leading developmental psychologists (e.g., Piaget, Kohlberg, and Gardner), Wilber concluded that development unfolds through the same set of general waves which include a physical/sensorimotor/preconventional stage, a concrete action/conventional rule stage, and a more abstract formal/post conventional stage. He added a further stage called post-postconventional or the transpersonal stage, yielding four broad stages or waves to the understanding of human development.

IT is particularly helpful in conceptualizing the evolution and development of our understanding of counseling ethics itself. From a developmental standpoint, the field of counseling has grown and matured along with the Code, laws, and licensing statutes in tandem with a greater understanding of the complexities of the ethical decision-making process. From an organizational and systemic perspective, integral development is a process of continuous co-evolution, where individuals and institutions, as agents of change, learn from one another, within a multidimensional framework to include cultural,

technological, economic, and spiritual dimensions of development (Schieffer & Lessem, 2016). From this perspective, we can ask questions regarding the ethical environment within which counselors work and how years of clinical experience might relate to a counselors' propensity to reflect on moral and ethical issues, in conjunction with their spirituality and meditation practices.

IT has been applied in a limited number of counseling contexts. For example, Foster and Black (2007) conceptualized an integral approach to understanding the ethical decision-making process in counseling and provided a model for managing ethical dilemmas. In their model, IT is used to consciously engage the subjective self and moral agency of the counselor. The subjective self of the counselor, according to IT, informs moral agency and draws on the counselor's emotions, beliefs, values, bodily sensations, prayers, transpersonal experiences, reflections, and thoughts. From this vantage point counselors, informed by an understanding of their moral stance, can better decide not only a *good* course of action but also on a *right* course of action, as informed by the code of ethics (Foster & Black, 2007).

Integral development places the responsibility for growth on each person, who is ultimately part of the greater collective. Individuals and organizations, as well as communities, are potential development agents with the ability to co-engage with others in bringing about integral human systems, thus contributing to an integral society and an integral world (Schieffer & Lessem, 2016). This philosophy is in keeping with the mission of the ACA to promote the development of professional counselors, the profession, and to promote respect for human dignity and diversity.

The preceding paragraphs have outlined how the integral view of development may be applied to the field of counseling ethics. By considering counselors' reflections and transpersonal experiences as a part of the ethical decision-making process it allows for an expanded view of the ethical decision-making process itself, which might inform a greater understanding of counselor ethical development as a co-creative process. IT laid the groundwork for the research question guiding this study which sought to determine the amount of variance in counselor moral and ethical reflectivity accounted for by counselor spiritual intelligence, years of meditation practice, years of clinical experience, and ethical climate.

Ethics in Counseling

Part of the mission of the ACA is to enhance the quality of life in society by promoting the development of professional counselors and advancing the counseling profession. One way in which we might assess this development is by examining claims made against counselors for ethical violations. The Healthcare Providers Service Organization (HPSO) publishes *The Counselor Liability Claim Report*, which provides various data to assist counselors in enhancing their practice and minimizing professional liability exposure. This report has been instrumental in identifying loss patterns and trends regarding the types of allegations made against counselors, the setting in which the allegations occurred, expenses paid for ancillary services such as managing subpoenas for depositions and record requests, and total costs incurred for claims involving counselors (HPSO, 2019).

Highlights from the 2019 report demonstrated that 30.7 million dollars in liability claims involving ethical violations were paid on behalf of insured counselors from 2003

through 2017. Within a five-year period from 2012 to 2017, the number of adverse incidents resulting in closed claims affecting counselors went from 1,043 to 5,626. Although the dissemination of this information is generated for the protection and welfare of clients and counselors, and for the purposes of enhancing risk management practices, it also demonstrates the need for continued research in the area of counselor ethical decision-making.

Often, looking to the future involves an understanding of the past. To continue to evolve and grow as a profession, counselors not only benefit by learning from the experience of others in the profession, understanding the historical evolution provides a context for current research questions in counseling ethics. The following paragraphs provide the history of the development of ethics in professional counseling to demonstrate such a context. This information is also essential in understanding the complex nature of ethical decision-making and the study of counseling ethics itself.

Foundation of Counseling Ethics

According to Cottone and Tarvydas (2016), the foundation of the study of ethics and ethical decision-making in professional counseling has been widely influenced by the works of Kohlberg (1969,1984), Rest (1979, 1994), and Kitchener (1984). The understanding of moral reasoning and ethical decision-making as a body of knowledge can be viewed as an evolutionary process. From the early cognitive structural approach, a broad understanding of moral reasoning emerged, upon which a foundation for the study of applied ethics began. Reconceptualization and refinement of early knowledge within the field of morality and applied ethics in the helping professions aided in the creation of the ACA Code of Ethics and continues to inform research in counseling and counselor

education. The following section provides an historical and foundational overview of moral and ethical development in counseling and its influential thinkers.

The stage approach to moral development. In a general sense, moral and ethical reasoning is the attempt to find governing rules and principles for deciding whose interests in certain instances have priority over another's interests (Rest, 1979.) Inspired by Piaget's (1932) account of the moral development of children, Kohlberg advanced an approach to moral development known as cognitive structuralism, or cognitive developmentalism. The cognitive developmental model focuses on the maturational processes of moral reasoning and the changes that occur in the structures of a person's thinking across the lifespan (Kohlberg, 1969). According to this approach, the way a person thinks about and seeks to resolve moral issues has distinct cognitive structural properties that change over time based on biological development and interaction in the social world.

According to Kohlberg, an individual determines right and wrong by interpreting social situations, deriving psychological and moral meaning from these events, and making moral judgments. However, Kohlberg suggested that not all individuals reason about moral matters in the same way or with the same moral maturity. As one learns to reason and engage in cognitive thought, cognitive structures evolve, and higher stages of moral reasoning emerge, allowing for increased complexity and sophistication in moral decision-making. Kohlberg developed his model of moral development to detail this evolution in moral reasoning abilities.

In Kohlberg's (1969, 1984) theory of moral development, an individual progresses through a series of six cognitive stages, which he divided into three levels,

with each level comprised of two stages. Level 1 is the pre-conventional level, consisting of Stage 1, the obedience and punishment orientation and Stage 2, the self-interest orientation. Level 2 is called the conventional level, consisting of Stage 3, the interpersonal accord and conformity orientation and Stage 4, the authority and social order maintaining orientation. Level 3 is termed post-conventional, consisting of Stage 5, the social contract or legalistic orientation, and Stage 6, the universal ethical principles orientation. Rather than relying on the strict application of rules or the cultivation of character traits, Kohlberg emphasized the role of justice as the foundational moral principle in terms of increasing the complexity of moral reasoning.

Moral schemas. Kohlberg's model laid the groundwork for the emergence and refinement of research and subsequent theories regarding moral reasoning and ethical behavior. Rest (1979, 1994) further developed Kohlberg's theory of moral reasoning and adapted it to the study of applied ethics in psychology. Addressing moral development and ethical reasoning from what is considered today a neo-Kohlbergian viewpoint, Rest et al. (2000) have detailed the developmental changes in moral reasoning among adolescents and adults also in terms of a shift from conventional to postconventional moral thinking.

In the study of moral development, Rest (1979) developed the Defining Issues Test (DIT), basing his assessment measure on Kohlberg's (1969, 1984) method of the hypothetical moral dilemma. The DIT includes several dilemmas followed by items for each dilemma that are ranked from unimportant to important, which provide the score for an individual's level of moral decision-making. However, these researchers use the term moral schemas, rather than moral stages, to indicate a departure from Kohlberg's

conception of distinct moral stages. Based on the original six stages of Kohlberg's model these authors postulated three structures in moral thinking development which include (a) the personal interest schema (which derives from Kohlberg's stage 2 and 3), the maintaining norms schema (deriving from Kohlberg's stage 4), and the postconventional schema (deriving from Kohlberg's stage 5 and 6). Rest et al. (2000) believed that moral development is a matter of changes in the frequency of the use of moral schemas, moving from the less to the more complex, instead of in a staircase fashion originally proposed by Kohlberg.

The work of Rest (1994) also shaped the research and development of the understanding of applied ethics in counseling through the use of his Four Component Model (Cottone & Tarvydas, 2016). Rest's model includes (a) moral sensitivity (interpreting the situation), (b) moral judgment (judging which action is morally right or wrong), (c) moral motivation (prioritizing moral values relative to other values), and (d) moral character (having courage, persisting, overcoming distractions, and implementing skills). According to Rest, the four components are presented as a meta theory of the determinants of moral action. Failure to behave morally can occur because of deficiency in any one of the components due to their complex and interdependent relationship.

Critical thinking and principled ethics. A fundamental basis for the understanding of ethical decisions in counseling psychology and counseling was provided by Kitchener (1984), who argued that professional counselors must develop a greater awareness of the basis of ethical decision-making. She distinguished between two levels of moral thinking: An immediate, intuitive level and a critical-evaluative level. According to Kitchener, the intuitive level of moral reasoning is activated in cases when

the ethical implications have not been previously considered, when an immediate decision is necessary, or when there are not convenient professional rules on which to rely.

As noted by Kitchener (1984), ethical codes were developed historically to provide professional entities with a way to police its members and as a result, ethical codes are often more protective of the profession itself than of the client and overlook many issues of ethical concern. In addition, she asserted that ethical standards sometimes offer contradictory and ambiguous guidelines for action. As such, intuition alone is insufficient in resolving such issues as there are not convenient professional rules on which to rely, especially when an immediate decision is necessary.

While moral good sense or conscience is necessary, she maintained, it is insufficient in determining effective outcomes because not all individuals have moral intuitions that lead them to defensible ethical choices. Therefore, the critical-evaluative level is used to inform intuitive moral judgment and to redefine the basis for actions in similar situations moving forward. By harnessing and developing skills of critical thinking, ordinary moral judgement is processed through the ethical principles and formal codes, and in this way, becomes part of the intuitive sense (Kitchener, 1984).

Borrowing from the field of medical ethics, Kitchener was responsible for introducing Beauchamp and Childress' (1979) ethical principles of autonomy, beneficence, nonmaleficence, fidelity, and justice to professional counseling. Kitchener argued that problems stemming from the limitations of a professional code may be resolved by referring to principles, which are more general and fundamental than specific rules or codes and serve as their foundation. Because ethical codes may be too narrow in

certain situations and too broad in others, ethical principles provide a rationale for which particular standard of the code to apply and a framework for evaluating cases (Kitchener, 1984). These core principles are essential to the critical-evaluative level of ethical reasoning and are foundational to the ACA Code of Ethics.

The previous section provided a historical context for the foundation of ethics in professional counseling. This information, along with the next section regarding protecting public welfare, will add further context and is instrumental in understanding the multifaceted nature of ethical decision-making and the study of counseling ethics. A description of the development and nature of the 2014 ACA Code, and its relationship to other governing bodies such as state licensing boards and the judicial system will provide a fuller picture and illuminate the complex process of using skills of critical thinking and moral judgement, in light of ethical principles, formal codes, and laws.

Protecting Public Welfare

Counseling, as described by the ACA (2014), is a professional relationship that empowers diverse individuals, families, and groups to reach mental health, wellness, education, and career goals. For this relationship to be most effective, counselors are called upon to practice within the bounds of professional standards and to uphold a sacred covenant of ethical conduct and care (Kocet & Herlihy, 2014; Ponton & Duba, 2009). Preventing harm to others and benefiting clients through a professional relationship is the primary purpose of ethical standards and governing bodies (Cottone & Tarvydas, 2016; Remley & Herlihy, 2019). The ACA Code of Ethics (2014) provides ethical guidelines for professional counselors, the counseling profession, licensing boards, and informs the courts in legal proceedings.

ACA code of ethics. With a focus on the promotion of respect for human dignity and diversity, the mission of the ACA (2014) is to enhance the quality of life in society by promoting the development of professional counselors and advancing the counseling profession. The 2014 Code lists five professional values for counselors to consider in their ethical decision-making to meet specific client needs that are not necessarily detailed in the Code or may conflict with clients' co-occurring needs (Kaplan et al., 2017). These professional values are: (a) enhancing human development, (b) embracing multiculturalism and diversity, (c) promoting social justice, (d) safeguarding the integrity of the counselor–client relationship, and (e) practicing in a competent and ethical manner. According to Kaplan et al., the professional values mirror current global counseling practices that place professional values in the forefront of ethical standards.

State licensing boards. In addition to the ACA, reciprocal relationships exist with accrediting entities, state licensing boards, and judiciaries with the goal of continually improving the delivery of ethical counseling services (Herlihy & Corey, 2015; Kaplan et al., 2017). The purpose of state licensure is to ensure members of a profession have demonstrated a minimum degree of competence (Even & Robinson, 2013), to prevent its practice by those who are unlicensed, and to protect the public from unqualified or unethical practitioners (Cottone & Tarvydas, 2016). Licensure is required for independent practice, although in certain contexts, such as in agencies, schools, and government and nonprofit organizations, state licensure may not be mandated (Wheeler & Bertram, 2015). Once licensure is secured, professional counselors are not only required to follow ongoing licensing requirements and ethical standards, they are also

mandated to abide by legal tenets to engage in the process of informed ethical decision-making.

Counseling and the law. From state to state, there exists a close relationship between the ACA Code of Ethics, licensing standards, and the law (Wheeler & Bertram, 2015). Kaplan et al. (2017) asserted that counselors must possess a good understanding of local, federal, and state laws because following a code of ethics alone does not necessarily mean a counselor is following the law. Federal, state, municipal, and case laws directly affect the practice of counseling and must be considered in the ethical decision-making process (Cottone & Tarvydas, 2016; Remley & Herlihy, 2019; Wheeler & Bertram, 2015).

While the ACA Code of Ethics (2014) is not a legal document itself, it is used in court proceedings to illustrate a counselor's professional responsibility (Cottone & Tarvydas, 2016; Kaplan et al., 2017). According to the Code, a breach of the standards and principles does not necessarily constitute a violation of the law or legal liability; such action is established in legal and judicial proceedings. Whereas a breach of the Code can result in professional censure or loss of membership to the association, a violation of law may result in license revocation and other legal penalty, such as imprisonment or significant fines (Cottone & Tarvydas, 2016; Kaplan et al., 2017).

Ethical Violations

Because ethical conduct can be considered a hallmark of professional competence, unethical behaviors that counselors display should be addressed when considering the ethical decision-making process (Ahia & Boccone, 2017; Even & Robinson, 2013). In this respect, investigating ethical violations can provide insight into

the areas that appear to be most problematic for counselors in their ethical decision-making. Greater understanding of the nature of ethical violations reported and acted upon by counseling licensing boards can be beneficial for both the training and practice of counseling professionals (Ahia & Boccone, 2017; Neukrug et al., 2001). In fact, ethical misconduct can be considered a performance outcome measure and is critical not only because of its impact on clients, but also because of the detriment it creates for counselors, the profession, and public trust (Ahia & Boccone, 2017; Even & Robinson, 2013).

Several authors have collected data on the types and frequencies of ethical misconduct across the United States. In an early study, Neukrug et al. (2001) analyzed infractions across 30 states (not all states had licensure boards at this time) and found that the most common ethical issues associated with complaints against counselors were dual relationships (24%), incompetence (17%), professional misrepresentation (8%), sexual relationships with clients (7%), and breach of confidentiality (5%). Ahia and Boccone (2017) looked at the disciplinary actions taken by licensure boards against counselors in 28 states (those that provided data online) from 2009 to 2013 and found 999 violations that resulted in disciplinary actions. The most frequently observed violation was failure to meet continuing education requirements (32%). The other most common types of violations were dual relationships (17%) and unprofessional conduct (9%). Wilkinson et al. (2019) explored current trends in the ethical violations that resulted in disciplinary actions across the licensing boards of all 50 states and Washington, DC from 2010 to 2014. Of the 936 complaints analyzed, the most frequent types of ethical violations included failure to acquire the appropriate amount of continuing education (17%), dual

relationships, both nonsexual (13%) and sexual (9%), and misrepresentation of credentials (7%).

In aggregate, it appears that while engaging in dual relationships has been a consistent issue for counselors spanning two decades of research, failure to meet continuing education requirements has emerged as the most frequent issue according to the data. Misrepresentation of credentials (e.g., expired license) and general incompetent practice have also been themes across the studies. Less frequently occurring issues reported in these studies include failure to document, incorrect billing practices, practicing while impaired, legal arrests, failure to obtain consent, and failure to report abuse. It is important to not overlook the potential seriousness of these categories because all ethical infractions, regardless of the frequency, affect the public, and the need for ethical practice during every clinical interaction is paramount (Cottone & Tarvydas, 2016; Wilkinson et al., 2019).

Summary

Varied types of ethical violations exist across counseling settings and among diverse populations (Ahia & Boccone, 2017; Even & Robinson, 2013; Neukrug & Milliken, 2011; Wilkinson et al., 2019), existing on a spectrum in terms of severity and potential impact on clients (Ahia & Boccone, 2017). It is difficult to pinpoint a root cause of ethical misconduct due to the multifaceted nature of ethical decision-making. Level of moral development (Kohlberg 1984; Rest, 1994, Rest et al., 2000), ability to think critically and apply ethical principles (Kitchener, 1984), a working knowledge of the ACA Code (Kaplan et al., 2017) and an understanding of local, state, and federal laws (Wheeler & Bertram, 2015) have all been implicated in the process of sound ethical

decision-making among professional counselors. However, there are other factors to consider in this complex process. The following section will describe ethical decision-making in greater detail and provides the relevant research to date.

Ethical Decision-Making in Counseling

The practice of counseling is an art as well as a science, wherein morals, values, principles, and facts must be considered together, requiring the practitioner to evaluate both value-laden and rational information if they are to make sound ethical decisions (Cottone & Tarvydas, 2016; Kitchener, 1984). Ethical decision-making is a process for resolving moral issues, involving the application of the Codes of ethics, official laws, and EDMMs to known facts resulting in a nuanced, well-reasoned conclusion (Cottone & Tarvydas, 2016; Herlihy & Corey, 2015; Remley & Herlihy, 2019). However, even with knowledge of the Code and statutes, counselors may find insufficient guidance in the process of ethical decision-making (Cottone & Tarvydas, 2016). Furthermore, ethical codes and standards sometimes conflict with legal mandates (ACA, 2014).

Oftentimes, counselors are faced with a multitude of challenging situations, referred to as ethical dilemmas. Ethical dilemmas stem from issues arising in the counseling relationship for which no single course of action seems satisfactory and exist because there are good, but contradictory ethical reasons to take divergent courses of action (Kitchener, 1984). An ethical dilemma has been defined as a circumstance that stymies or confuses the counselor because (a) there are competing ethical standards that apply, (b) there is a discrepancy between what is moral and ethical, (c) the situation is so complex making application of ethical standards unclear, or (d) some other circumstance hampers a clear application of the ethical standards (Cottone & Tarvydas, 2016).

When faced with an ethical dilemma, the ACA Code of Ethics (2014) states that counselors are expected to engage in a careful decision-making process, consulting available resources as needed. The Code identifies techniques that counselors can use to resolve ethical dilemmas, including consultation, referring to ethical standards and laws, brainstorming solutions, evaluating risk to benefit ratios, considering the unique situation, and ensuring beneficence for all parties. Although guidance is provided in the ACA Code, many ethical dilemmas that counselors face are intricate and often ambiguous, making it difficult to apply the professional standards and codes to real-life situations (Dufrene & Glosoff, 2004; Lloyd-Hazlett & Foster, 2017).

Measuring ethical decision-making is difficult due to the multidimensional and complex nature of the construct itself and because there are few assessment tools available to assess counselors' experiences with ethical issues (Dufrene & Glosoff, 2004). Herlihy (personal communication, September 2019) noted there are several instruments that purport to measure ethics knowledge, but skills are difficult to measure. In addition, there is no universal model or theory recognized by the counseling profession that addresses how counselors understand moral and ethical decision-making (ACA, 2014; Dufrene & Glosoff, 2004). Therefore, research is somewhat fragmented, yet emerging. The following section provides a review of the current empirical literature regarding the process of ethical decision-making in counseling.

Research on Ethical Decision-Making

Recognizing the lack of available instrumentation, Dufrene and Glosoff (2004) were interested in assessing counselors' ethical decision-making abilities when faced with an ethical dilemma; therefore, they developed the Ethical Decision-Making Scale-

Revised (EDMS-R). These authors contended that knowledge about how the development of ethical reasoning progresses is crucial to improve counselors' ethical decision-making and thereby reduce the incidence of unethical behaviors. The EDMS-R is based in part on Rest's (1979) DIT, although the authors formulated their hypothetical ethical dilemmas on the 1995 ACA Code of Ethics, rather than broadly based moral dilemmas, to make the measure counseling-specific. Higher scores on the measure, used to compare group mean differences, can be interpreted as the degree to which a counselor thinks principled considerations are important in making ethical decisions, thus showing more complex thinking.

In the development and validation study of the EDMS-R, results showed that doctoral-level students scored significantly higher than did students at the master's pre-internship level but did not score significantly different than students at the master's internship level. Additionally, students at the master's pre-internship level did not score significantly different than students at the master's internship level. These researchers have suggested that counselors who demonstrate higher levels of moral development tend to make decisions that adhere to the ethical standards of the profession. While this is important data highlighting a significant difference in the way counseling students at the pre-internship level come to ethical conclusions compared to doctoral counseling students, current use of the EDMS-R presents certain considerations.

While the EDMS-R is the only valid instrument found to measure ethical decision-making in counseling and its use has expanded the knowledge base for the profession (Dufrene & Glosoff, 2004; Lambie et al., 2010; Lambie et al., 2011), applying the measure to current populations presents limitations. For example, the EDMS-R

contains only six dilemmas based on the 1995 ACA Code which had eight sections of standards at the time and reflected the salient concerns of the profession, as reported in the literature on ethical violations (Dufrene & Glossoff, 2004; Neukrug et al., 2001). The concept of what is ethical changes with the maturity and perspective of the counseling profession and society at large (Kaplan et al., 2017; Wheeler & Bertram, 2015), so in this way, application of the EDMS-R to current counseling populations may not be valid. The 2014 Code has nine sections and reflects current trends that were not relevant 20 years ago, such as issues regarding information technology. As the use of technology has become more widespread in counseling, questions regarding its impact on client confidentiality and informed consent have arisen, and laws, such as HIPAA and HITECH, contain additional standards for practicing counselors (Kaplan et al., 2017; Wheeler & Bertram, 2015).

Knowledge of legal and ethical codes. Two subsequent studies used the EDMS-R to investigate whether knowledge of legal and ethical codes could predict ethical decision-making abilities. Lambie et al. (2010) found that an ethics course had no detectible effect on counseling students' ethical decision-making ability after 13 weeks. In the second study, Lambie et al. (2011) also found that knowledge of ethics and legal statutes was not enough to predict ethical decision-making ability among practicing school counselors. While correlational investigation cannot determine causation, both studies demonstrated that in attempting to understand the complexity of ethical decision-making in counseling students and practicing school counselors, other variables must be considered in addition to knowledge of ethics and legal statutes.

Informational resources. Other researchers have sought to understand the determinants of counselors' ethical decisions by examining the effects of informational resources on the decision-making process. Burns (2019) conducted a study to investigate whether the use of ethical decision-making models (EDMMs) influenced counselor education students in their decision-making processes when considering boundary crossings. Burns and Cruikshanks (2019) conducted a similar study with counselor educators. In both studies, EDMMs had little to no effect in the decision-making processes of both groups (Burns, 2019; Burns & Cruikshanks, 2019).

When faced with an ethical dilemma, the ACA Code of Ethics (2014) states that counselors use and document, as appropriate, an EDMM and consider relevant ethical standards, principles, and laws. However, when students in Burns' (2019) study were asked what ethical informational resources they used when contemplating boundary crossings, only 10% reported using an EDMM. In the study involving counselor educators, only 39% of the participants reported using an EDMM when contemplating boundary crossings (Burns & Cruikshanks, 2019). Additionally, both groups rated the ACA Code of Ethics itself as the most helpful resource when considering ethical dilemmas and the most likely to be used in the future as compared to EDMMs (Burns, 2019; Burns & Cruikshanks, 2019).

Personal stance of the counselor. Wheeler and Bertram (2015) have contended that no matter how many ethical codes of conduct are developed, or laws are passed, most ethical decisions are in-the-moment and a personal decision. Levitt et al. (2015) found that practicing counselors with five or more years of experience do not think about the steps involved in ethical decision-making in a linear fashion as indicated by an

EDMM. Instead, experienced counselors seemed to make decisions in a split-second fashion, simultaneously aware of their personal stance and professional responsibilities. Additionally, 60% of counseling students (Burns, 2019) and 39% of counselor educators (Burns & Cruikshanks, 2019) reported using a gut feeling and/or self-reflection when asked what actual resources they used when considering ethical issues. In other words, the ability for counselors to reflect upon their individual morals and values, while simultaneously considering client needs, the greater good of society, and the potential limitations of social conventions as stipulated in the ACA Code (2014), seems to occur at a gut level and in a split-second fashion.

Based on the use of a gut level response, counselors' personal values need to be considered. Counselors' personal stance, part of which includes their morals and values, can be conceptualized in terms of an overall ethical identity and is characterized by the integration of their personal and professional selves. Lloyd-Hazlett and Foster (2017) were interested in understanding the relationship between counselors' ethical identity and their level of moral reasoning and explored this using Rest's Defining Issues Test. The DIT is a device for activating moral schemas (to the extent that an individual has developed a particular schema) by providing a hypothetical moral dilemma (Rest et al., 2000). Counseling students in the study applied postconventional moral judgment schemas 43% of the time when reasoning through moral dilemmas.

When confronted with the hypothetical dilemmas, almost half of the time counseling students were functioning at the highest level of moral reasoning (postconventional), which is marked by an individually informed sense of morality and the simultaneous consideration of both the greater good of society and the potential

limitations of social conventions. This is important information because, according to Lloyd-Hazlett and Foster (2017), postconventional moral schemas are congruent with the ethical responsibilities and obligations outlined in the ACA Code of Ethics. For example, the Code stipulates counselors must deliberate on the risks and benefits of the situation at hand and formulate a decision based on the circumstances and welfare of all involved. As noted by Rest (1994), higher stages of moral development are multifaceted, take more information into account, and widen the scope of concerns and problems addressed. Often, it is this tension between the greater good, individual client needs, and social conventions that makes ethical reasoning so complex.

Summary of the Research

Knowledge of ethical codes and legal statutes along with available EDMMs alone have been identified as being insufficient in guiding counselors' decision-making in ethical matters (Burns, 2019; Burns & Cruikshanks, 2019; Lambie et al., 2010; Lambie et al., 2011). While the ACA Code serves as a referent for professional conduct, evidence suggests counselors use a split second, gut-level, reflective approach to ethical decision-making (Burns, 2019; Burns & Cruikshanks, 2019; Levitt et al., 2015). This split-second approach is informed by the simultaneous awareness of their personal stance and professional responsibilities (Levitt et al., 2015). The integration of their personal and professional selves in this context can be conceptualized as an overall ethical identity, which has been positively correlated with more complex decision-making (e.g., the use of postconventional schemas; Lloyd-Hazlett & Foster, 2017).

If a counselor's personal stance, which includes their morals and values (Levitt et al., 2015) is, in part, guiding the ethical decision-making process and operating within a

split-second and at a gut level, it appears advantageous to understand what might be informing counselors' morals and values. Counselors are encouraged to self-reflect and gain awareness as to how their personal values and morals affect the counseling relationship (Kocet & Herlihy, 2014). This line of inquiry also seems to support Kitchener's (1984) conceptualization of decision-making marked by the interplay of counselor intuition (gut-feeling) and critical evaluation.

Learning to make ethical decisions in counseling is a developmental process of acculturating to the ethics of the profession and integrating professional ethics with counselors' own morals and values (Ametrano, 2014; Kitchener, 1984). Evidence suggests that even experienced counselors still struggle with the gray areas of ethics and while counselors may seek definitive answers to ethical dilemmas, straightforward and clear resolutions are limited given the multifaceted nature of counseling ethics (Levitt et al., 2015). Because ethical violations continue to occur in the practice of counseling, there is more that needs to be understood about the ethical decision-making process which can lead to better outcomes for those involved.

Moral and Ethical Reflectivity

While moral and ethical judgement can be developed through direct intervention and interaction with the social environment (Kohlberg, 1984; Rest 1984, 1994), some individuals are more reflective upon moral and ethical matters in daily life. In other words, some individuals look at life through a moral and ethical lens. This reflective moral and ethical lens allows for greater collaboration with others and improved application of ethical considerations in practice (Reynolds, 2008). However, limited

information exists in the counseling literature regarding counselor moral and ethical reflectivity (MER) or what contributes to counselors' propensity for MER.

Investigating MER appears especially important in light of previous findings that counselors use self-reflection when considering ethical issues (Burns, 2019; Burns & Cruikshanks, 2019; Levitt et al., 2015), and emphasis has been placed on reflection in ethical decision-making models by leading scholars in the field (Ametrano, 2014; Cottone & Tarvydas, 2016; Kocet & Herlihy, 2014; Levitt et al., 2019). Therefore, additional research is needed regarding the role of counselor MER to enhance the development and understanding of the complex nature of ethical decision-making in counseling. Such information may in turn promote public welfare and potentially reduce the number of future ethical violations committed by counselors in clinical practice.

Reflection in Counseling

The 2014 ACA Code promotes the use of reflection as a means of supporting sound ethical decision-making. The introduction to each section of the Code "provides a starting point that invites reflection on the ethical standards" (p. 3) and describes the ethical behavior and responsibilities to which counselors aspire. Reflection inward, or self-reflection, involves observing and interpreting one's actions and insights, and in turn, promotes the ability to garner control over cognition and decision-making (Pompeo & Levitt, 2014). Within the counseling relationship, self-reflection allows counselors to gather information regarding the intention of an action and to consider their place in the decision-making process (Mullen et al., 2017).

Self-reflection has been highlighted in ethical decision-making models that focus on the intersection of personal values and ethics (Kocet & Herlihy, 2014; Levitt et al.,

2019). Furthermore, self-reflection has been deemed vital in ethical considerations because it leads to self-awareness about one's own values, perspectives, and personal stance (Levitt et al., 2015; Pompeo & Levitt, 2014), which are crucial to the ethical decision-making process (Ametrano, 2014; Kocet & Herlihy, 2014; Levitt et al., 2019). In practice, research has shown counselors engage in a process of reflective decision-making when confronted with ethical dilemmas (Burns, 2019; Burns & Cruikshanks, 2019; Levitt et al., 2015).

Rationale for Considering MER

Moral and ethical reflectivity (MER) can be defined as the extent to which an individual ponders and regularly considers moral and ethical matters across all aspects of daily life (Reynolds, 2008). According to Reynolds (2008), there is an advantage to investigating ethical decision-making through the lens of MER. For example, instruments such as the DIT (Rest, 1999) and the EDMS-R (Dufrene & Glossof, 2004) use hypothetical moral and ethical dilemmas to stimulate ethical reasoning, which rely on the recognition of an objectively agreed upon moral and ethical event (e.g., engaging in sexual acts with a client). As a lens through which all of life is viewed, MER does not depend on observable events for its application. Because the counseling field continues to develop and new areas of moral and ethical concern arise, and because the Code cannot account for every possible ethical issue, MER appears important as a construct.

Measuring MER provides a way to assess counselors' tendencies to regularly pay attention to moral and ethical matters across various circumstance. Additionally, Reynolds (2008) suggested that chronic attention to morality may result in automatic or reflexive behaviors. In other words, as a counselor's ability to routinely reflect upon

moral and ethical matters (MER) increases, so would their instinctive ability to make ethical decisions. The automatic and instinctive aspects of ethical decision-making have theoretical neurocognitive underpinnings (Reynolds, 2006b), which may, in part, help explain the findings that counselors' use a split-second, gut-level approach to formulate ethical decisions (Burns, 2019; Burns & Cruikshanks, 2019; Levitt et al., 2015). This finding is important because it proposes that even if counselors do not explicitly recognize a situation as necessarily moral or ethical, MER can shape assessments of behavioral options, guiding counselors in an automatic fashion toward ethical behavior (Reynolds, 2008).

Research on MER as Applied to Counseling

MER as a construct has not appeared in the counseling literature except in one study investigating the relationships between MER and stress and burnout. In their study, Mullen and colleagues (2017) wanted to know if MER would serve as a buffer to stress and burnout in the experience of ethical dilemmas. These authors used the Reflective Moral Awareness (RMA) subscale of the Moral Attentiveness Scale (MAS; Reynolds, 2008). Although no apparent relationship was found, these authors were the first to use an instrument measuring moral and ethical reflection within a sample of counselors.

While limited empirical research on the construct of MER exists within the counseling literature, information can be applied through other fields, such as education and business. Using the MAS, Giacalone et al. (2016) found a significant correlation between scores on the RMA subscale and an increased sense of wellness in a group of master's level business students. In other words, pondering upon moral and ethical matters (MER) in daily life was associated with students' overall well-being.

Although their findings seemed to contradict the Giacalone et al. (2016) study, Mullen et al. (2017) suggested additional research is needed to investigate the role of MER in counseling, especially given these conflicting results and because counselor well-being plays a central role in effective ethical decision-making. For example, the 2014 ACA Code stipulates that counselors must “maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities” (p. 8). Given the link between MER and well-being (Giacalone et al., 2016) and the professional responsibility for counselors to maintain their well-being (ACA, 2014), further investigation of MER in counseling is warranted.

In one arm of the validation studies for the MAS, Reynolds (2008) sought to establish a relationship between moral reflection (MER) and moral action. He used the MAS to assess students’ ratings of peers’ moral behavior in a sample of undergraduate and graduate level business students working on a group project over the course of a semester. Findings revealed that moral reflection was associated with the positive rating of peers’ overall moral and ethical behavior, providing evidence that MER is associated with moral and ethical behavior (Reynolds, 2008).

Similarly, Giacalone et al. (2016) found a significant positive relationship between MER and students’ overall perception of goal achievement. Students’ sense of agency (the belief in their personal capacity to initiate and sustain actions) was correlated with MER, as was students’ belief in their personal capacity to generate routes or pathways to reach their goals. Such findings have important implications for ethical decision-making in counseling. For example, ethical decision-making requires counselors to be change agents, generating both pathways (e.g., consultation of the Code, use of

EDMM) and initiating and sustaining behaviors leading to an outcome. As noted by Rest (1994), there are several facets driving moral and ethical behavior which include moral sensitivity, moral judgement, moral motivation, and moral character. Lack of development in any one of these areas may lead to moral failure, which results in either faulty action or a lack of action and may create poorer outcomes for those involved.

Wurthmann (2013) was interested in understanding the factors and mechanisms involved in determining business students' perceptions of the role of ethics and social responsibility. More specifically, this author was attempting to better understand the "stakeholder" view of ethical responsibility, which posits that businesses are social entities that sit at the center of an array of mutual relationships with diverse groups. These groups include customers, communities, and governments, along with the natural environment and future generations, as well as stockholders (business owners; the profiteers), and therefore have responsibilities for the welfare of all these entities. As students' ability to reflect on the moral and ethical aspects of daily life increased, so did their ethical sense of responsibility to the greater collective. The implications of such findings for the field of counseling are directly applicable.

Part of the mission of the ACA is to enhance the quality of life in society and to promote respect for human dignity and diversity. Given the findings from the Wurthmann (2013) study, the stakeholder view of ethical responsibility seems to dovetail, not only with the mission of the ACA, but also with the core professional values (e.g., honoring diversity and promoting social justice) and the ethical principles (e.g., autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity). In addition, research has shown that MER mediated the relationship between ethics education and the stakeholder

view. This means that the path to taking on the stakeholder view was not directly influenced by ethics education alone. Rather, students' ability to look through an ethical and moral lens (MER) was linked with their view that business entities are responsible for the collective welfare of all involved parties, beyond the mere lawful profit-making of the business owners.

Summary of the Research on MER

Counselors appear to make ethical decisions in a split-second fashion based on the simultaneous consideration of personal morals and the ethical standards of the profession (Levitt et al., 2015). In light of previous findings demonstrating that counselors use self-reflection when considering ethical issues (Burns, 2019; Burns & Cruikshanks, 2019; Levitt et al., 2015) and given the emphasis placed on reflection in ethical decision-making models (Ametrano, 2014; Cottone & Tarvydas, 2016; Kocet & Herlihy, 2014; Levitt et al., 2019), investigating counselor MER is especially important. The Moral Attentiveness Scale (MAS; Reynolds, 2008) provides a novel way of assessing counselor MER and is supported by prior research in the profession (Mullen et al., 2017).

Research using the MAS has shown that individuals with greater MER have an enhanced sense of ethical responsibility to the larger collective within society (Wurthmann, 2013). The ability to be more morally and ethically reflective has helped individuals enlarge their perspectives to include the collective welfare of society during formal ethics education, by mediating the relationship between education and the collective view (Wurthmann, 2013). Given prior evidence within the counseling literature demonstrating that ethics education alone did not improve ethical decision-making (Lambie et al., 2010), research on the role of MER in both counseling students and

professionals is warranted. With an eye toward the greater collective, counselor MER may support ethical behavior through an increased sense of personal agency and the capacity to see ethical dilemmas through to completion, resulting in ethical behavior (Giacalone et al., 2016; Reynolds, 2008).

Measuring MER provides a way to assess counselors' tendencies to regularly attend to moral and ethical matters across various circumstance in daily life. Reynolds (2006a; 2008) hypothesized this level of attention may result in automatic or reflexive behaviors leading to the instinctive ability to make ethical decisions. While the correlates of MER mentioned herein provide a rationale for further study of the construct within counselors, there is no information regarding the predictors of MER in counseling. No data appears in the counseling literature as to what factors might contribute to counselor MER across various settings (e.g., counselors-in-training and counselors practicing in the field).

Linking spiritual intelligence to moral and ethical reflection. Given the complexity of ethical decision-making (Cottone & Tarvydas, 2016; Dufrene & Glossoff, 2004), the importance of reflection in the ethical decision-making process (Ametrano, 2014; Burns, 2019; Burns & Cruikshanks, 2019; Cottone & Tarvydas, 2016; Kocet & Herlihy, 2014; Levitt et al., 2015; 2019) and the developmental necessity for counselors to integrate professional ethics with their own morals and values (Ametrano, 2014; Kitchener, 1984; Kocet & Herlihy, 2014), additional factors needed to be examined. Spirituality, and more specifically, counselor spiritual intelligence (SI), was presented as a useful framework in which to explore these elements further. In addition to exploring

other correlates of MER in this study, the predictive power of counselor SI was examined as a possible explanation of counselor MER.

Morals, values, and the evaluation of moral behavior are determined within the broad context of a society and shaped, in part, by the religious and spiritual views of that particular culture (Cottone & Tarvydas, 2016; Remley & Herlihy, 2019). Scholars have recommended that counselors' morals and values be integrated with professional ethics to promote more sophisticated ethical decision-making (Ametrano, 2014; Kitchener, 1984; Kocet & Herlihy, 2014). Additionally, Kohlberg suggested it was perhaps better to understand advanced moral development as existential or reflective (Kohlberg et al., 1983), supporting the need to investigate the relationship between spirituality and ethics and perhaps suggesting an implicit link between SI and MER. Therefore, the need to produce literature generating a greater understanding of the nature of the relationship between counselor spirituality and ethics was warranted. A novel approach to begin this investigation was to examine the relationship between counselor SI and counselor MER.

Spiritual Intelligence

Intelligence as a construct and the resultant measure of one's intelligence quotient (IQ) has been the focus of scientific inquiry since the early 20th century. From the field of general intelligence emerged the study of emotional intelligence. The measure of emotional intelligence has been referred to as an emotional quotient (EQ) and captures an individual's ability to respond effectively to their own and others' feelings and has been deemed a basic requirement for the effective use of IQ (Goleman, 1995). Spiritual intelligence is a recent outgrowth in the study of intelligence. Zohar and Marshall (2000) explained that neither IQ nor EQ, separately or in combination, can explain the full

complexity of human intelligence and the full picture of human intelligence cannot be complete without a discussion of SI. These authors posited that SI is the necessary foundation for the effective functioning of both IQ and EQ.

Spiritual intelligence can be defined as “a set of mental capacities which contribute to the awareness, integration, and adaptive application of the nonmaterial and transcendent aspects of one’s existence, leading to such outcomes as deep existential reflection, enhancement of meaning, recognition of a transcendent self, and mastery of spiritual states” (King & DeCicco, 2009, p. 69). In other words, SI refers to the ways in which a person uses spiritual information to interact with their environment. SI is related to the ability to make sense of multidimensional phenomena and to use this knowledge to solve problems.

The following sections describe the four components of SI, which are critical existential thinking, personal meaning production, conscious state expansion, and transcendental awareness. As some of these concepts may be unfamiliar or appear unusual in the application to counseling ethics, brief examples of how each component may align to ethical standards are included to orient the reader. Thereafter, research supporting the relationship between SI and MER is presented to support the hypothesis of the current study, which is that SI is a predictor of counselor MER.

The Four Components of SI

King and DeCicco (2009) have developed an instrument to measure SI called the Spiritual Intelligence Self-Report Inventory (SISRI-24), which served as the measure of SI in the current study. In the development of this instrument, these researchers conducted an exhaustive review of the literature to determine the factors comprising SI,

which were subsequently confirmed in their validation study of the instrument. The SISRI-24 contains four components: critical existential thinking, personal meaning production, conscious state expansion, and transcendental awareness. The following is a description of each component, along with a rationale for how each might apply to the process of ethical decision-making in counseling.

Critical existential thinking. The first component of SI, critical existential thinking (CET), involves the capacity to critically contemplate meaning, purpose, and other existential or metaphysical issues, such as reality, the universe, space, time, and death (King & DeCicco, 2009). Critical thinking itself is likely familiar to most readers as an objective examination of known facts and the evaluation of an issue in order to form a judgment. Existential matters are also likely familiar to the reader by way of the Existential Psychological movement of the early 1960s (May, 1983), which continues to inform the practice of counseling today. On a fundamental level, CET can be thought of as the deep investigation of what it means to be alive, the nature of reality, and the nature of death, but it can also be applied to any life issue, as any object or event can be viewed in light of one's existence (King & DeCicco, 2009).

In relation to ethical decision-making, CET may seem most apparent when working with clients who may be impacted by a life-threatening illness, within themselves or a loved one, or when considering end-of-life decisions. The ability to think critically in an existential manner may not only assist the processing of client issues but may also help to avoid ethical errors that could then lead to more serious ethical violations, resulting in harm to clients and the public. In this sense, the application of CET to the understanding of counseling ethics is worth further investigation.

Personal meaning production. The second core component of SI is personal meaning production (PMP), which is defined as the ability to construct personal meaning and purpose in all experiences, including the capacity to create and master one's life purpose. Saha and Ahuja (2017) found a significant relationship between PMP and life satisfaction. These authors conceptualized life satisfaction in terms of subjective well-being, which was characterized as an individual's psycho-emotional assessments of his or her life, in both global terms (e.g., life in general) and in specific terms (e.g., work and interpersonal relationships). In other words, participants in their study who had a greater capacity to construct personal meaning from their daily lives and who reported mastering their own purpose in life reported increased levels of well-being.

This is important information that may be directly applicable to the field of counseling for two reasons. First, the 2014 ACA Code stipulates that counselors have a professional responsibility to maintain and promote their own well-being. Counselors who are able to construct meaning from their experiences and who feel a sense of purpose may be operating from a point of wellness and are better equipped to live out the ethical mission, values, and standards of the profession. Secondly, prior research has shown that a sense of overall well-being was linked with greater reflection upon moral and ethical matters (MER) in daily life (Giacalone et al., 2016). This finding supported exploring the hypothesis that overall counselor SI would predict MER. In this light, PMP as a component of SI appeared to be a construct worth further investigation among counselors.

Transcendental awareness. The third core component of SI, transcendental awareness (TA) involves the capacity to perceive transcendent dimensions of the self, of

others, and of the physical world during one's normal, waking state of consciousness. Consciousness, as defined by the Merriam-Webster Online Dictionary, is the quality or state of being aware of something within oneself, (e.g., sensation, emotion, thought, and volition) or external to oneself (e.g., an object, fact, or state of existence). TA relates to a type of understanding that goes beyond or above the range of typical human experience and thus surpasses the ordinary level of awareness.

Within this state lies the recognition of the non-physical aspects of oneself and others that are beyond the physical body and include the nonmaterial aspects of life, the awareness of a deeper connection between self and others, and the ability to see the interconnectedness in all aspects of life (King et al., 2012). Self-transcendence has also been described as a state of being that encompasses the farther reaches of human nature in which a person is motivated by a desire to transcend the limitations of self, others, and the physical world to further a cause beyond the self (Maslow, 1969). According to Koltko-Rivera (2006) recognizing self-transcendence would provide a backdrop for helping professionals to (a) further understand the motivational roots of altruism and social progress, (b) integrate the psychology of religion and spirituality into mainstream behavioral health, and (c) employ a more multiculturally integrated approach.

Conscious state expansion. The fourth core component of SI, conscious state expansion (CSE), is defined as the ability to enter spiritual states of consciousness, sometimes referred to as pure consciousness, oneness, or cosmic consciousness, at one's discretion. King and DeCicco (2009) noted that CSE is different from TA because TA must occur during the normal waking state, while CSE involves the ability to transcend even the normal waking state and enter higher or spiritual states. Furthermore, the

capacity for entering altered states of consciousness at one's own discretion is considered a mental ability triggered by the application of mental exercises, as in relaxation and meditation.

In Raina and Jagriti's (2018) university student sample, CSE was positively correlated with general psychological well-being and reduced levels of overall psychological distress. Specifically, as CSE increased so did emotional stability, general positive affect, and satisfaction with life. These are important findings for the field of counseling because CSE denotes a skill that counselors can apply to support overall psychological well-being and enhance the experience of unity consciousness (a sense of oneness). Unity consciousness may impact counselors' ethical decision-making in ways that help them see beyond the boundaries of self or to further a cause beyond the personal self. In this way a greater propensity for CSE may support counselors' conceptualization and reasoning abilities, multiculturalism, social justice efforts, pro bono work, and the maintenance of personal wellness, all of which are indicated by the ACA Code, to best serve the public.

Summary

The ACA Code encourages counselors to advocate for clients at the individual, group, institutional, and societal levels to address barriers that block access and prevent their development. Greater SI may allow counselors to move beyond the boundaries of their personal limitations by integrating individual goals with larger ones, such as the welfare of the family, the community, and humanity. The development of SI within counselors may support a way of considering ethical dimensions beyond self-centered consciousness and thereby enhance ethical decision-making.

While the direct connection between SI and MER has yet to be investigated in any known study, the relationship between SI and other measures related to ethical decision-making has been established. Such evidence provided a rationale for the current study and a theoretical basis for part of the research hypothesis which was that counselor SI is a predictor of counselor MER. The next section provides related research on SI and ethical decision-making to support the proposed relationship of SI and MER.

Research Supporting the Relationship between SI and MER

Although the notion of spirituality as a form of intelligence has not been addressed formally in the counseling literature, spiritual issues in counseling are widely recognized and supported by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) and through research in its publication, *Counseling and Values*. Cashwell (2017), a leading scholar in the area of counseling and spirituality, noted that the question of whether or not spirituality should be integrated into counseling has been answered with a “resounding yes through decades of careful study and scholarship” (p. 9). He added that a critical question today is how counselors can use their spirituality to inform the counseling role, the therapeutic relationship, and the consideration of presenting issues. SI may serve as an avenue to begin to answer such questions, as well as provide a means of exploring the link between counselor spirituality and ethical decision-making.

Spiritual views inform one’s sense of morality (Cottone & Tarvydas, 2016; Remley & Herlihy, 2019) and have been implicated in moral judgement (Kohlberg et al., 1983; Kohlberg & Power, 1981). To support effective ethical decision-making, counselors are encouraged to integrate their personal morals and values with the ethics of

the profession (Ametrano, 2014; Kitchener, 1984; Kocet & Herlihy, 2014), which would include their spiritual views. Research has demonstrated that counselors appear to make ethical decisions in a split-second fashion based on the simultaneous reflection upon personal morals and the ethical standards of the profession (Levitt et al., 2015). Given the influence spirituality has in shaping one's morals and values, in conjunction with the literature highlighting the importance of self-reflection when considering ethical issues (Ametrano, 2014; Burns, 2019; Burns & Cruikshanks, 2019; Cottone & Tarvydas, 2016; Kocet & Herlihy, 2014; Levitt et al., 2015; Levitt et al., 2019), investigating the relationship between counselor SI and MER is vital.

As mentioned previously, research on the relationship between spirituality and ethics in counseling is limited. However, research from the fields of organizational leadership and higher education has been conducted that can be applied to the counseling profession and the ethical decision-making process. Although the direct connection between SI and MER has yet to be investigated in any known study, the relationship between SI and other measures related to ethical decision-making can serve as a theoretical bridge to this proposed relationship. The following is a review of the literature highlighting the relationship between SI and ethics, which is provided to lend support for the rationale that counselor SI is a predictor of MER.

Hildebrant (2011) used the SISR1-24 to assess the SI of 200 business professionals serving in leadership roles to determine if SI could be correlated to their stage of moral development. Leaders in this study were given an assessment measuring their level of ethical integrity that yielded a score which they correlated to Kohlberg's (1969, 1984) stage theory of moral development. Results of this study demonstrated that

leader's level of ethical integrity was positively correlated to their SI. As leaders' SI increased so did their level of ethical integrity, which was defined as the perceived ability to behave in ways that would produce the greatest good for the greatest number of people. The ability to look for ways to elicit the greatest good for the greatest number of people was then correlated to Kohlberg's postconventional stage of moral development. In other words, participants with higher SI were more likely to use more sophisticated, postconventional moral reasoning to create outcomes that would produce the greatest good for the collective within their organization.

Also using the SISRI-24, Esfahani and Najafi (2015) found a significant relationship between SI and ethics in a random sample of 197 civil servants. Results of this study demonstrated that higher scores of SI were positively correlated to the degree in which participants believed they were adhering to professional ethical responsibilities. These authors defined ethical responsibilities in terms of respect for one's rights and human dignity, accountability, and integrity. As the level of participant SI increased so did their sense of living out the ethics of their profession. These results are similar to the Hildebrandt (2011) study and demonstrated that SI was linked with the perception of ethical integrity and ability to behave in an ethically responsible manner.

In a qualitative study, Ramachandaran et al. (2017) found that women in academic leadership roles attributed heightened moral values and reduced ethical issues among their staff to their own level of SI. Participants reported that exemplifying the qualities associated with SI helped to instill these values within their employees through a process of internalization. In other words, as leaders used SI to lead their staff, SI was then internalized by their staff. As a result of expressing their SI, the leaders found less

need to instruct their employees because the employees were able to evaluate their own behavior as ethical, thereby making better decisions. SI provided heightened awareness of personal conduct and was referred to as a “screening mechanism” through which behavior could be evaluated. Respondents shared that SI provided an individual with internal guidance regardless of whether they were being evaluated externally (e.g., by an immediate supervisor or an auditor). This self-governing capacity supported their employees moral and ethical decision-making.

In summary, because SI has been linked to one’s perception of behaving in ways that produce the greatest good for the greatest number of people (Hildebrandt, 2011) and individuals with higher MER have demonstrated an enhanced sense of ethical responsibility to the larger collective within society (Wurthmann, 2013), a theoretical relationship between SI and MER can be extrapolated. It is possible that the heightened awareness of moral conduct afforded by SI (Ramachandaran et al., 2017) may support the heightened level of broad moral awareness found in MER (Reynolds, 2008; 2006a). It is possible that greater levels of SI in counselors could predict higher levels of MER.

Importance of the Relationship between SI and MER for Counselors

A critical question facing counselors today is how to incorporate their spirituality to inform the counseling role, the therapeutic relationship, and the consideration of presenting issues (Cashwell, 2017). Because one’s spiritual views inform their morals and values (Cottone & Tarvydas, 2016; Remley & Herlihy, 2019) and personal morals and values should be integrated with professional ethics (Ametrano, 2014; Kitchener, 1984; Kocet & Herlihy, 2014), this question becomes even more critical. Through the quality of reflection, SI and MER share commonalities and provide a reasonable point of

departure for the further investigation of spirituality and ethics in counseling. While the direct connection between SI and MER has not been investigated in any known study, greater understanding of this relationship may be particularly important for the counseling profession.

Kohlberg indicated it was perhaps better to understand advanced moral development as existential or reflective (Kohlberg et al., 1983), suggesting an implicit link between SI and MER. SI may serve as an avenue to understand how counselor spirituality informs the counseling role, the therapeutic relationship, and the consideration of ethical issues. In addition, SI can provide a means of exploring the link between counselor spirituality and one aspect of ethical decision-making—MER. The construct of SI itself is a model for decision-making which is developmental in nature and includes the use of reflective practices and abilities (King & DeCicco, 2009; King et al., 2012; Zohar & Marshall, 2000).

Assessing the SI of counselors may provide a window into the ways in which a counselor uses spiritual information (the nonmaterial and transcendent aspects of life) to interact with their environment, particularly how the nonmaterial and transcendent may influence the degree to which counselors look upon the world with moral and ethical reflectivity. For counselors, the ability to use spiritual, nonmaterial, and transcendent information to bolster awareness of both personal conduct and awareness of the moral and ethical aspects of daily experience would appear to be highly advantageous.

For example, Reynolds (2008) noted that seemingly mundane issues, such as dress and diet are typically not considered moral issues, but for the Orthodox Jew and the vegan, dress and diet are indeed moral issues and impact ethical decision-making.

Reynold's example is particularly noteworthy because both dress and diet for the Orthodox Jew and vegan contain spiritual elements. Furthermore, the ability to see beyond the seemingly mundane is a vital component of SI, revealing a deeper connection between self and others and the ability to see the interconnectedness in all aspects of life.

It can be concluded that further inquiry into the nature of the relationship between SI and MER within the profession of counseling is warranted. Additional investigation may provide a means of understanding the ethical decision-making processes of counselors and thereby help to reduce ethical missteps, violations, and sanctions, which ultimately safeguards public welfare. The cultivation of both SI and MER within counselors might heighten the level of critical thinking within ethical decision-making, while supporting multiculturalism and stimulating social justice efforts.

Thus far it has been demonstrated that the ethical decision-making process in counseling is complex, multidimensional, and lacks both a unified theory to address how counselors understand moral and ethical decision-making (ACA, 2014; Dufrene & Glosoff, 2004) and available instrumentation to measure counselors' real-world decision-making skills (Dufrene & Glosoff, 2004; Herlihy, 2019). To compound these issues, the concept of what is ethical changes with the maturity and perspective of the counseling profession and society at large (Kaplan et al., 2017; Wheeler & Bertram, 2015). In light of these circumstances, continued research is needed to expound upon what is currently known in the field of counselor ethical decision-making to provide a more comprehensive view of the determinants of moral and ethical behavior. In addition to SI, meditation may be one such avenue worthy of investigation for its contribution to counselor ethical decision-making and more specifically, to counselor MER.

Meditation

Meditation can be loosely defined as a wide variety of reflective or contemplative activities generally produced by forms of sensory motor discipline which may include sitting quietly, relaxing, closing the eyes, and breathing deliberately as a technique and means of developing concentration, awareness, and consciousness (Johnson, 1982). While meditation can be a method associated with SI, it is also distinct. In the following section, a reason for looking at meditation apart from SI is discussed, meditation will be defined, and a review of the literature supporting the relationship between meditation practice and moral and ethical reflectivity (MER) in counselors will be highlighted. The section starts with a brief history of meditation to provide context and to support the rationale for its inclusion in the present study.

A Brief History of Meditation

Meditation has a rich history, far surpassing the scope of the current review. However, meditation can be traced back to humanity's ancient history when consciousness itself was evolving through fire-gazing and early shamanic practices (Johnson, 1982). In broad terms, meditation became popular in the United States by way of Indian spiritual teachers. For example, Yogananda began teaching in the early 1920s and later published a seminal work, *Autobiography of a Yogi*, which introduced Americans to his system of Kriya Yoga (Yogananda, 1946). Then in the late 1950s the teachings of Maharishi Mahesh, known as Transcendental Meditation (TM), became popular (Russell, 1976). TM provided the basis for the Relaxation Response (a way of lowering blood pressure), coined by Benson and Klipper (1975), which brought the formal study of meditation to the medical and scientific communities. In more recent

times, mindfulness meditation, a form of Buddhist meditation, has been empirically validated and has served as the foundation of several treatment modalities (for a comprehensive review of these evidenced-based treatments, see Roemer and Orsillo, 2010).

Currently, meditation enjoys an array of applications employed by diverse individuals and groups in varying contexts. This brief historical account provides an example of how meditation can be understood in both spiritual and secular terms. Meditation may be viewed by some as a spiritual discipline and by others as a psychological or health-oriented practice. Because meditation can be applied as a spiritual practice and a clinical modality, not everyone who meditates would claim to be spiritually oriented. It is possible that a counselor who practices meditation might be doing so for wellness and health benefits, while another meditates as part of a religious or spiritual tradition. Therefore, assessing meditation practice outside of a counselors' SI is important. While SI may contribute to MER, this study examined if years of meditation practice accounted for additional variance due to the potential variability of its application among practitioners.

Meditation Defined

In spiritual terms, Leichtman and Japikse (1982) have defined meditation as a method for strengthening the bond between the personality and the spiritual self. For these authors, it is the practice of increasing awareness of and communicating with the highest aspects of humanity and learning to hone this ability to work in cooperation with these higher aspects for self-expression in daily life. Meditation can also include related forms of reflective contemplation, such as the mystical prayer states of Christianity,

Islam, and Judaism, which involve specific postures and repetition of phrases that are almost identical with Indian forms of meditation and secular versions of modern transcendental meditation (Dale, 2014). In clinical terms, meditation has been operationalized as a process encompassing the following characteristics: (a) the use of a specific, definable technique; (b) physical relaxation; (c) mental relaxation or the quieting of logical thinking; (d) a self-induced state; and (e) the employment of self-focusing skills (Cardoso et al., 2004).

Clearly, meditation encompasses an array of techniques employed for varying reasons by different groups of people. Regardless of the context, meditation is a reflective discipline which includes relaxation of the body and a quieting and focusing of the mind as a method of developing concentration, awareness, and increasing consciousness (Cardoso et al., 2004; Dale, 2014; Johnson, 1982, Leichtman & Japikse, 1982). As a reflective means to increasing awareness, meditation may be applicable to counselor ethical decision-making. More specifically, the relationship between meditation and MER may be particularly relevant and worthy of investigation to understand if meditation, as a reflective means of increasing awareness, correlates to the propensity in which counselors reflect upon moral and ethical issues in their daily lives.

Although there is no research in the counseling literature, or elsewhere, describing a direct association between meditation and MER to date, literature exists to support a theoretical relationship between the two constructs. The following section provides a rationale for the impetus to investigate the relationship between meditation and MER and provides an explanation of why the relationship is important for the counseling profession. Lastly, the following section supports the reasoning behind a portion of the

hypothesis guiding this study, which is that years of meditation practice predicts MER in counselors.

Support for the Relationship Between Meditation and MER in Counseling

Leading scholars in the field of counseling ethics have placed much emphasis on the use of reflection as a means of deliberating upon ethical decisions (Ametrano, 2014; Cottone & Tarvydas, 2016; Kocet & Herlihy, 2014; Levitt et al., 2019; Pompeo & Levitt, 2014). The process of self-reflection involves gathering both external information (e.g., actions and behaviors) and internal information (e.g., thoughts and insights), observing, and interpreting this information as applicable to ethical decision-making (Mullen et al., 2017; Pompeo & Levitt, 2014). Because of the complex and multidimension nature of ethical decision-making, scholars advocate the use of reflection as a means of deeply considering the facts of the situation, the applicable laws and standards, and the potential outcomes of choosing one course of action as opposed to an alternative course of action.

Additionally, self-reflection is vital in the ethical decision-making process because it leads to awareness of how counselors' personal values, morals, and perspectives affect the counseling relationship (Herlihy & Kocet, 2014; Pompeo & Levitt, 2014), which is critical to the development of sound ethical decision-making (Ametrano, 2014; Levitt, et al., 2019). Wheeler and Bertram (2015) have argued that regardless of how many ethical codes of conduct are developed and laws are passed, most ethical decisions are personal in nature and made in-the-moment. In fact, research has shown that counselors engage in a split-second approach to ethical decision-making, informed by the simultaneous awareness of their personal stance and professional responsibilities (Levitt et al., 2015).

Clearly, counselor self-awareness in the ethical decision-making process is paramount. Without this self-awareness, counselors may be operating with unrecognized blind spots which can negatively affect the counseling relationship and the ethical decision-making process. Foster and Black (2007) advocated that counselors, as primary moral agents, must take full responsibility for themselves by becoming aware of uncomfortable and disowned thoughts and feelings when considering ethical matters. Disowned thoughts and feelings must be brought into conscious awareness and integrated within the person of the counselor to remove blind spots in the promotion of sound ethical decision-making. These authors proposed self-reflection as a means of increasing awareness and supported the use of meditation as a means of self-integration.

Given that prior research on counselor ethical decision-making has shown counselors use self-reflection when considering ethical issues (Burns, 2019; Burns & Cruikshanks, 2019; Levitt et al., 2015), meditation appears to be an important variable worth considering in the ethical decision-making process because of its inherent reflective nature and the awareness it produces. Meditation is a reflective practice (Cardoso et al., 2004; Johnson, 1982; Leichtman & Japikse, 1982) that aids in the ability to perceive different aspects of one's life at a deep level, thereby increasing one's sense of awareness (King & DeCicco, 2009). Awareness gained through meditation refers to the awareness of one's internal landscape including thoughts, feelings, somatic sensations, intentions, and motivations and awareness of the external environment, including surroundings, behavior, and one's relationships to others (Shapiro et al., 2012).

Kohlberg et al. (1983) suggested that meditation can be utilized to develop advanced moral reasoning marked by reflection upon both the practical elements within

society and upon the whole of human nature. Other scholars have stated that the foundation of moral reasoning rests on awareness, and it is through awareness that the opportunity for conscious choice in ethical decision-making is realized (Shapiro et al., 2012). Wheeler and Bertram (2015) have concluded that the basis of most malpractice suits against counselors are the result of negligence, or careless disregard, which is considered an unintentional tort and a violation of civil law. In other words, counselor unawareness in the decision-making process has been a significant factor involved in the majority of lawsuits against counselors due to unethical behavior.

Lack of ethical awareness could also be explained by a lack of counselor moral and ethical reflectivity (MER). MER has been defined as the extent to which an individual ponders and regularly considers moral and ethical matters across all aspects of daily life (Reynolds, 2008). Like meditation, MER is rooted in awareness. The process of considering and reflecting on ethical decisions and alternative courses of action relies on moral awareness (Reynolds, 2008). Moral awareness is an individual's determination that a situation contains moral content and can be considered from a moral point of view.

Reynolds (2008) asserted that moral awareness represents more than just the recognition of a moral issue; it also precedes ethical action, which requires a process of considering and reflecting on alternative decisions. As MER is turned inward, it shapes internal processes associated with awareness (Reynolds, 2008), much like the inner reflection that occurs in meditative practice. According to Shapiro et al. (2012), the foundation of moral reasoning rests on awareness, and meditation helps in the development of moral reasoning via an awareness that leads to the opportunity for

conscious choice. Through the common factor of awareness, support for the relationship between meditation and MER is evident.

Although there is no empirical data reporting a direct correlation between meditation and MER, Shapiro et al. (2012) conducted a study using a mindfulness meditation intervention with a group of graduate students and found that the intervention resulted in improvements in moral reasoning. Participants' moral reasoning abilities were significantly more advanced as compared to their level of moral reasoning before the mindfulness meditation intervention. Advanced moral reasoning is associated with a greater understanding of one's own moral stance and how it affects one's ability to consider the ways in which the relevant laws and standards uniquely apply to each and every individual in a collective society (Kohlberg, 1984).

This concept is important because additional research has shown that individuals with greater MER have demonstrated an enhanced sense of ethical responsibility to the larger collective within society, known as the stakeholder view (Wurthmann, 2013). Both the Wurthmann (2013) and Shapiro et al. (2012) findings appear to support the notion that a potential relationship exists between meditation and MER. However, continued research is needed to further explore what is currently known in the field of counselor ethical decision-making to provide a more comprehensive view of the determinants of moral and ethical behavior.

Because the foundation of ethics in counseling is largely based on the cognitive developmental model (Kohlberg, 1969; Rest, 1979, 1994) which focuses on the maturational processes of moral reasoning and changes that occur in the structures of one's thinking across the lifespan, years of counseling experience could influence ethical

decision-making and therefore should be investigated. It has been hypothesized, as counselors develop professionally and clinically, so too would their ability to make more sophisticated ethical decisions. The following section provides a review of the literature regarding years of clinical experience and ethical decision-making in counseling. While there is no research examining the role of clinical experience and MER directly, it is an important relationship worthy of investigation for the counseling profession. As such, this next section also provides a rationale to support a theoretical relationship between years of clinical experience and counselor MER.

Years of Clinical Experience

Throughout the 2014 ACA Code of Ethics we find a consistent thread highlighting the importance of counselor development. Counselors are encouraged to develop across several domains, spanning the personal to the professional. For example, in the section outlining professional responsibilities, there is a mandate for counselors to “recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity” (p. 9). In addition, counselors are to engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors are also encouraged to maintain their confidence in the skills they use, stay open to new procedures, and remain knowledgeable regarding best practices for working with diverse populations.

If counselors abide by the Code of Ethics and work towards living out an ethical commitment in earnest, one could posit that years of clinical experience would result in better ethical decision-making. Seasoned counselors should be functioning at a higher

level of moral and ethical sophistication than novice counselors and better skilled at resolving ethical dilemmas by virtue of development. More specifically, years of clinical experience should be positively correlated with higher levels of counselor MER, given the emphasis on reflection in the counselor ethical decision-making process and the importance of counselor development over the course of one's career. This line of thinking provides the impetus to investigate the role of clinical experience in counselor MER.

Support for the Relationship Between Years of Experience and MER

Kohlberg (1969, 1984) suggested that not all individuals reason about moral matters in the same way or with the same moral maturity. His theory described an evolution in one's moral and ethical reasoning abilities. As one learns to reason and engage in cognitive thought, cognitive structures evolve, and higher stages of moral reasoning emerge, allowing for increased complexity and sophistication in moral and ethical decision-making. According to this approach, the way in which an individual thinks about and attempts to resolve moral and ethical issues has distinct cognitive structural properties that change over time based on biological development and interaction in the social world.

The notion that counselor MER increases with years of clinical experience is grounded in the integral developmental framework (Wilbur, 1999; 2000) guiding this study. It is also supported by counseling scholars who believe that ethical reasoning must be situated along multiple lines of development progressing over the life span (Foster & Black, 2007). Scholars have noted that moral maturity and ethical behavior are developmental in nature and it is therefore hypothesized greater benefits would be seen

with continued practice (Shapiro et al., 2012). Other scholars in the field of counseling ethics believe there is a need for further dialogue about how to foster ethical maturity in the counseling profession (Jungers & Gregoire, 2016). The nature of how a counselor reflects upon the moral and ethical aspects of self and others (MER) can be conceptualized along such lines of development.

There is no research examining the role of clinical experience and MER directly. More generally, data regarding the role of counselor experience and ethical decision-making is also limited. Two studies were found in which the authors investigated the impact of years of clinical experience related to school counselor ethical decision-making (Lambie et al., 2011) and level of moral development in addictions counselors (Sias et al., 2006). While the results of both studies demonstrated no relationship between years of clinical experience and two distinct outcome measures related to the ethical decision-making process, the studies are included in this review for a balanced account of how years of experience have been understood thus far. Also, the conclusions drawn by both sets of authors reveal a common link as to why years of clinical experience did not yield significant findings in their studies. These conclusions lend support for why MER should be considered in relation to counselor experience.

For example, among practicing school counselors, Lambie et al. (2011) found no relationship between experience and ethical decision-making. In fact, these authors found that the school counselors scores in their sample were lower than scores of counseling students in other samples using the same measure of ethical decision-making. Lambie and colleagues noted that among this particular group of school counseling professionals, other factors might have been at play regarding the nature of their experience over time.

These authors suggested that it is possible the school counselors' experience lacked the needed supervision required to use reflective decision-making.

In an older study investigating the moral development of addictions counselors, Sias et al. (2006) found no relationship between years of counseling experience and counselors' level of moral reasoning. However, 50% of the addiction counselors had no counseling license and only 16.5% reported holding the license of professional counselor. It is worth noting, as a group, the addictions counselors in this study were found to have strong evidence of (a) concrete thinking, (b) counseling in a robotic fashion, (c) reliance on highly structured activities, (d) and inaccuracies in active listening. Respondents lacked the skills found at higher levels of conceptual development and lacked the sophistication to address individual needs of clients who did not seem to fit the treatment protocol. These conclusions lend support for why MER should be considered in relation to counselor experience.

Sias and colleagues (2006), similar to Lambie et al. (2011), contended that addictions counselors in their study may have lacked the required guided reflection upon the richness and stimulating aspects of their professional experiences. These studies point directly at reflection as a primary determinant and possible reason why counselors in these studies did not acquire more advanced levels of ethical decision-making and moral reasoning with years of clinical experience. Reflection as a means of understanding the work of counseling in light of moral and ethical considerations was cited as a central factor missing from the clinical experience of counselors in both studies. The critical nature of reflection in the ethical decision-making process of counselors has been mentioned herein (Ametrano, 2014; Burns, 2019; Burns & Cruikshanks, 2019; Kocet &

Herlihy, 2014; Levitt et al., 2015; Levitt et al., 2019; Pompeo & Levitt, 2014; Tarvydas, 2012). In fact, Levitt et al. (2015) have suggested that reflectivity, at least in part, is dependent upon years of clinical experience. Without the needed reflection upon their work as counselors, it is not surprising the ethical decision-making (Lambie et al., 2011) and level of moral development (Sias et al., 2006) of both groups of counselors did not change over the course of their clinical experience.

Prominent scholars in the field of counseling have suggested future studies should include counselor experience as a variable worthy of additional exploration (Mullen et al., 2017). The inclusion of years of clinical experience in the current study provides a point of departure to assess the level of moral and ethical reflectivity (MER) in counselors and to do so as a function of experience. The question of whether years of clinical experience is a predictor of counselor MER is an important one.

Scholars believe that ethical reasoning and moral maturity are developmental in nature and should progress over the lifespan (Foster & Black, 2007; Kohlberg, 1969, Rest, 1979, 1994; Shapiro et al., 2012). Research has shown that more experienced counselors use reflection in their ethical decision-making processes (Burns & Cruikshanks, 2019; Levitt et al., 2015). By virtue of development, seasoned counselors should be functioning at a higher level of moral and ethical sophistication and better skilled at resolving ethical dilemmas than novice counselors. It would therefore stand to reason that years of clinical practice should correlate to enhanced ethical decision-making and more specifically, MER

There are likely a myriad of factors that both enhance and impede the development of complex and sophisticated moral and ethical decision-making over the

course of one's counseling career (Cottone & Tarvydas, 2016). In addition to years of experience, the quality of the environment in which the counseling experience is gained may also affect the way in which counselors reflect upon the moral and ethical issues in their respective environments. Research is needed that will continue to identify, clarify, and define contextual factors as they relate to sound, ethical decision-making in counseling practice because an ethical or unethical climate may affect the intentional ethical decision-making processes of counselors (Cottone & Tarvydas, 2016).

The following section introduces the concept of ethical climate (EC), the final variable considered in this study. The following section also provides a review of the literature regarding EC and ethical decision-making as it relates to counseling. While there is no research examining the role of EC and MER directly, a rationale to support a theoretical relationship between EC and MER within the counseling profession is presented.

Ethical Climate

The process of moral development and ethical reasoning abilities are actively constructed and sensitive to an individual's interactions within their educational and social environments (Kohlberg, 1984; Rest, 1984, 1994). However, education alone is inadequate (Lambie et al., 2010; Ulrich et al. 2007) to predict sound ethical decisions. From an organizational standpoint, the environment in which counselors practice can greatly influence how they behave morally and ethically. Ethical climate (EC) refers to the shared perceptions held by employees regarding the policies, procedures, and practices related to ethics in the workplace (Kuenzi et al., 2019). These conditions create,

support, and sustain the type and quality of ethical decision-making that occurs (Cottone & Tarvydas, 2016; Kuenzi et al., 2019).

Although the construct of EC itself has received limited empirical attention in the counseling literature, Cottone and Tarvydas (2016), two prominent ethics scholars in the profession have dedicated an entire chapter to EC in their book, *Ethics and Decision Making in Counseling and Psychotherapy*. These authors highlighted several key aspects of EC and how contextual factors may contribute to the ethical decision-making process for counselors. They point out that an EC is created as a product of the interaction among the institution, its members, the individual counselor, and contributing influences from all these sources. Within an organization, EC helps employees to interpret what the system supports, rewards, and expects regarding ethical behavior (Zhou et al., 2018).

Importance of EC in Counseling

In addition to the personal characteristics of employees, cues in the work environment play an important role in determining unethical behavior (Kuenzi et al., 2019). According to Cottone and Tarvydas (2016), whether counselors realize it or not, they are profoundly influenced by the environments in which they practice and may face significant environmental challenges by sharing a work environment with one or more unethical colleagues, as unethical individuals in the workplace can influence others to behave unethically. These authors also noted, because ethical decision-making is embedded in an influencing context, counselors must be aware of and proactive about contextual factors that may influence their decision-making processes. If counselors are unaware of these contextual influences, they are powerless to develop appropriate

responses and strategies to intentionally navigate the particular EC in which they find themselves (Cottone & Tarvydas, 2016).

Mullen and colleagues (2017) have suggested that setting characteristics, such as a negative work environment, have a deleterious effect on counselors' ability to perform clinical tasks appropriately and upon the ethical decision-making processes. For example, Rashid (2016) investigated the quality of the environment of counselor educators based on their level of perceived challenge and their ethical decision-making. Results of this study demonstrated that the counselor educators who reported being overly challenged had lower scores on an index of ethical decision-making. This author noted that the stress arising from a caustic departmental atmosphere perhaps caused counselor educators to be self-protective or defensive, resulting in less complex ethical decision-making.

Lambie et al. (2011) found that school counselors who worked in an urban setting scored at lower levels of ethical decision-making than those working in suburban and rural settings, indicating systemic and contextual factors. These authors went on to say that perhaps the counselors in the urban setting lacked supervision and support, environmental factors needed to bolster conscientious and reflective decision-making. Similarly, in a study of the moral development of addiction counselors, Sias et al. (2006) also speculated that part of the reason counselors did not demonstrate higher levels of moral reasoning was due to undetected contextual factors, such as lack of a supportive environment and supervision to stimulate reflection upon moral and ethical matters. In fact, a supportive environment has been identified by experienced counselors working in the field as an aid in the ethical decision-making process, especially when managing ethical dilemmas. The counselors in Levitt and colleagues' (2015) study reported ethical

support from peers and supervisors allowed them to view an ethical dilemma from a different perspective, reduced the expression of their own prejudices, and helped in the development of alternative solutions and strategies.

However, in terms of ethical climate (EC), even if individuals are capable of acting according to sound ethical decision-making, the cultural norms of the workplace may induce conformity and passivity (Lützén et al., 2010). A lack of a supportive EC may lead individuals to make incorrect ethical judgments, disable them in identifying wrongdoing, and even prompt them to seek a righteous explanation to justify less than ethical behaviors (Zhou et al., 2018). EC upholds or erodes virtues such as compassion, discernment, truthfulness, and integrity and thereby influences the quality of service provided to clients (Cottone & Tarvydas, 2016).

Several ethics scholars have recommended looking at the counseling setting and context within which the counseling takes place to understand how counselors manage the decision-making process, especially when faced with ethical dilemmas (Cottone & Tarvydas, 2016; Lambie et al., 2011; Mullen et al., 2017; Rashid, 2016; Sias et al., 2006; Wilkinson et al., 2019). Counselor educators have also been urged to nurture programmatic cultures to support students' ongoing feedback, critical dialogue, and self-reflection to promote moral and ethical development (Lloyd-Hazlett & Foster, 2017). Therefore, investigating the role of EC in counseling appears essential to expanding the knowledge base of factors associated with ethical decision-making processes.

While there is no research utilizing the construct of EC in counseling directly, related studies implicating contextual and systemic factors support the need to consider its role in the ethical decision-making process of counselors (Lambie et al., 2011; Levitt

et al., 2015; Mullen et al., 2017; Rashid, 2016; Sias et al., 2006). EC has been examined within other allied mental health professions, including social work and psychiatric nursing. Including studies from allied fields in this review may help to shed light on how EC relates to the ethical decision-making of counseling professionals and more specifically to counselor MER. It may also be relevant to the field of counseling because hospital-based practice is becoming increasingly prevalent in the work of counselors due to the influence of managed care on all mental health disciplines (Cottone & Tarvydas, 2016).

Ulrich et al. (2007) sought to understand how the perceived EC of nurses and social workers related to the degree of ethics stress they felt. Ethics stress was defined as an occupational stress that includes the emotional, physical, and psychosocial consequences of knowing the morally right course of action but being constrained to carry out the action. The consequences of ethics stress, according to Ulrich and colleagues, can include frustration, interpersonal conflict, dissatisfaction, physical illness, and possibly abandonment of the profession. These authors found lower EC scores were associated with higher ethics stress scores. The study participants felt greater negative emotional, physical, and psychosocial repercussions working in environments with poorer EC. These authors reasoned that having the knowledge and skills to address, recognize, and articulate ethical issues in the workplace, but a non-supportive EC, may lead to frustration, dissatisfaction, moral distress, and even emotional guilt over ethical decisions made by others. They also concluded that nurses and social workers who perceived their EC to be supportive with resources to address ethical concerns were more likely to endure higher levels of ethics stress and still be satisfied in their positions.

Lütznén et al. (2010) conducted a similar study to investigate whether EC could determine the level of ethics stress experienced by psychiatric nurses. These authors sought to move beyond the focus of nurses as sole moral agents responsible for managing ethical issues. Results of the study demonstrated that EC accounted for a significant amount of ethics stress experienced by nurses providing psychiatric care. Lower EC scores were associated with higher ethics stress scores, which supported prior findings (Ulrich et al., 2007). They concluded that moral agency, the ability to think, act and be accountable for ethical actions taken, is weakened without the required moral support that is lacking in environments with low EC.

Support for the Relationship Between EC and MER in Counseling

The research presented herein has demonstrated that an ethically supportive environment plays a significant role in ethical decision-making processes (Cottone & Tarvydas, 2016; Lambie et al., 2011; Levitt et al., 2015; Lütznén et al., 2010; Mullen et al., 2017; Rashad, 2016; Sias et al., 2006; Ulrich et al., 2007) and must be taken into consideration. In addition, the need for an environment in which supervisors and peers provide support to reflect upon the moral and ethical aspects of the work and to utilize reflective ethical decision-making practices have been implicated in the development of increasingly complex and sophisticated moral judgement and ethical decision-making in counselors (Lambie et al., 2011; Levitt et al., 2015; Sias et al., 2006). It would therefore stand to reason that the quality of EC would likely influence counselors' MER.

Learning to make ethical decisions in counseling is a developmental process of acculturating to the ethics of the profession and integrating professional ethics with personal morals and values (Ametrano, 2014; Herlihy & Kocet, 2014; Kitchener, 1984).

However, this acculturation process is influenced not only by factors internal to counselors, such as the integration of their professional and personal selves, but by environmental factors as well. Because an ethical or unethical climate affects the intentional ethical decision-making processes of counselors, research is needed that will continue to identify, clarify, and define contextual factors as they relate to sound, ethical decision-making in practice (Cottone & Tarvydas, 2016). Understanding more clearly the role of EC in relation to MER can support ethical decision-making abilities within the counseling profession and thereby promote public welfare and the overall mission of the ACA.

Chapter Summary

The preceding chapter provided the foundation for the variables of interest in this study, along with the theoretical framework guiding the research question. A review of the literature has indicated that counselor spiritual intelligence, years of meditation practice, years of clinical experience, and the ethical climate in which they work may be correlated to counselor moral and ethical reflectivity. However, the relationship between each of these variables and counselor moral and ethical reflectivity has not previously been examined. To address this gap and expand upon the ethical decision-making literature, survey research in the current study was conducted to investigate these relationships. In so doing, the amount of variance in counselor moral and ethical reflectivity accounted for by their spiritual intelligence, years of meditation practice, years of clinical experience, and the ethical climate in which they work was examined.

CHAPTER III: METHODOLOGY

The purpose of this study was to examine the amount of variance in counselor moral and ethical reflectivity (MER) that could be explained by their spiritual intelligence (SI), meditation practice, years of clinical experience, and the quality of ethical climate (EC) in which they work within a sample of practicing counselors ranging from practicum students to seasoned professionals. The following sections of this chapter describe the participants, data collection procedures, instrumentation, research design, and the data analysis used in this study.

Participants

According to the 2014 ACA Code, students and supervisees have the same obligation to clients as those required by professional counselors. Therefore, to have a better understanding of the relationships between counselor SI, meditation, years of clinical experience, and EC, it was deemed advantageous to gather data across the developmental spectrum. The participants selected for this study included licensed clinical mental health counselors (LCMHCs) in the state of North Carolina and students enrolled in a counseling master's program in the state of North Carolina. Students were currently enrolled in either practicum or internship at the time of data collection.

Data Collection Procedures

Before data collection procedures began, permission to conduct this study was obtained from the Institutional Review Board for Human Subjects of the University of North Carolina at Charlotte. An a-priori power analysis using G*Power indicated 191 participants would be necessary to achieve a small effect size. To reduce total survey error to suitable levels and to encourage all types of sample members to respond, the

Tailored Design strategy (Dillman et al., 2014) was applied in the development of the survey and dissemination methods. Potential respondents in this study were identified through the North Carolina Board of LCMHCs membership directory and recruited via email to participate in an online study. Student respondents were identified through a google search of counselor preparation programs in the state of North Carolina. Invitation to participate in the study was sent to directors of the counseling programs for disseminate to master's students. In addition, an open call for student participants was sent out to the North Carolina Counseling Association via their listserv.

An introductory letter to the study was included in each email correspondence to potential participants (see Appendix A), which highlighted (a) the purpose of the study, (b) the study procedures, (c) estimated time to complete the survey (10 to 15 minutes), and (d) informed consent. Voluntary participation and confidentiality were emphasized. Upon completion of the informed consent (see Appendix B), participants were prompted to a screen containing the survey, via a link in SurveyShare.

Participants had the option to be entered into a random drawing to receive one of eight \$25 Amazon gift cards upon completion of the survey as an incentive for participating in the study. The use of an incentive has been identified by Dillman and colleagues (2014) as one method of increasing the response rate of participants. Email addresses were kept separate from participant survey data to ensure anonymity and both were housed securely on a password-protected drive.

Instrumentation

Data was collected using self-report instruments. A Demographics Questionnaire developed by the researcher (see Appendix C) was also included. Participants completed the Reflective Moral Attentiveness (RMA) subscale Moral Attentiveness Scale (MAS; Reynolds, 2008), which contains 5 items (see Appendix D), the Spiritual Intelligence Self-Report Inventory (SISRI-24; King & DeCicco, 2009), containing 24 items (see Appendix E), and the Ethical Occupational Climate measure (EOC; Kuenzi et al., 2019) which contains six items (see Appendix F). Developers of the MAS, SISRI-24, and EOC were contacted and permission was granted to use each instrument in the current study. Additional questions to capture the key predictor variables, years of meditation practice and years of clinical experience (see Appendix C), were developed by the researcher.

Demographics Questionnaire

The Demographics Questionnaire was developed by the researcher to obtain descriptive information about participants. Information on participant gender, age, racial identity, spiritual/religious affiliation, type of license held (or whether respondent was a practicum or internship student), type of counseling provided, and setting in which counseling was delivered was included. Some of the demographic questions were presented to participants at the beginning of the survey and others at the end of the survey.

Moral Attentiveness Scale

Reynolds (2008) created the Moral Attentiveness Scale (MAS) to measure the extent to which an individual regularly perceives and considers morality and ethical elements in his or her experiences. While distinctions can be made between the nature of

morals and ethics, Reynolds (2008) used the terms synonymously. The MAS is a 12-item self-report measure that uses a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The MAS has two subscales: perceptual moral attentiveness (PMA) and reflective moral attentiveness (RMA). RMA measures the extent to which an individual considers, ponders, and ruminates on moral and ethical matters and was used to assess counselor moral and ethical reflectivity (MER) in the current study. Items such as “I like to think about ethics” and “I often find myself pondering about ethical issues” are examples of the RMA subscale.

Higher scores on the RMA subscale represent participants’ higher occurrence of reflecting on the moral or ethical issues of daily life. To account for social desirability bias in the validation of the instrument, the author purposefully included response items that did not focus on behaviors imbued with moral expectations (e.g., lying or stealing) and avoided phrasing that might be perceived as indicating a socially desirable response. As a result, social desirability bias was not significantly correlated with RMA. Reynolds (2008) found that RMA yielded good internal consistency, with a Cronbach’s alpha reliability coefficient of .84. In previous research, Mullen et al. (2017) found the RMA subscale had good internal consistency, with a Cronbach’s alpha reliability coefficient of .94 in a sample of counselors.

Spiritual Intelligence Self-Report Inventory

SI was measured using the Spiritual Intelligence Self-Report Inventory (SISRI-24; King & DeCicco, 2009). The SISRI-24 has four core components: (1) critical existential thinking, (2) personal meaning production, (3) transcendental awareness, and (4) conscious state expansion. Items are rated on a 5-point Likert scale ranging from 0

(not at all true of me) to 4 (completely true of me). A sample item is, “I recognize qualities in people which are more meaningful than their body, personality, or emotions.” For the purposes of this study, the total score for the SISRI-24 was used in the statistical analysis.

In the validation study of the SISRI-24, Cronbach's alpha was .92. Correlational analyses with additional measures of meaning, mysticism, and religiosity, offered support for construct (via convergent and discriminant analyses) and criterion-related validity (King & DeCicco, 2009). Social desirability was measured along two factors (self-deception and impression management) and was not considered an issue. Test-retest reliability for this measure has been provided which included a small number of participants ($n = 25$) who completed the SISRI-24 on two occasions, separated by a period of four months. According to King and DeCicco (2009), SI at Time 1 correlated significantly with SI at Time 2 ($r = .89, p < .001$).

Meditation Practice

Because meditation has been defined herein as a collection of practices, the researcher elected to allow respondents to identify for themselves if they engage in a practice self-identified as meditation. The question, “If you meditate, in which practice do you engage?” was a free-text option for participants to identify their particular practice. The alternate choice was, “I do not have a meditative practice.” Those who reported engaging in a meditative practice were asked, “How many years have you practiced meditation?”. Data was coded on a continuous scale for years of meditation practice with zero representing non-meditators.

Years of Clinical Experience

Years of clinical experience was gathered in a straightforward manner using a continuous scale. Participants were asked, “How many years of clinical experience do you have post-masters?” Practicum and internship students were presented with a fixed choice of either “practicum” or “internship,” respectively. This allowed for an assessment of participant responses across a range of years of clinical experience.

Ethical Organizational Climate measure

Ethical climate focuses on the way the environment is experienced by employees and was measured using the Ethical Organizational Climate (EOC) measure (Kuenzi et al., 2019). The EOC is a 6-item self-report measure that uses a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). EOC measures the quality of the shared perceptions held by employees regarding the policies, procedures, and practices related to ethics in the workplace. Items such as “employees strictly follow the written code of ethics” and “Ethics training is consistent with how employees actually perform their jobs” are examples of EOC. Higher scores on the EOC represent participants’ perception of a more ethical work climate. Kuenzi et al. (2019) found that the EOC yielded good internal consistency, with a Cronbach’s alpha reliability coefficient of .78.

Research Design

This study employed a non-experimental correlational survey design to explore the relationships between counselor spiritual intelligence, years of meditation practice, years of clinical experience, the quality of the ethical climate in which they work, and moral and ethical reflectivity. The predictor variables in this study were spiritual

intelligence, years of meditation practice, years of clinical experience, and ethical climate. The outcome variable was counselor moral and ethical reflectivity.

Research Question

The following research question was addressed in the study:

1. How well do counselor spiritual intelligence, years of meditation practice, years of clinical experience, and the ethical climate in which they practice predict moral and ethical reflectivity?

Data Analysis Procedures

To determine the utility of the set of predictor variables, a multiple linear regression analysis was utilized. A standard multiple regression was chosen due the exploratory nature of the study and because prior empirical evidence is nonexistent in relation to the proposed variables (Hahs-Vaughn, 2016) within the counseling profession. Data was collected using SurveyShare and then entered into the Statistical Package for the Social Sciences (SPSS) software, version 26 for the analysis.

Data Screening

Before significance testing was conducted, the descriptive statistics were initially screened to ensure that all data points were legitimate (Hahs-Vaughn, 2016). As such, frequency distributions, histograms, boxplots, and scatterplots were inspected to provide a first look at the shape of the distributions and to see how the variables related. There are several assumptions associated with multiple linear regression that were addressed, which include (a) independence, (b) homoscedasticity, (c) linearity, (d) normality, and (e) noncollinearity (Hahs-Vaughn, 2016). The researcher screened the data to test for the assumptions before conducting the multiple linear regression analysis.

Multiple Linear Regression

A multiple linear regression was conducted to analyze data and determine the strength of the relationship between the predictor variables, counselor spiritual intelligence, years of meditation practice, years of clinical experience, and the ethical climate in which they practice, and the outcome variable, counselor moral and ethical reflectivity. Two procedures were applied to test the statistical significance of the regression model. To determine overall model fit, the predictor variables in aggregate were examined to test the significance of the coefficient of multiple determination and the significance of each individual partial slope by examining the regression coefficients (Hahs-Vaughn, 2016).

Chapter Summary

This chapter outlined the research methodology for the current study. The preceding sections were included to provide detailed information regarding participant descriptions, data collection procedures, instrumentation, research design, research questions, and data analysis. This information is instrumental in determining how well counselor spiritual intelligence, years of meditation practice, years of clinical experience, and the ethical climate in which they practice predicted moral and ethical reflectivity.

CHAPTER IV: RESULTS

The purpose of this study was to examine how spiritual intelligence, years of meditation practice, years of clinical experience, and ethical climate related to moral and ethical reflectivity among counselors. This chapter begins with a description of the participants, followed by a discussion of the reliability of the instruments. The third and fourth sections include information regarding data screening and the Pearson correlations, respectively. The results of the statistical analysis are presented in the fifth section and the final section closes with a summary of the chapter.

Description of Participants

This study used convenience sampling to recruit licensed clinical mental health counselors and counseling students at the practicum and internship levels in the state of North Carolina. Counseling professionals were recruited by email via the North Carolina Board of Licensed Clinical Mental Health Counselors membership directory. Practicum and internship students were contacted in two ways: First by contacting directors of counseling programs and asking if they would disseminate the survey to students via their listservs and second, by posting a call for student participants on the North Carolina Counseling Association listserv.

Of the 9,353 emails sent, 638 licensed counselors completed the survey, which is about a 7% rate of response. Because of the sampling method used, it is not possible to know how many students received the invitation to participate in this study. However, 62 students completed the survey and a total of 700 participants completed the survey. All participants consented and were eligible to be included in this study.

Demographic data included 79.8% females ($n=553$), 19.2% males ($n=133$), and 1% of participants identified as other than female or male ($n=7$). Of the sample, 0.6% identified as American Indian or Native Alaskan ($n=4$), 16.2% African-American or Black ($n=112$), 0.6 % Asian ($n=4$), 2.7% Hispanic or Latinx ($n=19$), 2.5% Multiracial ($n=17$), 76.9% White ($n=533$), and 0.5% identified as other racial and ethnic identity ($n=4$). Spiritual and religious affiliation of participants included 6.6% Agnostic ($n=46$), 3.8% Atheist ($n=26$), 1.9% Buddhist ($n=13$), 57.4% Christian ($n=398$), 1.2% Jewish ($n=8$), 0.1% Muslim ($n=1$), 24% spiritual and not religious ($n=166$), and 5% identified as other ($n=25$).

Asked if they meditate, 61.9% reported yes ($n=433$) and 38.1% reported no ($n=267$). Participants were given the choice to report their preferred method of meditation, which was then coded into categories prior to data analysis. The type of meditation described by respondents included 17.4% mindfulness ($n=122$), 13.9% prayer ($n=97$), 6.6% guided meditation ($n=46$), 5.3% meditation upon the breath ($n=37$), 4.6% yoga ($n=32$), 2.0% reading scripture, 1.9% other Buddhist meditation ($n=13$), 1.0% mantra or chanting ($n=7$), 0.9% sound meditation ($n=6$), 0.7% walking meditation ($n=5$), and 6.6% reported using other forms of meditation ($n=46$). Participants' personal demographic information is reported in Table 1.

Table 1: *Personal Demographic Information, Totals, and Percentages*

Variable	Frequency	Percent
Gender		
Female	553	79.8%
Male	133	19.2%

Other	7	1.0%
Race		
Amer Indian/ Native	4	0.6%
African-Amer/ Black	112	16.2%
Asian	4	0.6%
Hispanic/ Latinx	19	2.7%
Multiracial	17	2.5%
White	533	76.9%
Other	4	0.5%
Religion		
Agnostic	46	6.6%
Atheist	26	3.8%
Buddhist	13	1.9%
Christian	398	57.4%
Jewish	8	1.2%
Muslim	1	0.1%
Spiritual/ Not Religious	166	24%
Other	25	5.0%
Meditate		
Yes	433	61.9%
No	267	38.1%
Meditation Type		
Mindfulness	122	17.4%

Prayer	97	13.9%
Guided	46	6.6%
Breathing	37	5.3%
Yoga	32	4.6%
Read Scripture	14	2.0%
Other Buddhism	13	1.9%
Mantra/Chanting	7	1.0%
Sound	6	0.9%
Walking	5	0.7%
Other	46	6.6%

The type of license held by respondents included 17.1% licensed clinical mental health counselor associate ($n=120$), 59.7% licensed clinical mental health counselor ($n=418$), and 14.3% licensed clinical mental health counselor supervisor ($n=100$). For the student portion of this demographic, 4.9% were enrolled in practicum ($n=34$) and 4% were enrolled in internship ($n=28$). The type of counseling provided by survey participants included 77% mental health ($n=544$), 2.1% student affairs or college ($n=15$), 5.3% addictions ($n=37$), 3.9% marriage and family ($n=27$), 2.1% identified as counselor educators ($n=15$), and 8.8% as other counseling type ($n=62$). For counseling setting, 4.9% reported working in a hospital ($n=34$), 20.3% in a community agency ($n=142$), 34.1% in private practice as a solo practitioner ($n=239$), 21.7% in a group private practice ($n=152$), 5.7% at a college or university ($n=40$), and 13.3% in other setting ($n=93$). Participants' professional demographic information is reported in Table 2.

Table 2: *Professional Demographic Information, Totals, and Percentages*

Variable	Frequency	Percent
License		
LCMHCA	120	17.1%
LCMHC	418	59.7%
LCMHCS	100	14.3%
Practicum	34	4.9%
Internship	28	4.0%
Counseling Type		
MH	544	77.7%
Student Aff/ Coll	15	2.1%
Addictions	37	5.3%
Marriage/ Fam	27	3.9%
Couns Ed	15	2.1%
Other	62	8.8%
Counseling Setting		
Hospital	34	4.9%
Comm Agency	142	20.3%
Solo Prac	239	34.1%
Group Prac	152	21.7%
College/ Univ	40	5.7%
Other	93	13.3%

Along with the categorical information provided above, additional demographic information was collected. The age of participants ranged from 22 to 79, with a mean age of 46.6 ($SD = 13.81$). Years of clinical experience of the respondents ranged from zero to 50, with a mean of 12.08 ($SD = 10.42$). The number of years of meditation reported by respondents ranged from zero to 60, with a mean of 8.87 ($SD = 12.28$). Continuous variables, which include participant age, years of meditation practice, and years of clinical experience are displayed in Table 3.

Table 3: *Other Demographic Information (Continuous Variables)*

	Mean	SD	Range
Age	46.60	13.81	22-79
Years of experience	12.08	10.42	0-50
Years of meditation	8.87	12.28	0-60

Reliability of Instruments

In Table 4, the alpha coefficients, number of items, means, standard deviations, and ranges for the Spiritual Intelligence Self-Report Inventory (SISRI-24), the Ethical Organizational Climate (EOC) measure, and the Reflective Moral Attentiveness (RMA) subscale of the Moral Attentiveness Scale are shown. Cronbach's alpha internal consistency measures were used to estimate the reliability of the SISRI-24, EOC, and RMA.

Table 4: Cronbach's alpha, number of items, means, standard deviations, and range

Instrument	Cronbach's α	Items	M	SD	Range
SISRI-24	.92	24	64.68	14.0	10.0- 96.0
EOC	.84	6	5.28	1.07	1.0-7.0
RMA	.83	5	5.06	1.16	1.0-7.0

Cronbach's Alpha for the SISRI-24 was .92, EOC was .84, and RMA was .83 indicating these assessments all had high levels of internal consistency. The SISRI-24 scale consists of 24 items on a 5-point Likert scale. Scores in this study ranged from 10.0 to 96.0. Higher scores indicate greater levels of spiritual intelligence. The EOC measure consists of 6 items on 7-point Likert scale. Scores in this study ranged from 1.0 to 7.0. Higher scores indicate the perception of a more ethical work climate. The RMA consists of 5 items on a 7-point Likert scale. Scores in this study ranged from 1.0 to 7.0. Higher scores indicate a greater propensity for moral and ethical reflection.

Data Screening

Prior to running the multiple linear regression analysis, the data were screened and checked for assumptions. Missing values were negligible ($n=6$). The variation inflation factors (VIFs) for the predictor variables were all under 1.5, below the cutoff value of 10.0, suggesting multicollinearity was not an issue. Two cases were identified using the Mahalanobis Distance test, indicating the presence of multivariate outliers. However, the decision to retain these values was made because removal of the two values did not impact the regression analysis. Initially, the assumption of normality was not met. Therefore, the normality of the residuals was examined. The observed standardized

residuals appeared more normally distributed as evidenced by inspection of the histogram and normal probability plot (P-P).

Pearson Correlations

Pearson product-moment correlation coefficients were calculated to examine the relationships between the predictor variables (spiritual intelligence, years of meditation practice, years of clinical experience, and ethical climate) and the outcome variable (moral and ethical reflectivity). Ethical climate is a construct that is measured in a group context, and while a portion of the counselors in this study reported working as solo practitioners, the decision was made to include these scores in the sample. A comparison of mean scores between counseling setting and both ethical climate and moral and ethical reflectivity yielded no statistical significance. The results of the Pearson correlations are shown in Table 5.

Table 5: *Pearson correlation matrix between predictors and outcome variable*

Variable	MER	SISRI-24	Med	Exp	EOC
MER		.34**	.11*	-.003	.14**
SISRI-24			.36**	.11*	.14**
Meditation				.39**	.034
Experience					-.04
EOC					

Note. * Indicates significant correlation at $p < .05$ level.

** Indicates significant correlation at $p < .001$ level.

As shown in Table 4, three of the four predictor variables were significantly correlated with the outcome variable. Statistically significant positive correlations existed between spiritual intelligence and moral and ethical reflectivity ($r = .34, p < .001$), years of meditation practice and moral and ethical reflectivity ($r = .11, p < .05$), and ethical climate and moral and ethical reflectivity ($r = .14, p < .001$). However, years of clinical experience was not significantly correlated to moral and ethical reflectivity. In addition, statistically significant positive correlations existed between spiritual intelligence and years of meditation practice ($r = .36, p < .001$), between spiritual intelligence and years of clinical experience ($r = .11, p < .05$), between spiritual intelligence and ethical climate ($r = .14, p < .001$), and between years of meditation practice and years of clinical experience ($r = .39, p < .001$).

Multiple Regression Analysis

A multiple linear regression was conducted using SPSS to determine if spiritual intelligence, years of meditation practice, years of clinical experience, and the quality of ethical environment in which counselors work predicted moral and ethical reflectivity. The result revealed that the model was a significant predictor of moral and ethical reflectivity ($R^2 = .122, F(4, 689) = 23.85, p < 0.01$) with an adjusted R^2 of .116. The unstandardized regression coefficients (B), standard error (SE), the standardized regression coefficients (β), and semi-partial correlations (sr), and level of significance (p -value) are reported in Table 6.

Table 6: *Standard multiple regression analyses measuring the relationship between predictors and outcome variable*

Variable	<i>B</i>	<i>SE</i>	β	<i>sr</i>	R^2	<i>p</i> -value
					.122	
SISRI	.645	.077	.325	.305		<.001**
Med	.000	.004	.002	.002		.956
Exp	-.004	.004	-.035	-.034		.369
EOC	.098	.039	.090	.095		.012*

Note: * Indicates significance at $p < .05$ level.

** Indicates significance at $p < .001$ level.

Two of the four predictor variables, spiritual intelligence ($B = .645$) and ethical climate ($B = .098$), contributed significantly to the prediction of moral and ethical reflectivity. The largest positive standardized regression coefficient was for spiritual intelligence, which means that spiritual intelligence makes the highest unique contribution to the prediction of moral and ethical reflectivity after controlling for the other predictor variables in the model. The standardized regression coefficient for ethical climate also made a significant positive contribution to predicting moral and ethical reflectivity.

Chapter Summary

The aim of this study was to investigate the relationship between spiritual intelligence, years of meditation practice, years of clinical experience, and quality of the ethical environment in relation to moral and ethical reflectivity among counselors. Data was collected from 700 participants. The instruments were found reliable. Results of the

multiple linear regression analysis revealed that spiritual intelligence and the quality of the ethical environment in which counselors practiced had statistically significant relationships in predicting moral and ethical reflection. The R^2 indicates that 12% of the variability in moral and ethical reflection was explained by the predictor variables, spiritual intelligence and ethical climate.

CHAPTER V: DISCUSSION

The purpose of this study was to examine how spiritual intelligence (SI), years of meditation practice, years of clinical experience, and ethical climate (EC) related to moral and ethical reflectivity (MER) among counselors. This chapter provides an overview of the study, discussion and conclusions, contributions of the study, limitations of the study, implications of the findings, recommendations for future research, and concluding remarks.

Overview of the Study

Counselors are called upon to practice within the bounds of professional standards and to uphold a sacred covenant of ethical conduct and care (Kocet & Herlihy, 2014; Ponton & Duba, 2009). Ethical decision-making is a process for resolving moral issues, involving the application of ethical codes, official laws, and ethical decision-making models (EDMMs) to known facts, resulting in a well-reasoned, nuanced conclusion (Cottone & Tarvydas, 2016; Herlihy & Corey, 2015; Remley & Herlihy, 2019). However, research has demonstrated that knowledge of ethical codes and legal statutes, along with available EDMMs alone are insufficient in guiding counselors' decision-making in ethical matters (Burns, 2019; Burns & Cruikshanks, 2019; Lambie et al., 2010; Lambie et al., 2011).

These findings highlight that along with ethics education, knowledge of ethical and legal statutes, and access to EDMMs, other variables contribute to the ethical decision-making process of counselors and must be considered. Yet scholars in the field of counseling ethics face several challenges. Measuring ethical decision-making ability is difficult due to the multidimensional and intricate nature of the construct itself and

because there are few assessment tools available to assess counselors' experience with ethical issues (Dufrene & Glossoff, 2004; Herlihy, personal communication, September 2019). In addition, there is no universal model or theory recognized by the counseling profession that addresses how counselors understand moral and ethical decision-making (ACA, 2014; Dufrene & Glossoff, 2004).

While knowledge of the ethical decision-making process in counseling continues to grow, ethical violations committed by counselors persist. Although many seasoned professionals struggle with the gray areas involved in ethical decision-making (Levitt et al., 2015), there are certain specific prohibitions for counselors to guide practice (ACA, 2014). For example, the prohibition against sexual contact with clients is clearly stated in the ACA code of Ethics. However, research on the most common types of ethical misconduct reported by state licensing boards indicated that sexual misconduct has remained steady and has increased slightly (7-9%) over a 20-year period (Ahia & Boccone, 2017; Neukrug et al., 2001; Wilkinson et al., 2019).

In addition, highlights from the 2019 Healthcare Providers Service Organization (HPSO) report demonstrated that 30.7 million dollars in liability claims involving ethical violations were paid on behalf of insured counselors from 2003 through 2017. Within a five-year period from 2012 to 2017, the number of adverse incidents resulting in closed claims affecting counselors went from 1,043 to 5,626 (HPSO, 2019). In the state of North Carolina, counselors commit an array of violations from failure to complete continuing education credits to engaging in alcohol use and sexual activity with clients (NCBLCMHC, 2020). Clearly, greater insight is needed to understand the discrepancy that appears to exist between knowledge of codes, laws, and available resources and

continued ethical missteps. A better understanding of the role of reflection in ethical the decision-making process may aid in bridging this gap.

The 2014 ACA Code of Ethics promotes the use of reflection as a means of supporting sound decision-making. While recent scholars have begun to place emphasis on the use of reflection in the ethical decision-making literature (Ametrano, 2014; Cottone & Tarvydas, 2016; Kocet & Herlihy, 2014; Levitt et al., 2019), empirical research is limited. Hence, the impetus for the current study was to add to the ethical decision-making literature by examining how spiritual intelligence, years of meditation practice, years of clinical experience, and ethical climate related to moral and ethical reflection among counselors. Consequently, findings from this study may stimulate further research, provide insights for counselor educators to create responsive pedagogy, and promote continuing education and training opportunities for professionals to better serve the public at large.

Discussion and Conclusions

The discussion section highlights the descriptive statistics and conclusions regarding the findings. The predictor variables (SI, years of meditation, years of clinical experience, and EC) in relation to the outcome variable (MER) introduce novel variables to the counseling literature. Results of the study are discussed in relation to previous literature and available research.

Descriptive Data

Data analysis yielded that participants in this study identified as 77% White, 16% Black, 3% Hispanic or Latinx, 3% multiracial, 1% American Indian and Alaska Native, 1% Asian, and 1% identified as other race. This information appears to be largely

representative of the ethnic diversity of the state of North Carolina as a whole. According to the 2020 census, approximately 72% of the population identified as White, 20% Black, 7% Hispanic or Latinx, 2% Multiracial, 2% American Indian and Alaska Native, 1% Asian, and approximately 2% identified as other race (North Carolina Census). Approximately 80% of the respondents in the current sample identified as female and while no data on the gender of counselors in North Carolina was located, national estimates have reported that approximately 73% of counselors are female (Data USA [DU], 2017). The mean age of participants was 46.6 in this study, which was slightly higher than a national mean of 42.1 reported by DU (2017).

According to the Religious Landscape Study, 77% of adults in North Carolina reported being Christian, 20% unaffiliated, 3% Agnostic, 2% Atheist, 1% Jewish, 1% other faiths, and <1% Buddhist and Muslim (Pew Research Center [PRC], 2014). In the current study, data suggested that 57% of counselors reported being Christian, which is 20% less than what has been reported in North Carolina (PRC, 2014). In terms of those who reported a meditation practice, 62% of counselors endorsed meditating, which was slightly above data collected nationally by the PRC (2014) which showed that 55% of the US population meditates. This is the first study to have collected type of meditation practices engaged in by counselors and as a result, no known samples exist for comparison. Counselors in the current study appeared to be similar to other known samples (DU, 2017; North Carolina Census, 2020; PRC, 2014) on key demographic variables as a whole but on average, were slightly older, reported less affiliation with Christianity, and reported meditating more.

Participants' mean Spiritual Intelligence Self-Report Inventory (SISRI-24) score was 64.68 ($SD = 14.00$). Because the current study is the first to use the SISRI-24 within the counseling literature, no comparison data was available for counselors. However, the developer of the instrument reported a mean score of 59.23 ($SD = 18.68$) in a large sample of Canadian adults ($n = 420$) comprised of undergraduate psychology students and members of the community (King et al., 2012). In a US sample, Hildebrant (2011) found a mean SISRI-24 score of 51.96 ($SD = 16.08$) among 202 business professionals. While a clear understanding of why counselors' SISRI-24 scores were higher than what was reported in both studies is beyond the scope of the current investigation, a speculative conclusion may be drawn.

King and DeCicco (2009) noted that from a developmental perspective, spiritual capacities continue to expand throughout adulthood and found a significant positive correlation between age and SISRI-24 scores ($r = .28, p < .001$). While age was not considered in the current model, the mean age of counselors in this study was 46.6 ($SD = 13.81$, range 22 - 79) compared to the mean age of 26.3 years ($SD = 10.76$, range = 18 - 81) of participants as reported by King and DeCicco (2009). It is possible that the mean difference of 20 years between participants in these studies may be associated with level of spiritual intelligence.

Ethical climate (EC) has not been assessed in any known counseling study to date. For counselors in this study, the mean score for the Ethical Organizational Climate (EOC) measure was 5.28 ($SD = 1.07$). In the validation study of the 6-item EOC, data was collected from 557 business professionals in the southeastern US, yielding a mean score of 3.65 ($SD = .46$). It is worth noting that EOC scores for counselors in the present

study were slightly negatively skewed, meaning the scores were not normally distributed, resulting in a higher mean score. Reasons for this are unclear, but perhaps counseling environments are generally more ethical and thus perceived that way or social desirability may have been involved, prompting counselors to overestimate the quality of the ethical environments in which they work. However, until additional researchers in the field of counseling utilize the EOC as a measure of ethical climate, comparisons cannot be made.

In the only known study to measure moral and ethical reflection (MER) among counselors using the Reflective Moral Awareness (RMA) measure, Mullen et al., (2017) reported a mean score of 4.39 ($SD = 1.33$). As part of the instrument validation study, Reynolds (2008) found a mean score of 4.26 ($SD = 1.05$). The mean score for counselors in the current study was 5.06 ($SD = 1.16$). Counselor scores for the RMA in the current study were not normally distributed and slightly negatively skewed, resulting in a higher mean score. It is possible that counselors in the current study were generally more morally and ethically reflective than participants in Mullen and colleagues' study, although the reasons for this are unclear.

Pearson Correlation Coefficients

A Pearson correlation analysis was conducted using spiritual intelligence, years of meditation practice, years of clinical experience, ethical climate, and moral and ethical reflection. The results showed that SI was significantly and positively correlated with all variables in the analysis. Moderate correlations were found between SI and MER ($r = .34$) and years of meditation ($r = .36$). Small correlations were found between SI and years of clinical experience ($r = .11$) and EC ($r = .14$). Meditation was weakly correlated

with MER ($r = .11$) and moderately correlated with years of experience ($r = .39$). Ethical climate was found to have a weak correlation with MER ($r = .14$).

Multiple Linear Regression

Findings indicated that the regression model contributed significantly to the prediction of moral and ethical reflection. Specifically, approximately 12% of the variance in MER was accounted for by the regression model. Two of the four predictor variables, SI and EC, contributed significantly to the prediction of MER in counselors. Spiritual intelligence made the largest impact.

Contributions of the Study

The findings from this study provide several contributions to the counseling literature. To begin, this is the first known study to assess the SI of counselors and to do so from a developmental perspective, capturing data from practicum students to seasoned professionals. While the role of SI in ethics is growing in other disciplines, such as higher education and business (Esfahani & Najafi, 2015; Hildebrant 2011; Ramachandaran et al., 2017), information on its role in the counseling field in general, and more specifically, within the ethical decision-making literature, is lacking. A critical question facing counselors today is how to incorporate their personal spirituality to inform the counseling role, the therapeutic relationship, and the consideration of presenting issues (Cashwell, 2017). Results of the current study may begin to answer this question by providing a useful framework in which to explore how counselors might use spiritual information to interact within the counseling relationship and how they may apply this information to resolve ethical issues.

While meditative practices are foundational to numerous treatment modalities in counseling and psychotherapy (see Romer & Orsillo, 2011), no study found within the counseling literature has yet to explore meditation within the context of ethical decision-making. Although limited research has demonstrated that mindfulness meditation can result in more advanced moral reasoning among a group of graduate students (Shapiro et al., 2012), no study has investigated the link between meditation and MER in counseling. Additionally, no researcher has reported the types of meditation practiced by counselors or data regarding the number of years of engagement. This was the first known study to assess what methods of mediation counselors are utilizing and to gather data on the years in which they have been practicing these methods.

The findings from this study also contribute to the counseling literature by being the first to assess the ethical climate in which counselors practice. Because unethical individuals in the workplace influence others to behave unethically (Cottone & Tarvydas, 2016; Kuenzi et al., 2019) and a negative work environment has been implicated as having a detrimental effect on counselors' abilities to perform clinical tasks and upon the ethical decision-making process (Mullen et al., 2017; Rashid, 2016), examining EC was vital. This study employed a novel assessment instrument, the Ethical Organizational Climate measure, which is important because as the authors have noted, this tool taps into the common understanding of shared, group-level traits, which affect the group's environmental interpretations and subsequent ethical behaviors (Kuenzi et al., 2019). Also, this was the first study to examine the relationship between EC and the propensity for counselors to regularly ponder moral and ethical matters (MER).

In addition, this study was the first to introduce the little-known construct, MER, as an outcome variable. Moral and ethical reflection is an intentional process by which an individual uses morality and ethics to reflect upon and examine experience, which has been associated with ethical behavior (Reynolds, 2008). While researchers in the spheres of education and business management have reported important findings in relation to MER (Giacalone et al., 2016; Reynolds, 2008; Wurthmann, 2013), its application has been limited in the counseling literature. The inclusion of MER in the present study has not only added to the general understanding and research base of the construct itself in counseling but also to its relationship with SI, years of meditation practice, years of clinical experience, and EC within the field of counseling.

Implications of the Findings

Findings from this study add to the counseling ethics literature by providing empirical information on intrinsic factors (spiritual intelligence) and contextual factors (ethical climate) that influence moral and ethical reflection in counselors. This research provides several considerations for practitioners, counselor educators, clinical supervisors, and continuing educational trainers. More specifically, this was the first study that demonstrated a significant relationship between SI, EC and MER. Prior research on counselor ethical decision-making has shown that counseling trainees and counselors use self-reflection when considering ethical issues (Burns, 2019; Burns & Cruikshanks, 2019; Levitt et al., 2015). As MER is an intentional process by which an individual uses morality and ethics to reflect upon and examine experience, it offers a practical way to further the discussion on the use of reflection in the ethical decision-making processes within the counseling profession.

Because MER has been linked with ethical behavior (Reynolds, 2008), it is a useful construct to support the growing body of work highlighting the importance of reflective ethical decision-making (Ametrano, 2014; Burns, 2019; Burns & Cruikshanks, 2019; Kocet & Herlihy, 2014; Levitt et al., 2015; Levitt et al., 2019; Pompeo & Levitt, 2014) and is in line with the 2014 ACA Code, which encourages reflection upon the ethical standards themselves. In the early training of counseling students, educational programs can promote the use of MER by weaving it into content courses and later into practicum and internship experiences. Early reflective practices might then set the stage for ongoing instruction on the use of MER by clinical supervisors and trainers providing continuing education credits.

Study findings revealed that counselors' spiritual intelligence predicted their propensity to reflect upon the moral and ethical aspects of daily life. Scholars have recommended that counselors' morals and values be integrated with professional ethics to promote more sophisticated ethical decision-making (Ametrano, 2014; Kitchener, 1984; Kocet & Herlihy, 2014), of which spiritual views are a part (Cottone & Tarvydas, 2016; Remley & Herlihy, 2019). The significant positive relationship found in the current study between SI and MER may provide one avenue to begin to integrate counselor spirituality into the ethical decision-making process. By focusing on SI, we may also begin to answer the critical question presented by Cashwell (2017) as to how counselors can use their spirituality to inform the counseling role, the therapeutic relationship, and the consideration of presenting issues.

SI involves using critical existential thinking to question the nature of reality and to contemplate the meaning of events in life. SI also encompasses a transcendent

awareness of a deeper connection between self and others and the ability to see the interconnectedness in all aspects of life (King et al., 2012) which is often motivated by a desire to surpass the limitations of self, others, and the physical world to further a cause beyond the self (Maslow, 1969). The ACA Code encourages counselors to advocate for clients at the individual, group, institutional, and societal levels to promote growth and development. To this end, both SI and MER have been linked to one's ethical sense of responsibility to the collective welfare and the greater good within society (Hildebrant, 2011; Wurthmann, 2013).

Higher SI has also been associated with a greater level of commitment to professional ethical responsibilities, which included respecting the rights of others, upholding human dignity, accountability, and integrity (Esfahani & Najafi, 2015). Additional research has demonstrated that greater MER has been associated with an increased sense of personal agency and the belief in one's capacity to initiate and sustain actions to generate routes or pathways to reach goals (Giacalone et al., 2016). Because counselor SI was found to predict MER in the current study, this may imply that counselors who possess greater SI may be more equipped to address ethical situations within the counseling relationship from a multidimensional perspective, with a greater sense of personal agency and to generate action plans to resolve these issues, resulting in ethical behavior.

Results of the current study may also imply that within the context of a counseling relationship, a counselor with a greater level of SI may process client content through a more finely tuned moral and ethical lens. In a practical sense, greater SI may allow counselors to move beyond the boundaries of their personal limitations by integrating

individual goals with larger ones, such as the welfare of the family, the community, and humanity. The ability to think critically in an existential manner may not only assist in the processing of client issues but may also help to avoid ethical errors that could subsequently result in more serious ethical violations, causing harm to clients, client systems, and the public.

The development of SI and MER within counselors may support a way of considering ethical dimensions beyond self-centered consciousness and thereby enhance ethical decision-making. For counselors, the ability to use spiritual, nonmaterial, and transcendent information to bolster insight of both personal conduct and awareness of the moral and ethical aspects within the counseling relationship would appear to be highly advantageous. Counselor educators and clinical supervisors can recommend their students and supervisees become acquainted with the concept of SI by assigning foundational reading (see Zohar & Marshall, 2000), and training efforts can focus on the practical applications of SI within the counseling relationship.

Along with SI, findings from this study showed that counselors' perception of their ethical climate (EC) predicted their level of MER. In other words, the higher counselors rated the quality of the ethical environment in which they practiced, greater was their propensity to engage in moral and ethical reflection. In terms of ethical decision-making, this finding would seem to support previous research in the counseling literature in which caustic environments were associated with less sophisticated ethical decision-making abilities (Rashid, 2016).

It appears that for the counselors in the current study, their shared perceptions regarding the policies, procedures, and practices surrounding ethics in the workplace

were related to their propensity to ponder moral and ethical matters across daily experiences, supporting the assertion made by scholars (see Cottone & Tarvydas, 2016; Kuenzi et al., 2019) that work conditions create, uphold, and sustain the type and quality of ethical decision-making that occurs. Results from this study also seem to support previous findings in which scholars indicated that environments lacking the proper supervision and guidance needed to bolster reflective decision-making were associated with lower levels of moral reasoning and poorer ethical decisions (Lambie et al., 2011; Sias et al., 2006).

Greater MER (Reynolds, 2008) and higher quality EC (Kuenzi et al., 2019), independently, have been associated with ethical behavior and as such, the relationship between these two variables in the current study provides evidence that the quality of the environment in which a counselor works appears to influence the ethical decision-making process. Because ethical decision-making is embedded in an influencing context, counselors must be aware of and proactive regarding climate factors that may impact their decision-making processes (Cottone & Tarvydas, 2016). To this end, education and training regarding EC is important for counselors if the profession is to protect public welfare and reduce the number of ethical violations and paid claims against counselors, as these numbers continue to rise.

Counselor educators are called upon to nurture programmatic cultures to support students' ongoing feedback, critical dialogue, and self-reflection to promote moral and ethical development (Lloyd-Hazlett & Foster, 2017). Faculty within counseling departments would do well to assess the EC of their own work environments to ensure they are not being negatively influenced by less ethical colleagues. In addition, counselor

educators can highlight EC in formal ethics training and emphasize its importance during clinical experiences for students. Clinical supervisors can work with supervisees to become aware of these contextual influences. Without such awareness, counselors are powerless to develop appropriate responses and strategies to intentionally navigate the particular EC in which they find themselves (Cottone & Tarvydas, 2016).

Limitations of the Study

This study provides contributions to the counseling field and offers implications for educators and practitioners. However, several limitations should be acknowledged. These limitations include social desirability, generalizability of the study, and the use of novel measures.

Because data was collected via self-report measures, social desirability can be considered a limitation of this study. Although the instrument developers included measures of social desirability in the validation studies, data in this study could still contain bias as participant responses may have reflected a desire to be seen in a more favorable light. Based on convenience sampling limited to students and licensed clinical mental health counselors practicing in the state of North Carolina, results cannot be generalized to counselors and students in other states or internationally. Additionally, the study was correlational and as a result, causal inferences cannot be made.

A final limitation of this study could be the use of novel measures. To date, there is no known measure available to assess counselors' perception of their ethical climate, and this study introduced the EOC. Similarly, the SISRI-24 has not been used in any known counseling studies, so it too was a novel measure. While the instrument used to assess MER in the current study (the RMA subscale of the MAS) has been used in one

counseling study, the manner in which it was used was different. As a result, current findings using these instruments warrant further investigation in subsequent counseling samples.

Recommendations for Future Research

The results of this study provide insight into one facet of ethical decision-making—moral and ethical reflection (MER) and revealed that both intrinsic factors of the counselor (SI) and environmental factors in the workplace (EC) contributed to higher levels of moral and ethical reflection. While MER is likely an important factor in the overall ethical decision-making processes of counselors, future studies might address to what extent MER might explain other aspects of decision-making using different outcome measures, such as counselor ethical identity, counselor moral agency, or newer measures (as they become available) that capture real-world ethical decision-making abilities.

SI addresses the ways in which a counselor might use spiritual information to interact with their environment and their ability to make sense of multidimensional phenomena (e.g., deeply pondering the nature of existence, transcendence beyond the physical, mastery of spiritual states) to solve problems. Because SI was assessed using the total score in the current study, the relationships between each of its components—critical existential thinking (CET), personal meaning production (PMP), transcendental awareness (TA), and conscious state expansion (CSE), and the outcome variable, MER were not analyzed. Future studies might address the relationships between each of the components of SI and MER in counselors to acquire a better understanding of the mechanisms within SI that might predict MER more specifically.

Prior research on SI has shown that individuals with a greater capacity to construct personal meaning from their daily lives and who reported mastering their own purpose in life (PMP) endorsed a greater sense of well-being (Saha & Ahuja, 2017). Research has also shown that a sense of overall well-being was linked with greater MER (Giacalone et al., 2016). While well-being was not a variable under consideration in the current study, it is worth mentioning because the 2014 ACA Code stipulates that counselors have a professional responsibility to maintain and promote their own well-being. It is possible that counselors who can construct spiritually-derived meaning from their experiences and who feel a sense of purpose may also be operating from a point of wellness, coupled with a heightened level of MER, and thereby better equipped to live out the ethical mission, values, and standards of the profession. Future research might address the connection between MER, SI, and wellness among counselors and how these relationships might bolster more effective ethical decision-making.

Ethical climate (EC) refers to the shared perceptions held by employees regarding the policies, procedures, and practices related to ethics in the workplace (Kuenzi et al., 2019), which create, support, and sustain the type and quality of ethical decision-making that occurs (Cottone & Tarvydas, 2016). Ethics scholars across multidisciplinary helping professions have noted that an ethically supportive environment plays a significant role in ethical decision-making processes (Cottone & Tarvydas, 2016; Lambie et al., 2011; Levitt et al., 2015; Lützn et al., 2010; Mullen et al., 2017; Rashad, 2016; Sias et al., 2006; Ulrich et al., 2007) and must be taken into consideration. However, aside from the current study, no empirical data was found in the literature measuring counselor EC.

Additional research is needed that will continue to identify, clarify, and define contextual factors as they relate to sound ethical decision-making in counseling practice because an ethical or unethical climate is believed to affect the decision-making process of counselors (Cottone & Tarvydas, 2016; Mullen et al., 2017). The Ethical Occupational Climate (EOC) scale was introduced as a novel measure in this study to assess counselors' perception of the EC in which they practiced. This tool has been recently created and validated and has not received attention from counseling scholars and as such, warrants future research. Research from outside the counseling field has shown that a low-quality EC may reduce moral agency (Lützén et al., 2010) and has also been associated with greater levels of ethics stress (Ulrich et al., 2007). Perhaps future studies might utilize the EOC and address the role of moral agency and ethics stress in relation to counselor MER and within the ethical decision-making process more globally.

While meditation was significantly positively correlated with MER in the current study, it was not a predictor of counselors' propensity to reflect upon the moral and ethical aspects of their daily lives. Although meditation is considered a reflective practice (Cardoso et al., 2004; Johnson, 1982; Leichtman & Japikse, 1982) that increases one's sense of awareness, aiding the ability to ponder different aspects of one's life at a deep level (King & DeCicco, 2009), it did not explain MER. This finding was surprising considering prior research has demonstrated that meditation practice influenced moral reasoning (Shapiro et al., 2012) and because meditation itself is traditionally part of a larger system encompassing an ethical way of living (Dalai Lama, 1998; Johnson, 1982; Yogananda, 1946). Perhaps future counseling researchers might address meditation in a different manner by capturing skill level and depth of practice, and by comparing

different methods (e.g., prayer and mindfulness) with different outcome measures (e.g., ethical identity, moral maturity, moral agency).

Research has shown that more experienced counselors use reflection in their ethical decision-making processes (Burns & Cruikshanks, 2019; Levitt et al., 2015) and that reflectivity, at least in part, may be dependent upon years of clinical experience (Levitt et al., 2015). Results of the current study did not seem to support this. To the contrary, findings from the present study appear to confirm similar studies which demonstrated no relationship between years of clinical experience and ethical decision-making skill (Lambie et al., 2011) and moral development (Sias et al., 2006).

Given the emphasis on reflection in the counselor ethical decision-making process and the importance of counselor development over the course of one's career through reflective practices, the results of this study leave additional questions unanswered. Although scholars and the ACA Code have encouraged the use of reflective ethical decision-making, it does not appear that experience alone is a predictor of enhanced reflective abilities. This may imply that without direct and ongoing intervention and training, counselors' ability to reflect upon the moral and ethical aspects of their experiences will remain at the same level over the course of their career. Future research is needed to understand why seasoned counselors seem to be functioning at the same level of moral and ethical reflectivity as novice counselors and are not more morally and ethically reflective by virtue of development.

Concluding Remarks

Research on the role of reflection in the ethical decision-making process of counselors is relatively recent, and no study to date has looked at moral and ethical reflection as an outcome measure. This study sought to add to the body of knowledge in counseling by focusing on one facet of the ethical decision-making process—moral and ethical reflection and to shed light on possible correlates and predictors. Findings from this study add to the counselor ethical decision-making literature by providing empirical information regarding the role of both intrinsic factors within the counselor and contextual factors within the counseling environment that influence moral and ethical reflection.

How a counselor makes sense of and applies their spiritual intelligence, along with the quality of the ethical climate in which they practice, together inform their propensity to reflect on moral and ethical matters. The ethical decision-making literature in counseling is incomplete without a greater understanding of how spirituality affects one's ability to process relevant information. Education and training efforts are also missing a vital piece of the puzzle if time is not dedicated to helping counselors recognize how their spiritual intelligence can be harnessed to positively inform ethical decisions at all stages of development. Also, the ethical climate, although cited in the literature as a vital component in counselors' abilities to live out ethical standards, has not received sufficient empirical investigation. Efforts are needed to fully examine the nuances contained within ethical climates and to educate and train counselors on how to navigate these environments.

Results of this study also demonstrate the need for direct intervention focused on increasing reflective ethical decision-making across counselor development. This study has shown that seasoned counselors did not appear to be more morally and ethically reflective by virtue of experience in the field and were functioning at the same level of moral and ethical reflectivity as novice counselors. This finding is concerning because although much emphasis has been placed on the use of reflective decision-making, enhanced moral and ethical reflectivity does not appear to be developing as a function of clinical experience alone. This means that counseling master's programs and continuing education efforts may need to target reflection upon the moral and ethical aspects of counseling work explicitly.

Echoing the sentiments of scholars who have asserted that counseling involves a sacred covenant of ethical conduct and care (Ponton & Duba, 2009) and that the time has come to integrate spirituality into the counseling relationship (Cashwell, 2017), it is through the current study that I offer a small yet meaningful contribution to the field of counseling. It is both exciting and inspiring that a large number of counselors responded to my call for participation, which seems to indicate, at least to me, that as a collective, many counselors in North Carolina are eager to learn about the role of spirituality in the ethical decision-making process. As counselors, taking time to deeply reflect upon the morality and ethicality of our intentions and actions, informed by expanded states of consciousness and knowledge of the transcendent, appears to be a method that might benefit all. By employing an integral approach, we need not turn away from our less-than altruistic impulses (e.g., desire for personal gain, need for expediency, pressure to uphold the system, cultural biases) which may lead to errors in judgement and ultimately result

in ethical transgressions. Instead, we can examine our “shadow” with equanimity and self-compassion and learn to integrate its influence into our decision-making processes. I leave you with these final thoughts upon which to reflect.

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APPENDIX A: RECRUITMENT SCRIPT

Email Recruitment Script for Counselors

Dear Counselor,

My name is Christie Nelson and I am doctoral student in the Counselor Education and Supervision program at UNC Charlotte. The purpose of this study is to investigate factors related to how you think about moral and ethical issues. If you are currently a licensed counselor in North Carolina, I am reaching out to ask if you would please take the survey below. It is brief and should only take 10 to 15 minutes of your time.

To compensate you for your time, you will have the option to submit your email address at the end of the survey to enter a drawing to win one of eight \$25 Amazon gift cards.

To participate you must be at least 18 years of age and be included in at least one of the following categories within the state of North Carolina: (a) Licensed Clinical Mental Health Counselor Associate, (b) Licensed Clinical Mental Health Counselor, or (c) Licensed Clinical Mental Health Counselor Supervisor.

Participation is completely voluntary. To participate, please complete the following online survey via the link in this email.

Follow this link to the Survey: <http://uncc.surveymshare.com/s/AYAU2HB> or copy and paste the URL below into your internet browser:
<http://uncc.surveymshare.com/t/Spirituality-and-Counselor-Ethical-Decision-Making>

This study is approved by the UNC Charlotte IRB, study # (once approved, to be entered here) and is under the direction of my advisor Dr. Susan Furr. Any questions or concerns related to this study, please contact Christie Nelson at cnelso38@uncc.edu. UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Contact the Office of Research Protections and Integrity via email at uncc-irb@uncc.edu if you have questions about your treatment as a study participant.

Kind Regards,

Christie Nelson, LCMHC
Doctoral Candidate
Counselor Education and Supervision
Principal Investigator

Susan Furr, Ph.D
Professor
Department of Counseling
Faculty Advisor
Email: srfurr@uncc.edu

Email Recruitment Script for Students

Dear (insert name of master's program director),

My name is Christie Nelson and I am doctoral student in the Counselor Education and Supervision program at UNC Charlotte. I am looking for NC counseling students who are interested in participating in an online survey to investigate factors related to how they think about moral and ethical issues. If you might be willing to send the below introduction to your students regarding my study, I would greatly appreciate this!

I would also like to offer you a chance to win one of four \$10 Amazon gift cards for forwarding my request for participation to your students. If you would cc me (include me in the forward), I will enter your email address in a random drawing for a gift card. Thank you!

Dear Counseling Students,

If you are currently a counseling student in a master's program in North Carolina, I am reaching out to ask if you would please take the survey below. It is brief and should only take 10 to 15 minutes of your time. The purpose of the study is to gather information about how students think about moral and ethical issues.

To compensate you for your time, you will have the option to submit your email address at the end of the survey to enter a drawing to win one of eight \$25 Amazon gift cards.

To participate you must be at least 18 years of age and be a student enrolled in a master's program in North Carolina who is either currently enrolled in practicum or internship.

Participation is completely voluntary. To participate, please complete the following online survey via the link in this email.

Follow this link to the Survey: <http://uncc.surveymshare.com/s/AYAU2HB>

Or copy and paste the URL below into your internet browser:

<http://uncc.surveymshare.com/t/Spirituality-and-Counselor-Ethical-Decision-Making>

This study is approved by the UNC Charlotte IRB, study # (once approved, to be entered here) and is under the direction of my advisor Dr. Susan Furr. Any questions or concerns related to this study, please contact Christie Nelson at cnelso38@uncc.edu. UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Contact the Office of Research Protections and Integrity via email at uncc-irb@uncc.edu if you have questions about your treatment as a study participant.

Kind Regards,

Christie Nelson, LCMHC
Doctoral Candidate
Counselor Education and Supervision
Principal Investigator

Susan Furr, Ph.D
Professor
Department of Counseling
Faculty Advisor
Email: sfurr@uncc.edu

APPENDIX B: INFORMED CONSENT



Department of Counseling
9201 University City Boulevard, Charlotte, NC 28223-0001

Consent to Participate in a Research Study

Title of the Project: Predictors of Counselor Moral and Ethical Reflection: Spiritual Intelligence, Meditation, Clinical Experience, and Ethical Climate
Principal Investigator: Christie Nelson, Doctoral Candidate UNC Charlotte
Faculty Advisor: Dr. Susan Furr, Professor, Department of Counseling, UNC Charlotte

You are invited to participate in a research study. Your participation in this study is important and greatly appreciated. Participation in this research study is voluntary. The information provided here is to give you key information to help you decide whether to participate.

- The purpose of this study is to examine some of the factors associated with the ethical decision-making process of counselors.
- You must be age 18 or older to participate in this study.
- You must be one of the following:
 - (a) A Licensed Professional Counselor Associate (LCMHCA)
 - (b) A Licensed Professional Counselor (LCMHC)
 - (c) A Licensed Professional Counselor Supervisor (LCMHCS)
 - (d) A student enrolled in a master's program who is either currently enrolled in practicum or internship
- You are asked to complete a survey asking a series of questions about your conception of spirituality, your thoughts about morals and ethics, and your counseling experience. The questions are not sensitive or overly personal.
- It should take you less than 15 minutes to complete the survey.
- We do not believe that you will experience any risk from participating in this study.
- By participating in this study, what we learn about counselors' beliefs in relation to ethical decision-making may be beneficial to others, such as clients, counselors-in-training, and professional counselors.
- While you may not benefit personally from the study, you will have the opportunity to enter a drawing to win one of eight \$25.00 Amazon gift cards once you have completed the survey. If you do not complete the survey, you will not be able to enter the drawing to receive the gift card.

Your privacy will be protected and confidentiality will be maintained to the extent possible. Your responses will be treated as confidential. You will provide your email address only if you choose to enter the drawing for the Amazon gift cards. In this event, survey responses and email addresses will be temporarily linked and then separated once the data is downloaded. Then email addresses will be stored separately for the random drawing, with access to this information controlled and limited to the primary investigator and faculty advisor. After e-gift cards are sent, all email address will be deleted.

We might use the survey data for future research studies and we might share the non-identifiable survey data with other researchers for future research studies without additional consent from you. After this study is complete, study data may be shared with other researchers for use in other studies without asking for your consent again. The data we share will NOT include information that could identify you.

Participation is voluntary. You may choose not to take part in the study. You may start participating and change your mind and stop participation at any time. If you have questions concerning the study, contact the principal investigator, Christie Nelson by email at cnelso38@uncc.edu or the faculty advisor, Dr. Susan Furr by email at susanfurr@uncc.edu. If you have further questions or concerns about your rights as a participant in this study, contact the Office of Research Protections and Integrity at (704) 687-1871 or uncc-irb@uncc.edu.

You may print a copy of this form. If you are 18 years of age or older, have read and understand the information provided and freely consent to participate in the study, you may proceed to the survey by clicking "I Agree."

APPENDIX C: DEMOGRAPHIC QUESTIONNAIRE

Demographic Information

What type of license do you hold?

LCMHCA

LCMHC

LCMHCS

I am a practicum or internship student

What sort of counseling do you provide?

Mental Health Counseling

Student Affairs or College Counseling

Substance Use or Addictions Counseling

Marriage and Family

I am a Counselor Educator

Other:

In what setting do you provide counseling?

Hospital

Community agency

Private practice

College or university

Other:

How many years of clinical experience do you have post-masters?

Practicum and internship students select either:

Practicum

Internship

If you meditate, in which practice do you engage?

I do not have a meditative practice.

If yes, how many years have you practiced meditation?

What is your age?

What is your gender?

Female

Male

Transgender/Gender Nonconforming

Prefer to self-describe:

What is your race/ethnicity?

American Indian or Alaska Native

Asian

Black or African American

Multiracial

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Other:

I describe myself as:

Agnostic

Atheist

Buddhist

Christian

Jewish

Muslim

Spiritual but not religious

Taoist

None of the Above

Other:

APPENDIX D: REFLECTIVE MORAL ATTENTIVENESS SUBSCALE OF THE
MORAL ATTENTIVENESS SCALE

The following statements are rated using a Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree):

I regularly think about the ethical implications of my decisions.

I think about the morality of my actions almost every day.

I often find myself pondering about ethical issues.

I often reflect on the moral aspects of my decisions.

I like to think about ethics.

Reynolds, S. J. (2008). Moral attentiveness: Who pays attention to the moral aspects of life?. *Journal of Applied Psychology*, 93(5), 1027–1041. <https://doi.org/10.1037/0021-9010.93.5.1027>

Permission to use this scale has been granted by the author.

APPENDIX E: SPIRITUAL INTELLIGENCE SELF REPORT INVENTORY

The following statements are rated using 5-point Likert-type scale (0- Not at all true of me, 1- Not very true of me, 2- Somewhat true of me, 3- Very true of me, and 4- Completely true of me):

I have often questioned or pondered the nature of reality.

I recognize aspects of myself that are deeper than my physical body.

I have spent time contemplating the purpose or reason for my existence.

I am able to enter higher states of consciousness or awareness.

I am able to deeply contemplate what happens after death.

It is difficult for me to sense anything other than the physical and material.*

My ability to find meaning and purpose in life helps me adapt to stressful situations.

I can control when I enter higher states of consciousness or awareness.

I have developed my own theories about such things as life, death, reality, and existence.

I am aware of a deeper connection between myself and other people.

I am able to define a purpose or reason for my life.

I am able to move freely between levels of consciousness or awareness.

I frequently contemplate the meaning of events in my life.

I define myself by my deeper, non-physical self.

When I experience a failure, I am still able to find meaning in it.

I often see issues and choices more clearly while in higher states of consciousness/ awareness.

I have often contemplated the relationship between human beings and the rest of the universe.

I am highly aware of the nonmaterial aspects of life.

I am able to make decisions according to my purpose in life.

I recognize qualities in people which are more meaningful than their body, personality, or emotions.

I have deeply contemplated whether or not there is some greater power or force (e.g., god, goddess, divine being, higher energy, etc.).

Recognizing the nonmaterial aspects of life helps me feel centered.

I am able to find meaning and purpose in my everyday experiences.

I have developed my own techniques for entering higher states of consciousness or awareness.

* Item is reverse-scored.

King, D. B., & DeCicco, T. L. (2009). A viable model and self-report measure of spiritual intelligence. *International Journal of Transpersonal Studies*, 28, 68–85. Permission to use this scale has been granted by the author.

APPENDIX F: ETHICAL ORGANIZATIONAL CLIMATE

The following items are rated using Likert-type scale ranging 1 (strongly disagree) to 7 (strongly agree):

Ethical issues are taken into consideration when decisions are made.

Ethics training is consistent with how employees actually perform their jobs.

Employees strictly follow the written code of ethics.

An effort is made to search for applicants of a high moral standard.

A good effort is made to measure and track ethical behaviors.

When an unethical act occurs, employees take responsibility for their actions.

Kuenzi, M., Mayer, D., & Greenbaum, R. (2019). Creating an ethical organizational environment: The relationship between ethical leadership, ethical organizational climate, and unethical behavior. *Personnel Psychology*, 73(1), 43–71.

Permission to use this scale has been granted by the author.