A Replication of "The Experience of Ethical Dilemmas, Burnout, and Stress Among Practicing Counselors"

by

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Abstract

This study is a replication and expansion on the study completed by Mullen, Morris, and Lord in 2017 which aimed to determine how experience and reflection on ethical dilemmas impacts burnout amongst counselors. One hundred, sixty-four counselors completed an in-person survey that measured counselor burnout, perceived stress, and moral attentiveness. The data was analyzed using structural equation modelling. The data collected fit poorly with the original model of Mullen and colleagues (2017). However, there were strong covariances between burnout and stress, and between moral attentiveness and moral reflectiveness. This research contributes to the ongoing data on replication in psychology research as well as the literature surrounding impact of ethical dilemmas on counselor well-being.

Preface

This thesis is an original work by Emily Cruikshank. The research completed in this thesis was approved by the Research Ethics Board at the University of Alberta, Project Name "ETHICAL DILEMMAS AND COUNSELLOR BURNOUT IN CANADA", No. Pro00087837, 02/21/2019.

Dedication

This work is dedicated to my parents, Barb and Kirby, who have walked beside me and lifted me up each day of my life. I am who I am because you love me.

It is dedicated to my brother and sister, Daniel and Rebecca. You have both shown me how hope and resilience can be found at the center of people.

It is dedicated to my grandparents, Jeannette, George, Sue, and Ken. You have provided me with all the opportunity and encouragement I could have hoped for.

Most of all, this work is dedicated to my husband, Keith; my joy and my strength in every moment.

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Chapter I - Literature Review

Counselors encounter various ethical dilemmas in their practice (Kolay, 2012). There are safeguards and ethical standards, such as the *Canadian Counselling and Psychological Association Code of Ethics* (CCPA; CCPA, 2014), which help to alleviate the stress of many ethical challenges. However, the high subjectivity and constant changing of ethical standards make it difficult for ethics codes to address all possible situations faced by counselors. The challenge of dealing with ethical dilemmas may be a significant source of stress (Mullen, Morris, & Lord, 2017). One way to ensure that counselors treat their clients in an ethical manner may be to minimize this stress and develop the ability to clearly identify risk factors for burnout.

This study is based on an investigation in the United States by Mullen, Morris, and Lord (2017) which looked at ethical dilemmas in counselor's practice and counselor burnout. The present study aims to replicate and expand on this work in a Canadian population. The current study addressed how the presence and severity of ethical dilemmas affect burnout among Canadian counselors. Further, this investigation aimed to determine if the results found by Mullen and colleagues (2017) are replicable.

We hypothesized—in accordance with the findings of Mullen and colleagues—that higher levels of encountering ethical dilemmas and reflection on these dilemmas would positively correlate with higher levels of burnout and stress among participants. The study invited counsellors in Canada to participate. Participants engaged through an in-person survey during the Canadian Counselling and Psychotherapy conference in Moncton, New Brunswick. We used structural equation modelling, an advanced quantitative analysis method, to examine and interpret the data. The following study provides insight into how ethical dilemmas influence burnout and stress in Canadian counsellors.

Ethical Decision-Making Protocols

It is commonplace for graduate programs to include teaching on ethical dilemmas for counselors in training (Cottone & Tarvydas, 2006; Lambie, Hagedorn, & Ieva, 2010; Welfel, 2006). There are also a variety of continuing education programs and seminars available that center around handling ethical issues (Lambie et al., 2010). While there is evidence that taking an ethics class does not significantly impact social-cognitive development (Lambie et al., 2010), understanding and appreciating professional ethical codes, standards of practice, and relevant literature can make the decision-making process more efficient (Cottone & Tarvydas, 2006; Welfel, 2006). According to Lambie and colleagues (2010) ethical decision making starts with knowledge of ethics codes and universal concepts such as due process, informed consent, negligence, maleficence, privileged communication, and confidentiality, and continues by using personal skills and problem solving.

However, there are also limits to formal education in professional ethics. In one study, researchers found that linear models for decision-making and knowledge of ethical guidelines learned in graduate studies helped to lay a foundation but did not serve as a practical guide (Levitt, Farry, & Mazzarella, 2015). The authors noted that four basic principles guided counselors' decision making: personal values, clients' best interest, transparency in decision making, and perceptions of formal training and practice. There also seems to be no correlation between years of experience and moral reasoning or moral development (Jennings et al., 2005; Levitt et al., 2015; Sias et al., 2006). This suggests that counselors might increasingly rely on their own intuition rather than on codes and guidelines as they progress in their careers (Levitt et al., 2015). However, it may be that developing social-cognitive skills may be of some value, which can assist counselors in ethical decision making (Lambie et al., 2010).

In Canada there are currently four provinces which regulate the title “counselor” and/or “psychotherapist”: Ontario, Nova Scotia, Quebec, and New Brunswick. Alberta has recently passed legislation to regulate these terms as well with goals for the college to assume duties in early 2020 (CCPA, 2014). The national advocacy and accrediting body in Canada is the Canadian Counseling and Psychotherapy Association. The CCPA has their own code of ethics and standards of practice which counselors under their certification must adhere to. The main ethical principles under the CCPA code of ethics are beneficence, fidelity, nonmaleficence, autonomy, justice, and societal interest. These main concepts fit into the process of ethical decision making recommended by the CCPA. This process is composed of 5 steps: (a) what are the key ethical issues in the situation? (b) what ethical articles from the CCPA code of ethics are relevant to this situation? (c) which of the six ethical principles are of major importance in this situation? (d) how can the relevant ethical articles be applied in this circumstance and any conflict between principles be resolved and what are the potential risks and benefits of this application and resolution? (e) what do my feelings and intuitions tell me to do in this situation? (f) what plans of action will be most helpful in this situation? The CCPA also outlines guidelines for counselor conduct in broad areas of the profession including professional responsibility to their clients, in supervisory relationships, and to broader society. The CCPA also has guidelines for professional and personal relationships for counselors, consulting and private practice, evaluation and assessment, research and publications, and counsellor education, training and supervision. Having the basic guideline as well as a resource in the CCPA and other governing bodies provides the basis for which Canadian counselors can make informed ethical decisions.

In addition to this knowledge of ethical guides, counselors draw on their own set of core beliefs to determine the ideal response to any given situation (Levitt & Aligo, 2013). Moral

orientation has been shown to be an important part of one's core belief system and self-exploration (Gilligan, 1982; Kohlberg, 1969, 1971). Additionally, it is expected that counselors take their own values and biases into account when assessing ethical dilemmas (CCPA, 2007; Levitt & Aligo, 2013; Levitt et al., 2015). The CCPA defines virtue-based ethical decision-making as a process in which the counselor is a capable agent who is able to make ethical decisions and is based on the idea that all counsellors are motivated to be virtuous (CCPA, 2007). The CCPA even outlines what virtue-based ethical decision-making might look like practically in their ethical guide and includes questions such as: 1. What emotions and intuition am I aware of as I consider this ethical dilemma and what are they telling me to do? 2. How can my values best show caring for the client in this situation? 3. How will my decision affect other relevant individuals in this ethical dilemma? 4. What decision would I feel best about publicizing? And 5. What decision would best define who I am as a person?

Levitt and Aligo (2013) have noted that, from a professional standpoint, counsellors are expected to act based on an awareness of logic and reason and the moving parts at play in any given ethical dilemma, and not to become biased by their own emotions from which moral orientation originates. It is important that counselors are able to see the needs of the client and their own set of moral beliefs and put them ahead of their own values. The counselor's self-awareness of their own beliefs and values can serve as a guide for how they want their clients to feel in the therapeutic relationship.

In addition to awareness of governing bodies ethical standards, professional issues, and personal values counselors need to keep up to date with current research and developments in the area of professional ethics. It is difficult for governing bodies to update their ethical guidelines at a rate that reflects the ever changing social and cultural climate of today. Additionally, there

might be issues or areas that are not directly addressed in ethical guides as it is impossible for them to be comprehensive for all possible issues a counsellor might face. Therefore, outside research and other decision-making models are of great importance for counsellors in navigating ethical issues. Over the years there have been many ethical-decision-making models, some of which are philosophy driven, some of which are more practice-driven, and even others which are more specific to certain populations (Cottone & Claus, 2000). In the practice-based models outlined by Cottone and Claus (2000), identifying the relevant issues, consulting ethical standards, considering possible courses of action, and executing the chosen action are common to all. However, how a counsellor might go about each of these steps varies considerably depending on the counsellor and the nuances of the situation.

One main issue that might come up for counsellors that does not seem to have a universal guide is in value-based conflicts with clients (Kocet & Herlihy, 2014). One method of reconciling professional expectations with personal beliefs might be a concept called ethical bracketing which is a process in which counselors sperate their personal values from their professional values in order to make decisions which align with their beliefs but not to the extent that they impose personal moral standards on clients or allow those standards to prevent them from helping a client. Kocet and Herlihy (2014) have developed such a model for handling value-based conflicts with clients. They emphasize that it is important to recognize that while referral is always a possibility, it should not be used as a first response to a value-conflict with a client (Kocet & Herlihy, 2014).

A related issue for counselors in Canada and the Western world is the acknowledgement of an increasingly diverse population with a variety of competing belief systems and social structures. Therefore, it is important for counselors to recognize how these factors might affect

ethical-decision-making processes. There have been some models focusing on intercultural ethical issues (e.g., Luke, Goodrich, & Gilbride, 2013) including the Transcultural Integrative Model (TIM; Garcia, Winston, Borzuchowska, & McGuire-Kuletz, 2004). The TIM incorporates multicultural theory in each of the four phases: (1) awareness and engagement of fact finding; (2) formulation and evaluation of all possible courses of action and determination of the best approach; (3) identification of potentially competing beliefs, values, and worldviews; and (4) implementation, documentation, and evaluation of plan of action. The TIM has some empirical support for its role in providing counselors with additional tools to navigate cultural worldview tensions and dilemmas. While standard ethical guides have been criticized for not including cultural variables (Garcia, McGuire-Kuletz, Froelich, & Dave, 2008) guides such as the TIM can help counselors to effectively navigate issues related to culture.

Types of Ethical Dilemmas in Counselling

Ethical dilemmas occur in many different aspects of counseling, ranging in intensity and frequency, and professional counselors are expected to be able to handle these issues on a daily basis. What issues a counselor encounters also depends on their area of specialty. Some issues are more universal while others are unique to certain concentrations. However, there are those that are commonly encountered.

Dilemmas within the therapeutic relationship. Common issues faced in counseling include informed consent, confidentiality, due process, and transference (Bodenhorn, 2006; Kolay, Akfert, 2016; West, 2002). Of these, counselors find confidentiality to be the most pressing issue (Bodenhorn, 2006; Kolay, Akfert, 2016). Issues such as confidentiality between child clients and counsellors, confidentiality in mandated therapy, and limits of confidentiality are frequent challenges faced by counselors.

Other common issues such as demand characteristics are of concern to counselors from varying areas (Kolay & Akfert, 2016). Clients might aim to portray themselves in a certain light in front of their counselor, and it is in the job of the therapist to create a warm and accepting environment for the client to explore their concerns without expectation or judgement. While counselors can act as guides for clients they often do not want to come across as telling the client what to do or pushing them into a place where they deny their own beliefs or values to appease the counselor. Depending on the severity of the circumstances this can have damaging effects to the therapeutic relationship and put pressure on the counselor to constantly assess their own behaviour.

Another common issue is around the topic of informed consent (West, 2002). It has been suggested that clients cannot truly provide informed consent before beginning therapy because they are unaware of what it will truly be like and how it might affect or change them (West, 2002). This leaves the onus on the counselor to revisit consent with the client to ensure that consent is ongoing throughout therapy. However, this also put pressure on the counselor to determine how often, when and how to check in with their client.

Dilemmas outside of the therapeutic relationship. There are ethical considerations to be made in relationships that the client or counselor have outside of the therapeutic relationship. Dilemmas in this area might include issues of child abuse, teachers that might want to know how a student is doing, parents who want to know how their child is progressing in therapy, domestic abuse, and harm to self or others. Such circumstances can put pressure on the counselor to act in a way that provides the greatest benefit while also doing no harm. In a study by Bodenhorn (2006), 92 school counselors were asked what were the most common ethical dilemmas that they had encountered. The areas were student confidentiality of personal disclosures (67%),

confidentiality of student records (36%), acting on information of danger to self or others (33%), parental rights (22%), and dual relationship with faculty (20%).

Issues of intervening if clients are at risk of harming themselves or others is also an area of challenge for counselors. Depending on their job they may be obligated to intervene based on their organization's policy, however some governing bodies do not specify to what extent counselors should intervene, putting the onus on the counselor to decide whether intervention is necessary or helpful to the client or other parties. Situations such as these make ethical dilemmas even more cumbersome for counselors.

Contact with clients outside of therapy. Issues inside the therapy room and with outside relationships area only a fraction of the dilemmas that counselors face in their profession. There are also issues of contact with clients outside of the therapeutic relationship. With the ever-growing popularity of social media, and the commonness for professionals to connect with their peers and those they serve online, many counselors are opting to promote themselves online through social media. Additionally, clients might find the idea of contacting their counselor outside of their session time appealing. However there are several issues that counselors must consider before solidifying their online presence such as boundaries on what they will discuss online with clients (if anything), whether they will "add" clients to their social media accounts, the exposure that might come with clients "liking" their counselor's online profile, and whether counselors looking up information about their clients online is an invasion of privacy. Outside of social media there are also many other ethical considerations counselors must address such as seeing clients in public by chance, dual relationships with clients in rural settings where the population is small and access to counselling is limited, and boundaries of the therapeutic relationship.

Social and cultural issues. In addition to these broader categories, there are also everchanging ethical issues that arise in counseling due to cultural shifts, the economy, advances in mental health, and growing diversity and globalization. Herlihy and Dufrene (2011) asked a panel of 18 experts in psychological ethics about current and emerging ethical issues in counselling using a 3-round Delphi method. The first question they asked was *what do experts believe are the most important ethical issues currently facing the counseling profession?* One of the top four answers included practicing with multicultural competence. When asked what experts believe are the most important emerging ethical issues that the counseling profession will need to address during the next 5 years, the top four answers included dealing with social justice and diversity issues, being accountable for measuring effectiveness of counseling, serving emerging populations, dealing with issues created by medical advances and managing diagnosis and changing concepts of mental health (Herlihy & Dufrene, 2011). Adding to the stress of professional practice, therefore, is that not only must counselors exhibit competency in common ethical challenges, but keep up to date with the ethical import of new and emerging issues.

Stress and Burnout

Stress. Stress has been studied extensively over the past century, dating back to 1936 (Selye, 1936). While there are various definitions and conceptualizations of stress, in the study by Mullen and colleagues (2017) the Transactional Model of Stress and Coping was used (TMSC; Lazarus & Folkman, 1984). According to the TMSC, stress is defined as a "particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984, p. 19). This definition describes stress as a process that includes both appraisal and coping. Appraisal is the process of making meaning out of a stressor from the environment, as well as the

perception of the demand that the environment (internal or external) places on an individual (Lazarus & Cohen, 1977). In the TMSC, appraisal is comprised of 3 main processes: primary appraisal, secondary appraisal, and reappraisal (Lazarus & Folkman, 1984). Primary appraisal is where an individual determines if and how a stressor might affect them. This includes determining if the stressor is going to be beneficial, detrimental, or inconsequential. It is here that individual values and beliefs also affect their appraisal (Folkman, Lazarus, Gruen, & DeLongis, 1986). Secondary appraisal extends the relationship between the person and the stressor as they determine how they might cope or overcome the effects of the stressor. Finally, reappraisal may increase or decrease the amount of stress that one undergoes as it is a modified appraisal as a result of the primary and secondary appraisal, and learning new information from the environment (Lazarus & Folkman, 1984).

The process of coping is separate from appraisal in the TMSC (Lazarus & Folkman, 1984). Coping is defined as the process by which individuals respond to the internal and external demands imposed upon them (Lazarus & Folkman, 1984). Coping occurs after the individual has determined that the demands from the stressor are deemed to be overwhelming or exceed the individual's resources. There are three main utilities to coping. The first is managing issues that resulted in the stressor (also known as problem-focused coping). This is often effective as it also provides an opportunity to reflect on how one might avoid the stressor in the future. The second function is emotion-management which is the process by which individuals cope with the emotions brought on by the stressor. The third function is meaning-focused coping which is centered around managing the meaning of a situation. An individual might cope using one or several of these mechanisms. Individuals who are unable to cope might experience higher levels of stress (Lazarus & Folkman, 1984).

Burnout. The concept of burnout was first put forth by Freudenberger in 1974 and was originally described as physical and emotional depletion as a result of work conditions. It is currently considered one of the leading causes of problems for counselors (Baker, 2003; Bearse, McMinn, Seegobin & Free, 2013; Lee, Lim, Yang, & Lee, 2011). Although there is evidence that higher levels of stress predict higher burnout levels (Ross, Altmaier, & Russell, 1989), they are separate processes. Burnout can manifest in various ways including physical symptoms (e.g., sleeplessness, coughs and colds, backaches, headaches, chronic fatigue, acne, psychosomatic issues, insomnia), behavioural symptoms (e.g., lack of patience, forgetfulness, lack of confidence in oneself, lack of self-control, anger, feeling overworked), emotional symptoms, and mental symptoms (Freudenberger, 1986). Maslach (1982) developed the widely-accepted model of burnout that includes three main dimensions: emotional exhaustion (EE), depersonalization (DP), and reduced personal accomplishment (PA). In the study by Mullen and colleagues (2017) the Counselor Burnout Inventory (CBI; Lee et al., 2007) was used, in which burnout is defined as "the failure to perform clinical tasks appropriately because of personal discouragement, apathy to symptom stress, and emotional/physical harm" (p.143). The CBI is a 5-factor model that includes exhaustion, deterioration in personal life, devaluation of the client, negative work environment, and incompetence (Lee et al. 2007) These factors of the CBI have been found to correlate with the factors of the MBI (Maslach & Jackson, 1981).

In a systematic review of 40 articles, Simionato and Simpson (2018) looked at potential risk factors for burnout among psychotherapists, burnout levels and stress in psychotherapists, and various tools and measures used to identify burnout and work-related stress. Fifty-five percent of sampled therapists reported moderate-high levels of burnout. They also found that burnout increased psychotherapist absenteeism, increased the risk of professionals pursuing

alternate career paths, and decreased worker productivity (Simionato & Simpson, 2018). Additionally, in a study with school counselors, Mullen, Blout, Lambie, & Chae (2017) found that perceived stress and burnout amongst participants was negatively correlated with age and years of experience.

The most common risk factors for burnout among psychotherapists are younger age, less work experience, and being overinvolved in client problems. Younger therapists and those with less work experience may be more susceptible to burnout because they have not built up mechanisms to cope with the demands of delivering therapy (Mullen et al., 2017; Simionato & Simpson, 2018). Personality traits linked to stress and burnout include neuroticism, rigid thinking styles, excessive conscientiousness, overinvolvement in client problems, perfectionism and a tendency to strive to meet high self-expectations, low trait agreeableness, "disagreeable" traits (e.g., egocentrism, less compassion, competitiveness), low extraversion, and high introverted traits (Simionato & Simpson, 2018).

In the face of the many risk factors associated with burnout, there are also strategies suggested for combatting and preventing it. In a study of employees in mental health settings, Pines and Maslach (1978) noted that staff use several techniques to overcome burnout including detached concern, intellectualization of the problem, compartmentalization, and reliance on other staff. In settings where a team of staff are involved communication with coworkers seems to be a promising method of preventing and coping with burnout (Freudenberger, 1986; Pines & Maslach, 1978) and more specifically, ensuring one has a positive relationship with their supervisor might mitigate the effects of burnout (Ross et al., 1989). Another popular form of coping with burnout which shows promise is mindfulness training, with several studies suggesting that it is an effective method (Freudenberger, 1986; Simionato and Simpson, 2018).

Other methods with some support (Freudenberger, 1986; Pines & Maslach, 1978; Simionato & Simpson, 2018) include healthy work-life balance, exercise and nutrition, and development of self-awareness.

Moral Awareness and Moral Reflection

There is a consensus that self-awareness and reflection in counselling are highly important both in training and throughout one's career (Hill & Lent, 2006; Pompeo & Levitt, 2014; Reynolds, 2008; Skovolt & Ronnestad, 1992; Venart, Vassos, & Pitcher-Heft, 2007), although there is little empirical support for its effectiveness. Mullen and colleagues (2007) used Reynolds' (2008) definition of moral attentiveness as the extent to which individuals are aware of moral issues and complexities in their daily life. This awareness is comprised of two dimensions: "perceptual moral attentiveness" (the extent to which one perceives moral aspects of daily life) and "reflective moral attentiveness" (the extent to which one reflects on moral issues).

Reynolds' definition aligns with the general understanding of self-awareness and self-reflection that has been identified as important for counselors and counselors in training. For example, in a qualitative study, Skovholt and Ronnestad (1992) identified self-reflection as an important part of counselor development as part of a constant stream of feedback. Counselors that do not engage in feedback are at higher risk of stagnation and deterioration, especially after leaving the educational environment where feedback from others is continuous (Skovholt & Ronnestad, 1992). This idea that self-awareness and reflection is important to maintain counselor growth has been echoed by several others in literature (Hill & Lent, 2006; Pompeo & Levitt, 2014; Venart, Vassos, & Pitcher-Heft, 2007). Furthermore, there is a consensus that education programs for counselors should emphasize self-awareness and self-reflection as major parts of the counselling profession (Guiffrida, 2005; Hill & Lent, 2006; Pompeo & Levitt, 2014).

Another reason that reflection and awareness are important to counselling is the effect that it might have on clients. Several commentators have asserted that clients who experience their counselor as self-reflective and self-aware may pick up on these skills and, in turn, experience more personal growth as well, thus increasing the efficacy of the therapeutic encounter (Pompeo & Levitt, 2014, Venart et al., 2007). Additionally, self-awareness can be used to pick up on "warning signs" that a counselor might overidentify or react poorly to a client's problems. Self-awareness is regarded as central to producing counselors who are more present and thereby better able to help their clients (Merriman, 2015). This awareness may also help to recognize the signs of feeling overworked or drained, therefore preventing burnout amongst counselors (Joinson, 1992; Merriman, 2015). Skovholt, Grier, and Hanson (2001) identified self-awareness as an important factor in navigating occupational hazards in career counseling which included normative failure, constant empathy, and clients having unsolvable problems.

There have been several suggestions in the literature about how counselors should facilitate self-awareness and reflection in their personal and professional life. Skovholt and Ronnestad (1992) emphasize the importance of a continual "reflective stance," meaning that the individual prioritizes processing significant experience both alone and with others, in addition to asking for and receiving feedback. Pompeo and Levitt (2014) created a pathway to counselor self-awareness that emphasizes the constant need for reappraisal, regardless of experience. Another commonly prescribed method for developing self-awareness is facilitating a work environment of feedback and reflection. Several authors have noted the importance of having counselors reach out to colleagues when reflecting on their professional life (Griffith & Frieden, 2000; Pompeo & Levitt, 2014; Skovholt et al., 2001). This type of "professional greenhouse"

allows for feedback and guidance in the self-reflection process (Skovholt et al., 2001). Finally, it is important to facilitate self-reflection amongst counselors in training. Pompeo and Levitt (2014) posit that the foundation for self-awareness in counselor education are in other important elements including values assessment, virtue ethics, knowledge and awareness synthesis, and attention to cognitive complexity in counselor development. Griffith and Frieden (2000) outlined practical ways to facilitate self-reflection amongst counseling students including Socratic questioning for students, journal writing, interpersonal process recall, and reflecting teams. In a study of 148 mental health professionals, Richards and colleagues (2010) also found that as self-awareness increased, so did mindfulness and vice versa.

Despite the large amount of popular support for self-awareness and self-refection in the literature, there are very few empirical studies investigating their efficacy (Mullen et al., 2017; Paxton, Ungar, and Greene, 2012; Reynolds, 2008). Pompeo and Levitt (2014), for example, assert that self-reflection is a vital part of ethical decision making, and that ethical issues and self-reflection are closely connected, but provide no empirical test of their assertion. Therefore, it is important that there continues to be studies completed on all aspects of this topic, including moral awareness and reflection.

Summary of the Study by Mullen, Morris, and Lord (2017)

In an effort to test the role of self-awareness and self-reflection in ethical competence, Mullen and colleagues (2017) asked the question, “Do practicing counselors’ observation of ethical issues (source of stress) and reflection upon ethical issues (protective factor) relate to their degree of burnout and stress?” They used a mail-out format across four randomly selected states (Arizona, Colorado, Connecticut, Florida) in the United States, sending the study materials to 400 potential participants. Of these, 140 returned the battery of tests which included the

Counselor Burnout Inventory (CBI), the Perceived Stress Scale (PSS), and the Moral Attentiveness Scale (MAS) to the researchers. It was hypothesized that counselors who observe ethical issues at a higher frequency have a greater likelihood of experiencing burnout and stress and counselors who reflect on ethical dilemmas at a higher rate have less likelihood of experiencing burnout and stress. It was also hypothesized that counselors' level of stress correlate with their level of burnout. A confirmatory factor analysis was conducted to determine if burnout was a viable latent variable for the model and then, upon confirmation, a structural equation model analysis verified the validity of their model. A significant, positive unidirectional relationship from moral attentiveness to burnout was found ($\beta = .51$, $p < .001$). A similar relationship between moral attentiveness and perceived stress was also found ($\beta = .32$, $p < .001$). Finally, a strong correlation between perceived stress and burnout scores ($r = .65$, $p < .001$) and for perceptual moral attentiveness and reflective moral attentiveness ($r = .58$, $p < .001$) was found. The results are consistent with moral attentiveness playing a significant role in counselors' experience of burnout and stress, and burnout and stress being strongly linked.

Replication Crisis in Psychology Research

Since about 2010 there has been a "replication crisis" in the psychology research community which began with growing concern over the replicability of psychology studies and the use of questionable research practices (Nelson, Simmons, & Simonsohn, 2018). The first event to spark this concern was the identification of scientific fraud by several well-respected psychology researchers including Diederik Stapel, Marc Hauser, and Lawrence Sanna (Bhattacharjee 2013; Wade 2010). These initial concerns were fanned by failures to replicate several high-profile studies published in prestigious journals such as the *Journal of Personality and Social Psychology* (Bem, 2011; Galak et al. 2012). In 2011 the Open Science Collaboration

took on the task of attempting to replicate 100 psychological studies published in top-tier journals, 97% of which reported significant findings. Only 36% of the replications showed significant results and only 47% of the original effect sizes were in the 95% confidence interval of the replicated effect sizes. This study caused significant concern within the psychology community (Gilbert, King, Pettigrew, & Wilson, 2016; Lilienfeld, 2017; Shrout, & Rodgers, 2018). In response, there has been a shift towards transparency in research with several journals making a commitment to publish replication studies with both positive and negative results, authors sharing their procedures and analyses openly to the broader scientific community, and researchers pre-registering their studies before any data or analysis has taken place (Nelson, Simmons, & Simonsohn, 2018). This culture shift emphasizes the need to place importance on replication efforts and transparency in research to ensure that psychological research continues to be seen with respect and prestige.

Purpose of the Current Study

Due to the limited amount of research in the area of burnout as it relates to moral attentiveness, further exploration into this topic is necessary. Given the concern about failures of replication in psychology research, it is important to assess the replicability of important results. The current study aimed to replicate the Mullen and colleagues (2017) study using the same measures and statistical analysis. The only differences were that, instead of using a mail-out format, data was collected in-person at a counselling conference and the population was Canadian rather than American.

Chapter II – Methods

Procedure

This study was approved by the research ethics board of the University of Alberta and the Canadian Counselling and Psychotherapy Association. Attendees at the 11th Annual Convention of the Canadian Counselling and Psychotherapy Association in Moncton, New Brunswick were invited to a booth set up by the researcher to take part in the in-person survey. Approximately 180 counsellors at the three-day conference were approached to participate. The researcher greeted potential participants in the main lobby of the conference venue and asked if they might be interested in completing a 10-minute survey on ethical dilemmas to help collect data for a Master's thesis project. Participants were also given the opportunity to enter their name and phone number for a chance to win a signed copy of "Becoming Myself" by Irvin Yalom; approximately 150 individuals participated in the draw. Participants were not required to give any identifying information as part of the main study.

Study Instruments

The instruments used in this study (see Appendix A) included the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983), the Moral Attentiveness Scale (MAS; Reynolds, 2008) and the Counsellor Burnout Inventory (CBI, Lee et al., 2007) which were also used in the study by Mullen and Colleagues (2007). Additional questions asked the counselor's educational background, how long they have been in the field, number of hours spent with clients per week, and any additional training they have taken.

The CBI is a 20-item self-report scale that uses a Likert-type scale ranging from 1 (*never true*) to 5 (*always true*). Higher scores represent a higher degree of burnout across five subscales: Exhaustion, Incompetence, Negative Work Environment, Devaluing Client, and Deterioration in

Personal Life. Lee and colleagues (2007) conducted a factor analysis for the CBI which resulted in a five-factor solution, and an adequate fit to the data that confirmed a five-factor model. The Cronbach's alphas of the domain subscales indicated adequate internal consistency, ranging from .80 to .86 for Exhaustion, .73 to .81 for Incompetence, .83 to .85 for Negative Work Environment, .61 to .83 for Devaluing Client, and .67 to .84 for Deterioration in Personal Life (Lee, Cho, Kissinger, & Ogle, 2010; Puig et al., 2012). In the study by Mullen and colleagues (2017) the Exhaustion ($\alpha = .90$), Negative Work Environment ($\alpha = .86$), and Deterioration in Personal Life ($\alpha = .81$) subscales produced good internal consistency, whereas the Incompetence ($\alpha = .76$) and Devaluing Client ($\alpha = .70$) subscales produced reasonable internal consistency.

We used the PSS to measure the participants' degree of stress. The PSS is a 10-item self-report measure that uses a Likert-type scale ranging from 0 *(never)* to 4 *(very often).* The PSS asks participants to report on their perception of stress over the past 30 days. As with the CBI, higher scores indicate a higher degree of stress. The PSS has been found to have good internal consistency, with Cronbach's alphas ranging from .84 to .91 (Chao, 2011; Cohen et al., 1983; Daire, Dominguez, Carlson, & Case-Pease, 2014; Mullen & Gutierrez, 2016). The Cronbach's alpha for the PSS scores with the data from the study from Mullen and colleagues (2017) was .82, indicating good internal consistency.

The MAS was used to examine participants' experiences with ethical dilemmas in their work as counselors based on Reynolds' (2008) definition of the extent to which individuals perceive and reflect on aspect of morality in their daily lives. The MAS is a 12-item self-report measure that uses a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) with two subscales: Perceptual Moral Attentiveness and Reflective Moral Attentiveness. Perceptual moral attentiveness is defined as the degree to which a person recognizes and acknowledges moral

issues in their daily experience, whereas reflective moral attentiveness is defined as the degree to which someone reflects on or ponders moral issues they face (Reynolds, 2008). Higher scores on the Perceptual Moral Attentiveness subscale represent higher perception of moral or ethical issues by participants' in their experience, whereas higher scores on the Reflective Moral Attentiveness subscale represent participants' higher occurrence of reflecting on the moral or ethical issues faced in their daily lives.

Reynolds (2008) found that reflective moral attentiveness correlated with a separate measure of moral awareness ($r = .32$, $p < .01$; $n = 159$). Reynolds (2008) also found both subscales to have good internal consistency, with a Cronbach's alpha reliability coefficient of .87 for the Perceptual Moral Attentiveness and .84 for the Reflective Moral Attentiveness subscales. Mullen and colleagues (2017) similarly found that the Perceptual Moral Attentiveness ($\alpha = .87$) and Reflective Moral Attentiveness ($\alpha = .94$) subscales produced good internal consistency.

Method of Analysis

For analysis of the data we used structural equation modelling, an advanced quantitative analysis method. The structural model shown in **Figure 1** is the same structural model used in the study by Mullen and colleagues (2017) and is based on a review of the literature on counselor burnout, stress, and ethical dilemmas. Bolded values indicate significance. We also completed a confirmatory factor analysis (CFA) with burnout, perceptual moral attentiveness, and reflective moral attentiveness as latent variables to determine their fitness for the structural model, and to determine if the set-up of these measures fit well with the collected data. The composite score of the PSS (perceived stress; Cohen et al., 1983) was used as an observed variable. In addition, burnout and perceived stress were set to correlate based on their theoretical connection (Maslach, 2003; Schaufeli & Enzmann, 1998; Schaufeli et al., 2009), and perceptual and reflective moral

attentiveness were set to correlate based on previous research (Reynolds, 2008). Level of experience, education level, number of client hours per week, and other certifications were not used in the structural model to maintain simplicity in the design and maintain the ability to compare directly with the original study by Mullen and colleagues (2007).

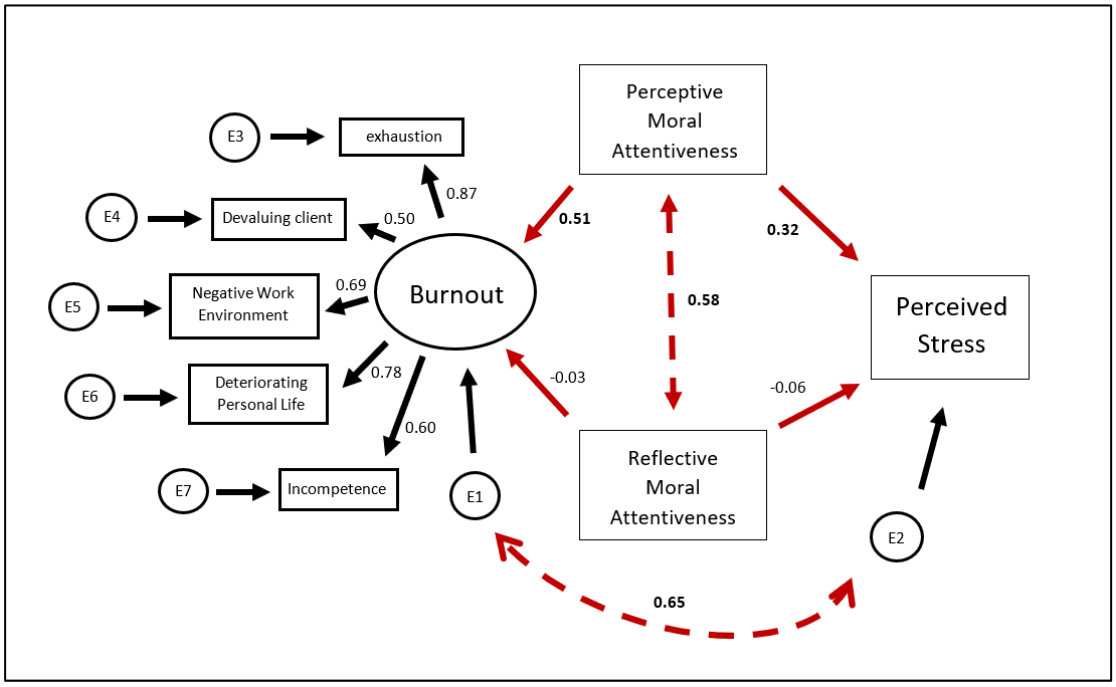

Figure 1: SEM model and results from Mullen et al. (2017)

After collection of results and initial analysis we completed CFAs on both the PSS and the MAS to confirm the factors outlined by the investigators in these two scales. We also completed Exploratory Factor Analyses on the CBI, PSS, and MAS to observe how the data collected interacted with these scales.

Chapter III – Results

Descriptive Statistics

In total, there were 164 participants for this study. Descriptive statistics about the participants can be found in **Table 1.** Descriptive statistics on the data from each scale can be found in **Table 2.** All statistical analyses were completed using the computer programming software "R".

Extra Certifications	109/164
Years of Counseling Experience	
1-5	45
6-10	45
11-20	43
21-30	14
31-50	14
Highest Level of Education	
Bachelor's Degree	13
Master's Degree	127
PhD or equivalent	22

Table 1: Descriptive Statistics for Study Participants

Instrument	Mean	Standard Deviation	Median	Range	Skew	Kurtosis
Perceived Stress Scale	15.07	6.16	14.5	31	0.27	-0.33
Counselor Burnout Inventory	43.73	9.04	43	45	0.10	-0.31
Moral Reflectiveness (MAS)	27.09	5.08	28	27	-1.07	1.50
Moral Awareness (MAS)	31.04	7.64	31	38	-0.28	-0.35

Table 2: Descriptive Statistics for Standardized Scales

The Cronbach's alpha value for the total CBI was 0.73 showing good internal consistency. An alpha value above 0.7 shows good internal consistency (Kline, 2005). The alpha value for the PSS was α=0.86 and the alpha values for the Moral Awareness and Moral

Reflectiveness subscales were α=0.81 and α=0.83 respectively. We also assessed the internal consistency of the 5 subscales of the CBI: exhaustion (α=0.81), incompetence (α=0.79), negative work environment (α=0.86), deterioration in personal life (α=0.84), and devaluing the client (α=0.73).

After confirming the internal consistency of the measures, we assessed burnout at the latent variable of the SEM using a CFA. The second part of the analysis was to test the model which included all latent and observed variables, specifically burnout, perceived stress, moral awareness, and moral reflectiveness.

To assess burnout through CFA we used standardized factor loadings and model fit indices, which were also used in the study by Mullen and colleagues (2017). These factor loadings should be equal to 0.4 or greater to be considered acceptable. For both the CFA and SEM analysis we used several model fit indices including (a) chi-square (non significance indicates fit), (b) comparative fit index (CFI; ≥ 0.90 indicates fit), (c) goodness of-fit index (GFI; ≥ 0.95 indicates fit), (d) standardized root-mean-square residual (SRMR; ≤ 0.08 indicates fit), and (e) root-mean-square error of approximation (RMSEA; ≤ 0.08 indicates fit). All of these measures were used in the previous study. The cut-offs for these values are based on recommendations from Kline (2005) and Daire Hooper and colleagues (2008). We also used the (f) Tucker Lewis Index (TLI) which compares the effectiveness of the indicated model to the null model (TLI; ≥ 0.95 indicates fit).

CFA Model Assessment

We used a CFA to examine the latent variable representing burnout to test whether it would be appropriate for use in this SEM in order to follow the analysis of Mullen and colleagues (2017) as closely as possible. To be acceptable for use in the SEM, the CFA should

produce fit indices within the cut-off range and should have acceptable standardized factor loadings. We totaled each of the five subscales on the CBI, which represent the different dimensions of counselor burnout, to create composite scores. These composite scores contribute to the latent variable of burnout. The measurement model for burnout resulted in acceptable standardized factor loadings ranging from .50 to .87. The fit indices for the measurement model were all acceptable except for GFI and Chi Square, $\chi 2(5, N = 151) = 15.01$, $p = .01$; GFI = 0.867; CFI = .929; RMSEA =.061; SRMR = 0.072, TLI = 0.916. These results did not align with Mullen and colleagues' (2017) as the p-value indicated poor model fit**.** The program recommended removing CBI_1 and CBI_2 but the p-value continued to show poor model fit for the GFI value (0.874). This change also did not make theoretical sense as this removed half of the indicators for the "exhaustion" subscale in the CBI. Despite poor model fit we decided to move forward and complete the SEM analysis.

Structural Model Analysis

Mullen and colleagues (2017) developed the structural model in **Figure 1** based on a literature review of the variables used in the study. Burnout, defined by the 5 subscales of the CBI, was used as the latent variable. Moral attentiveness, moral reflectiveness, and stress were defined as observed variables.

An examination of the structural model indicated an unacceptable goodness of fit for all fit indices with these data except for RMSEA, $\chi 2(808, N = 142) = 1212.787$, $p = .00$; GFI =.727; CFI = .845; RMSEA = .059; SRMR = .083. This is quite different from the results reported by Mullen and colleagues, who found adequate goodness of fit for all indices.

Inspection of the standardized factor loadings indicated that counselors' perceptual moral attentiveness is significantly correlated with burnout scores ($\beta = .321$, $p < .1$ ($p=0.051$)), which

aligns with the results found by Mullen and colleagues. However, review of the standardized factor loadings indicated that counselors' reflective moral attentiveness did not relate to the variance in burnout (β = –.263, p = .116) or perceived stress (β = -.205, p = .177) scores, and moral attentiveness did not relate to perceived stress scores (β = 0.188, p = .205).

We found a medium positive correlation for burnout and perceived stress (r = .0.481, p < .001) and a strong positive correlation for perceptual moral attentiveness and reflective moral attentiveness (r = .687, p < .001).

The CBI subscales Deterioration in Personal Life (β = .724) and Exhaustion (β = .816) were the strongest factors of burnout, which was also found in the original study. The other subscales of the CBI were not as strong at predicting burnout; Devaluing Client (β = .501), Incompetence (β = .379), and Negative Work Environment (β = .530). Ultimately the model showed unacceptable fit for the SEM model. Therefore, we preceded to looking at each of the components of the model to determine if there might be other issues with the data such as poor fit within each of the scales used for different components of the model, or major outliers in the data.

CBI Analysis

We completed an Exploratory Factor Analysis (EFA) on the CBI to determine if the data we collected for the CBI split into a different number of factors than the original 5 laid out by Lee and colleagues (2007) After analysis, a 6-factor model showed acceptable fit according to Chi-square indicator (χ^2) (p=0.19), compared to the original five-factor model which did not show significance. However, after completing a CFA on the 6-factor model there was not acceptable χ^2 fit (p=0.00). We then went back to the EFA data and removed items 12, 13, 10, 19, and 20. Item 12 was the only indicator for the 6th factor, items 10 and 20 were weakly loading

onto two different variables, and the factor loadings for items 13 and 19 were weak. After removing these items, we re-ran the CFA which showed an acceptable χ^2 model fit for the CBI as a latent variable (p=0.130). We then ran the SEM with the modified CBI model, which still did not fit according to χ^2 (p=0.00). Therefore, we decided to look at the other two scales through EFA and CFA.

PSS and MAS Analysis

We completed CFAs for both the 2-factor MAS, and the 1-factor PSS and both of these resulted in poor χ^2 fit (p=0.00). We then conducted an EFA on both scales which resulted in a two-factor model for the PSS and a 6-factor model for the MAS. We ran a CFA on the PSS two-factor model which resulted in an acceptable model fit (χ^2, p=0.285). the CFA for the MAS 6-factor model was non-significant (χ^2, p=0.000). After completing the PSS and MAS analyses, we ran the SEM once again with the modified PSS scale, the modified CBI scale, and the original

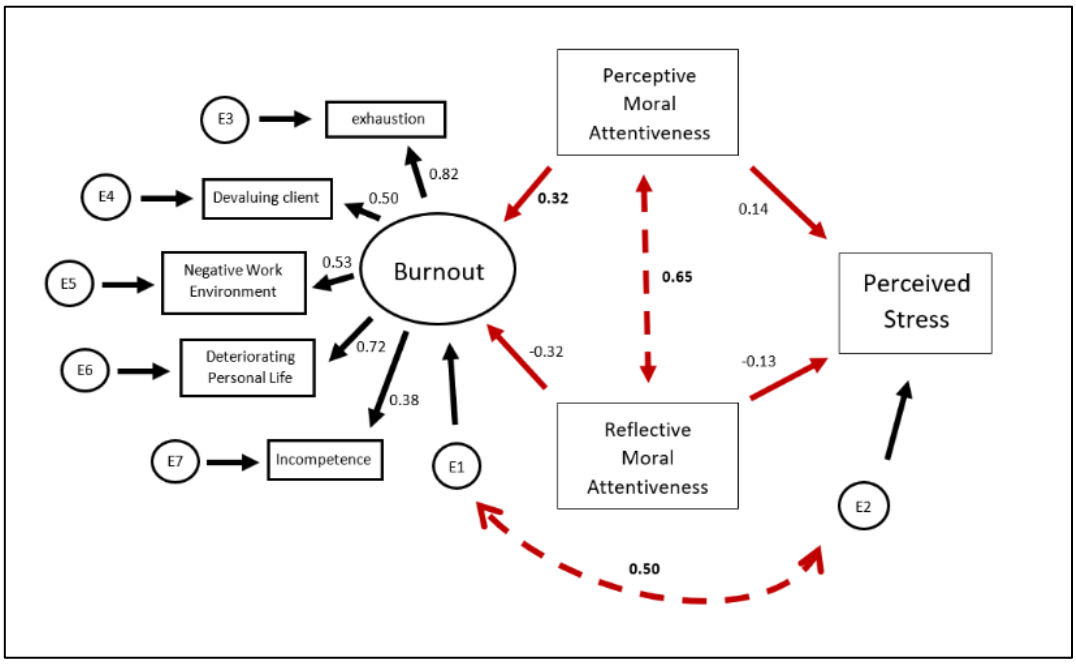

Figure 2: Current study's SEM model and coefficients

MAS scale which resulted in a poor model fit (p=0.00). The coefficients of this model were very close to the original model, and shown in **Figure 2.**

Overall the results reflect that the current model and scales are not consistent with those found by Mullen and colleagues. Although some coefficients were significant, and others were in the same direction as those found by the original study, the model fit was not acceptable even after exploring the factors in each of the scales used in the study.

These results are consistent with moral attentiveness informing burnout but being unrelated to perceived stress. These results are also inconsistent with moral reflectiveness playing a role in burnout or in perceived stress. The analysis does show a moderate relationship between perceived stress and burnout, and a strong relationship between moral attentiveness and moral reflectiveness.

Chapter IV – Discussion

The purpose of this study was to examine the relationship between the experience of ethical dilemmas, burnout, and perceived stress among Canadian counselors by replicating the study of Mullen and colleagues (2017). Our hypothesis – informed by the literature on this topic – was that perceptual moral attentiveness would have a positive relationship with burnout and perceived stress. In the original study, perceptual moral attentiveness was significantly correlated with both burnout and perceived stress, whereas in the current study perceptual moral attentiveness was correlated with burnout, but not with perceived stress. Consistent with Mullen and colleagues' (2017) study, counselors' reflectivity toward ethical issues was not found to relate to their burnout or perceived stress. When assessing the structural equation models as a whole, however, the model did not accurately reflect the experience of the counselors surveyed. In order to further explore the discrepancy between the original and current study, we completed three Confirmatory Factor Analyses, three Exploratory Factor Analyses, and an alternate model structure. However, even after these further analyses, the model still failed to match the data. In light of these results, it is difficult to conclude what is the true relationship between burnout, moral attentiveness, and stress. Based on the results of the present study alone, the interactions between these variables appears weaker than originally put forth by Mullen and colleagues (2017).

Statistical Issues in Replication

In the original study, the Confirmatory Factor Analysis indicated that the model was appropriate save the Root Mean Square Error of Approximation (RMSEA) value, while in the current study the RMSEA value was sufficient, but the Goodness of Fit Indicator (GFI) was not. This may be due to a number of factors including sample size given that GFI is known to be

sensitive to sample sizes below 200 (Muliak et al., 1989). Additionally, the Structural Equation Model in the original study was found to be a good fit, while in the current study the model was poor across 3 of the 5 indices, showing that the model did not accurately reflect the data collected in this investigation. This discrepancy shows a lack of consensus on the true relationship between moral reflection, perceived stress, and burnout. Finally, the present results showed a non-significant relationship between moral attentiveness and perceived stress, while there was a significant relationship between these two variables in the original study. Therefore, the nature of the relationship between these two constructs remains unclear after these two studies and more research on this topic is required.

Differences Between Original and Replication Studies

There are several differences between the methodologies and procedures of the current and original studies that should be addressed. Firstly, the current study approached counselors in-person, while the original study used a mail-out method. The effect of having the researcher present while filling out the survey might have impacted the participants' response in a variety of ways. Filling out the survey in person might have put more time pressure on participants, thus not allowing them to be as thoughtful about their answers as they might have been had they been able to complete the survey at their leisure. It is possible that allowing participants to be more thoughtful in their answers might have allowed them to better reflect their true experience when completing the study. While the number of participants in the two studies were comparable, the sample size in both studies does not meet the threshold needed to generalize to the total population of counselors in North America (Krejcie & Morgan, 1970). This sample size is also not ideal for SEM as it increases the likelihood of Type II error (Kline, 2011), but is adequate given recommendations from the literature on a model of the study's simplicity (Jackson, 2003;

Kline, 2011). Therefore, it is important to consider the results of this study, but not generalize them without future investigation.

The "Replication Crisis"

Another issue that this study brings up is that of the replicability of psychology research. There has been much work done in the past decade on the replication crisis which claims that only one third of significant findings are replicable (Bhattacharjee 2013; Open Science Collaboration, 2011; Tackett et al., 2019; Wade 2010). Given this statistic, it seems unsurprising that the results of this investigation failed to replicate those of Mullen and colleagues (2017). Even though there are some minor variances between the two studies, an effect size as large as that found in the original study would be expected to stand up to such trivial differences. Additionally, the present study failed to produce significant results even after adjusting for possible measurement error and differences in sample. Therefore, it is necessary to look at the broader issues that might cause this discrepancy. Firstly, psychological effects are often sample-specific. Further investigation with a larger sample might show a more reliable relationship between these variables. Secondly, if there is a significant relationship between moral attentiveness and perceived stress, it is possible that it is not as strong as that found by Mullen and colleagues (2017) but stronger than that found by the current study.

Measurement Issues

The results from the current study also bring up several issues related to measurement theory, reliability, and validity. None of the three standardized scales used in the study interacted with the data as expected. The scale used to measure burnout in the model did not initially pass the CFA with an adequate fit and therefore required further investigation. The PSS and MAS also did not pass initial CFAs with adequate fit, which required new factor loadings to be

considered. These issues call the content and construct validity of the scales into question. Other options for standardizes scales to measure these constructs that are more robust and more widely used might be warranted. The MAS used by Mullen and colleagues (2017) is a novel measure specific to exploring and assessing the experiences counselors have with ethical dilemmas and is currently the only instrument available to measure the constructs in this study. However, the current results show that the MAS may not be a suitable measure for investigating these constructs as it did not pass the initial CFA with it's original two-factor model and failed to produce a reliable alternate model after completing an EFA. Therefore, modification of the scale or development of a new scale to measure moral attentiveness may be warranted, as noted by Mullen, Blount, Lambie, and Chae (2018).

Model Issues

Finally, the issues faced in this replication caused us to question the model as a whole. The authors of the original study reflected on the fact that the model presented is a simplification of what may truly be impacting counselors' responses to ethical dilemmas and how they experience burnout (Mullen et al., 2017). Based on the results of the original study as well as the current study, it seems that moral reflectiveness does not impact burnout or stress in the way which was expected, contrary to findings of past research (e.g., Giacalone et al., 2016). Therefore, further examination of this particular relationship is important in the continuation of model development. The lack of significant results in the present study also speaks to the fact that the extant model might need modification to truly describe the relationship between burnout, stress, and perceptual moral attentiveness. Future research on this topic might also consider exploring areas not covered in the extant model, but regarded as important in the practice of counselling and burnout such as the quality of one's work environment (Griffith & Frieden,

2000; Pompeo & Levitt, 2014; Skovholt et al., 2001), presence of work-life balance (Freudenberger, 1986; Pines & Maslach, 1978; Simionato & Simpson, 2018), and connection to the professional community (Ross et al., 1989).

Implications for Practice and Training

The results of this study have several implications for the practice of counseling and the training of future counselors. Ethical dilemmas are an occupational hazard. Training in how to handle them is therefore important for future counselors. However, the results of the current study suggest that the impact of ethical dilemmas and reflection upon them might not be as significant as previously thought. It is still important that counselors not ignore potential effects of ethical dilemmas on their stress levels and well being. Counselors should also maintain good self-care strategies to mitigate the potential for burnout such as connecting and collaborating with colleagues, maintaining good nutrition and exercise practices, and keeping up to date on relevant ethical guidelines. Agencies with several counselors might consider practices such as group supervision to create a sense of social support among colleagues and can even create more effective solutions and ideas than that counsellor might have been able to develop individually.

In counselor training, supervisors and instructors still need to ensure that their students are prepared to handle ethical dilemmas and their effects in a professional and safe manner. This can be accomplished through a variety of methods including role playing, writing assignments outlining what one might do in specific dilemmas, and collaboration between students and their supervisor(s).

References

Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.

Bearse, J. L., McMinn, M. R., Seegobin,W., & Free, K. (2013). Barriers to psychologists seeking mental health care. *Professional Psychology: Research and Practice*, *44*(3), 150–157.

Bodenhorn, N. (2006). Exploratory study of common and challenging ethical dilemmas experienced by professional school counselors. *Professional School Counseling*, *10*(2), 195–202.

Cottone, R. R., & Claus, R. E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling & Development*, *78*(3), 275–283.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*, *58*(11), 1433–1441.

Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology, 50*(3), 571–579.

Freudenberger, H. J. (1986). The issues of staff burnout in therapeutic communities. *Journal of Psychoactive Drugs*, *18*(3), 247–251.

Garcia, J., McGuire-Kuletz, M., Froelich, R., & Dave, P. (2008). Testing a transcultural model of ethical decision making with rehabilitation counselors. *The Journal of Rehabilitation Counseling, 74*(3)*,* 21–26.

Garcia, J., Winston, S., Borzuchowska, B., & McGuire-Kuletz, M. (2004). Evaluating the integrative model of ethical decision-making. *Rehabilitation Education, 18*(3)*,* 147–164.

Giacalone, R. A., Jurkiewicz, C. L., & Promislo, M. (2016). Ethics and well-being: The paradoxical implications of individual differences in ethical orientation. *Journal of Business Ethics*, *137*(3), 491–506.

Gilbert, D. T., King, G., Pettigrew, S., & Wilson, T. D. (2016). Comment on "Estimating the reproducibility of psychological science." *Science*, *351*(6277), 1037–1037.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Golden-Kreutz, D. M., Browne, M. W., Frierson, G. M., & Andersen, B. L. (2004). Assessing stress in cancer patients: A second-order factor analysis model for the Perceived Stress Scale. *Assessment, 11*(3), 216–223.

Griffith, B. A., & Frieden, G. (2000). Facilitating reflective thinking in counselor education. *Counselor Education and Supervision*, *40*(2), 82–93.

Guiffrida, D. A. (2005). The emergence model: An alternative pedagogy for facilitating self-reflection and theoretical fit in counseling students. *Counselor Education and Supervision*, *44*(3), 201–213.

Henderson, K. L. (2013). Mandated reporting of child abuse: Considerations and guidelines for mental health counselors. *Journal of Mental Health Counseling*, *35*(4), 296–309.

Herlihy, B., & Dufrene, R. L. (2011). Current and emerging ethical issues in counseling: A Delphi study of expert opinions. *Counseling and Values*, *56*(1–2), 10–24.

Hill, C. E., & Lent, R. W. (2006). A narrative and meta-analytic review of helping skills training: Time to revive a dormant area of inquiry. *Psychotherapy: Theory, Research, Practice, Training*, *43*(2), 154–172.

Jackson, D. L. (2003). Revisiting sample size and number of parameter estimates: Some support for the N:q hypothesis. *Structural Equation Modeling, 10*(1), 128–141.

Joinson, C. (1992). Coping with compassion fatigue. *Nursing, 22,* 116, 118–120.

Jordan, N. A., Russell, L., Afousi, E., Chemel, T., McVicker, M., Robertson, J., & Winek, J. (2014). The ethical use of social media in marriage and family therapy: Recommendations and future directions. *The Family Journal*, *22*(1), 105–112.

Kline, R. B. (2011). *Principles and practice of structural equation modeling*. New York, NY: Guilford Press.

Kocet, M. M., & Herlihy, B. J. (2014). Addressing value-based conflicts within the counseling relationship: A decision-making model. *Journal of Counseling & Development*, *92*(2), 180–186.

Kohlberg, L. (1969). Stage and sequence: The cognitive-developmental approach to socialization. In D. Goslin (Ed.), *Handbook of socialization theory and research* (pp. 347–480). Chicago, IL: Rand McNally.

Kohlberg, L. (1971). Stages of development as a basis for moral education. In C. M. Beck, B. S. Cristenden, & E. V. Sullivan (Eds.), *Moral education: Interdisciplinary approaches* (pp. 23–92). Toronto, ON: University of Toronto Press.

Kolay Akfert, S. (2012). Ethical dilemmas experienced by psychological counsellors working at different institutions and their attitudes and behaviours as a response to these dilemmas. *Educational Sciences: Theory and Practice*, *12*(3), 1806–1812.

Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement, 30*(3), 607–610.

Lambie, G. W., Hagedorn, W. B., & Ieva, K. P. (2010). Social-cognitive development, ethical and legal knowledge, and ethical decision making of counselor education students. *Counselor Education and Supervision*, *49*(4), 228–246.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer.

Lee, J., Lim, N., Yang, E., & Lee, S. M. (2011). Antecedents and consequences of three dimensions of burnout in psychotherapists: A meta-analysis. *Professional Psychology: Research and Practice*, *42*(3), 252–258.

Levitt, D. H., & Aligo, A. A. (2013). Moral orientation as a component of ethical decision making. *Counseling and Values*, *58*(2), 195–204.

Levitt, D. H., Farry, T. J., & Mazzarella, J. R. (2015). Counselor ethical reasoning: Decision-making practice versus theory. *Counseling and Values*, *60*(1), 84–99.

Lilienfeld, S. O. (2017). Psychology's replication crisis and the grant culture: Righting the ship. *Perspectives on Psychological Science*, *12*(4), 660–664.

Luke, M., Goodrich, K. M., & Gilbride, D. D. (2013). Intercultural model of ethical decision making: Addressing worldview dilemmas in school counseling. *Counseling and Values*, *58*(2), 177–194.

Merriman, J. (2015). Enhancing counselor supervision through compassion fatigue education. *Journal of Counseling & Development*, *93*(3), 370–378.

Mulaik, S. A., James, L. R., Van Alstine, J., Bennett, N., Lind, S., & Stilwell, C. D. (1989). Evaluation of goodness-of-fit indices for structural equation models. *Psychological Bulletin*, 105(3), 430–445. doi: 10.1037/0033-2909.105.3.430.

Mullen, P. R., Blount, A. J., Lambie, G. W., & Chae, N. (2018). School counselors' perceived stress, burnout, and job satisfaction. *Professional School Counseling*, *21*(1), 1–10.

Mullen, P. R., Morris, C., & Lord, M. (2017). The experience of ethical dilemmas, burnout, and stress among practicing counselors. *Counseling and Values*, *62*(1), 37–56.

Nelson, L. D., Simmons, J., & Simonsohn, U. (2018). Psychology's renaissance. *Annual Review of Psychology*, *69*(1), 511–534.

Paxton, J.M., Ungar, L., & Greene, J. D. (2012). Reflection and reasoning in moral judgment. *Cognitive Science, 36*(1), 163–177.

Pines, A., & Maslach, C. (1978). Characteristics of staff burnout in mental health settings. *Psychiatric Services*, *29*(4), 233–237.

Pompeo, A. M., & Levitt, D. H. (2014). A path of counselor self-awareness. *Counseling and Values*, *59*(1), 80–94.

Richards, K., Campenni, C., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling*, *32*(3), 247–264.

Ross, R. R., Altmaier, E. M., & Russell, D. W. (n.d.). *Job Stress, Social Support, and Burnout Among Counseling Center Staff*. 7.

Sheppard, G. W., Schulz, W. E., & McMahon, S. (2007). *Code of ethics*. Retrieved from https://www.ccpa-accp.ca/wp-content/uploads/2007/10/CodeofEthics_en.pdf

Shrout, P. E., & Rodgers, J. L. (2018). Psychology, science, and knowledge construction: Broadening perspectives from the replication crisis. *Annual Review of Psychology*, *69*(1), 487–510.

Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *Journal of Clinical Psychology*, *74*(9), 1431–1456.

Skovholt, T. M., Grier, T. L., & Hanson, M. R. (2001). Career counseling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development*, *27*(3), 167–176.

Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development*, *70*(4), 505–515.

Stamm, B. H. (n.d.). *Helping the Helpers: Compassion Satisfaction and Compassion Fatigue in Self-Care, Management, and Policy of Suicide Prevention Hotlines*. 5.

Tackett, J. L., Brandes, C. M., King, K. M., & Markon, K. E. (2019). Psychology's replication crisis and clinical psychological science. *Annual Review of Clinical Psychology*, *15*, 579–604.

Venart, E., Vassos, S., & Pitcher-Heft, H. (2007). What individual counselors can do to sustain wellness. *The Journal of Humanistic Counseling, Education and Development*, *46*(1), 50–65.

Welfel, E. R. (2006). *Ethics in counseling and psychotherapy: Standards, research, and emerging issues*. Belmont, CA: Thomson Brooks.

West, W. (2002). Some ethical dilemmas in counselling and counselling research. *British Journal of Guidance & Counselling*, *30*(3), 261–268.

What Does Cronbach's Alpha Mean? (n.d.). Retrieved from https://stats.idre.ucla.edu/spss/faq/what-does-cronbachs-alpha-mean/

Wilkerson, K., & Bellini, J. (2006). Intrapersonal and organizational factors associated with burnout among school counselors. *Journal of Counseling & Development*, *84*(4), 440–450.

Appendices

Appendix A – Study Instruments

Study Title: Effects of Ethical Dilemmas on Burnout in Canadian Counsellors

Your anonymous participation is being sought for a study investigating the relationship between ethical dilemmas and burnout among Canadian counsellors. All data collected for this study will be kept confidential and only available to the researcher and their supervisor. By completing the questionnaires, you are acknowledging that you have read and understood this statement, and consent to have your responses used in the study.

Background Questions

What is the highest level of training have you received?

Undergraduate Degree | Master's Degree | PhD or equivalent

How many years have you worked as a Counsellor?

On average, how many hours do you spend in direct contact with clients?

Do you have any certifications in additional to your academic degree? If yes, please list them below

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Moral Attentiveness Scale (Reynolds, 2008)

Please indicate the extent to which you agree with each statement by placing an X in the corresponding box

		Strongly disagree			**Neither**		**Strongly agree**	
		1	**2**	**3**	**4**	**5**	**6**	**7**
1	I enjoy thinking about ethics							
2	In a typical day, I face several ethical dilemmas							
3	I regularly face decisions that have significant ethical implications							
4	My life has been filled with one moral predicament after another							
5	Many of the decisions I make have ethical dimensions to them							
6	I regularly think about the ethical implications of my decisions							
7	I think about the morality of my actions almost every day							
8	I rarely face ethical dilemmas							
9	I frequently face ethical situations							

10	I often find myself pondering about ethical issues							
11	I often reflect on the moral aspects of my decisions							
12	I often have to choose between doing what is right and doing something that is wrong							

Counsellor Burnout Scale (Lee et al., 2007)

Please indicate the extent to which you agree with each statement by placing an X in the corresponding box

		Never true 1	**Rarely true 2**	**Sometimes 3**	**Often true 4**	**Always true 5**
1	Due to my job as a counsellor, I feel tired most of the time					
2	I feel exhausted due to my work as a counsellor					
3	Due to my job as a counsellor, I feel overworked					
4	Due to my job as a counsellor, I feel tightness in my back and shoulders					
5	I feel I am an incompetent counsellor					
6	I am not confident in my counselling skills					
7	I feel frustrated as my effectiveness as a counsellor					
8	I do not feel like I am making a change in my client's lives					
9	I feel frustrated with the system at my workplace					
10	I am treated unfairly in my workplace					
11	I feel bogged down by the system in my workplace					
12	I feel negative energy from my supervisor					
13	I have little empathy for my clients					
14	I have become callous towards clients					
15	I am not interested in my clients and their problems					
16	I am no longer concerned about the welfare of my clients					

17	I feel I do not have enough times to spend with my friends					
18	I feel I do not have enough time to engage in personal interests					
19	I feel I have poor boundaries between work and my personal life					
20	My relationships with family members have been negatively impacted by my work as a counsellor					

Perceived Stress Scale (Lee et al., 2007)

For each question choose from the following alternatives
0-never 1-almost never 2-sometimes 3-fairly often 4-often

_____ l. In the last month, how often have you been upset because of something that happened unexpectedly?

_____ 2. In the last month, how often have you felt that you were unable to control the important things in your life?

_____ 3. In the last month, how often have you felt nervous and stressed?

_____ 4. In the last month, how often have you felt confident about your ability to handle your personal problems?

_____ 5. In the last month, how often have you felt that things were going your way?

_____ 6. In the last month, how often have you found that you could not cope with all the things that you had to do?

_____ 7. In the last month, how often have you been able to control irritations in your life?

_____ 8. In the last month, how often have you felt that you were on top of things?

_____ 9. In the last month, how often have you been angered because of things that happened that were outside of your control?

_____ 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Appendix B - EFA Outputs

Counselor Burnout Inventory EFA Outputs

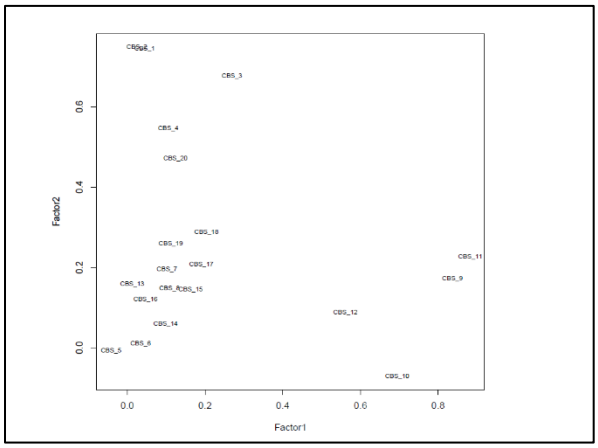

Figure A1 – EFA factor graph for CBI

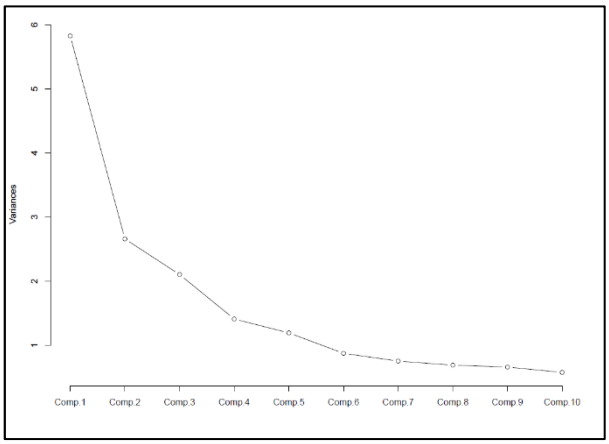

Figure A2 – EFA component graph for CBI

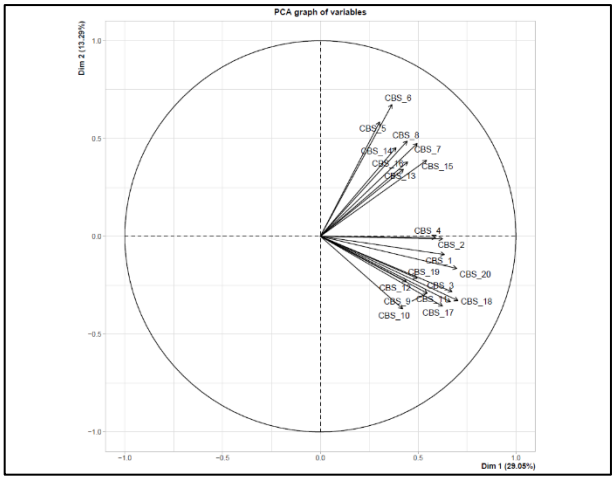

Figure A3 – PCA variable map for CBI

Perceived Stress Scale EFA Outputs

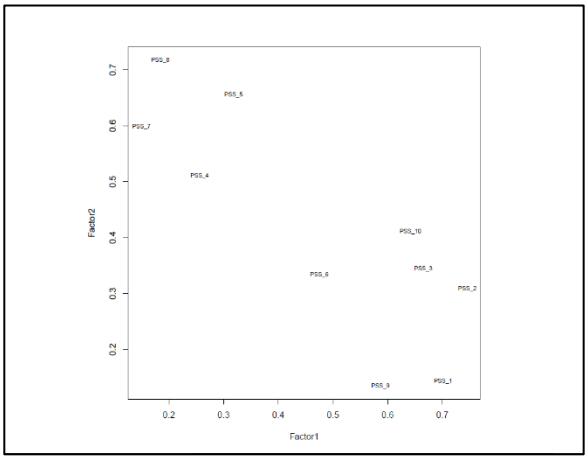

Figure A4 – EFA factor graph for PSS

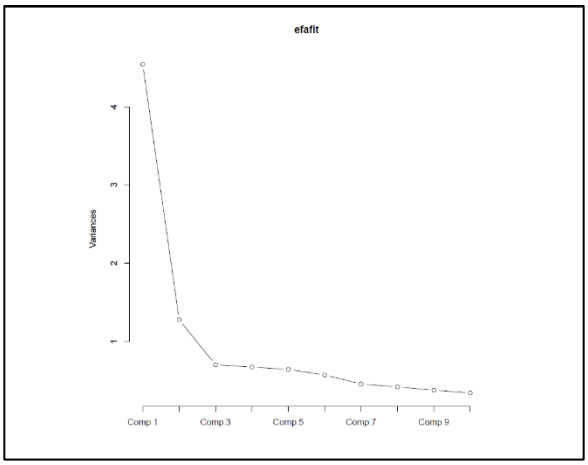

Figure A5 – EFA component graph for PSS

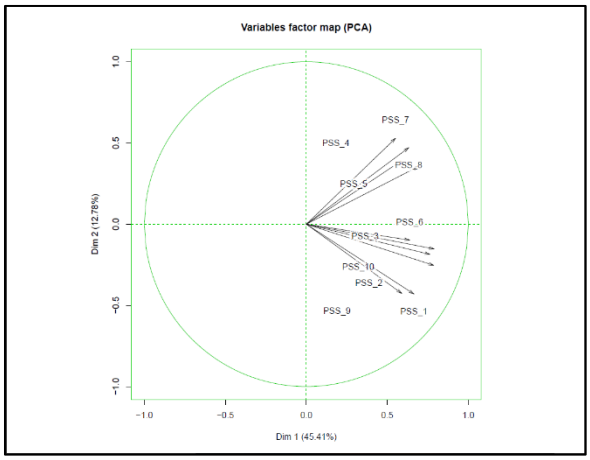

Figure A6 – PCA variable map for PSS

Moral Attentiveness Scale EFA Outputs

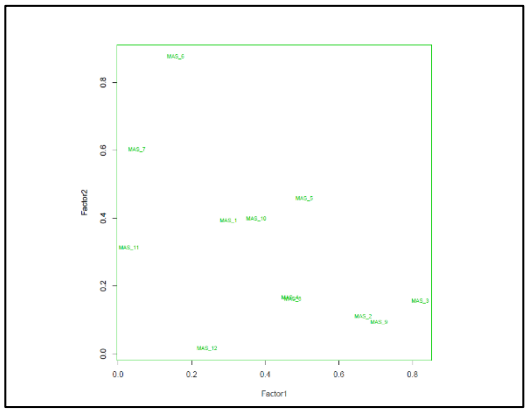

Figure A7 – EFA factor graph for MAS

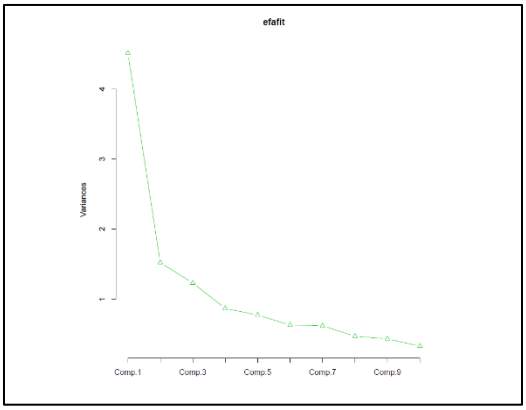

Figure A8 – EFA component graph for MAS

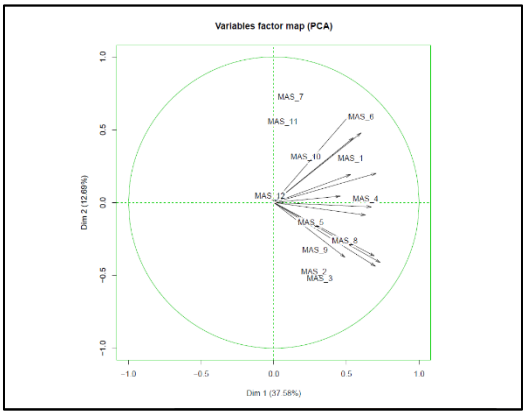

Figure A9 – PCA variables factor map for MAS