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Full Name of Author — Nom complet de l'auteur

John Edward Mingay Young

Date of Birth — Date de naissance

June 10, 1952

Country of Birth — Lieu de naissance

Canada

Permanent Address — Résidence fixe

9421-142 ST.  
Edmonton

Title of Thesis — Titre de la thèse

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Name of Supervisor — Nom du directeur de thèse

Eberlein Dr. L.

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LEGAL AND ETHICAL ISSUES FOR SCHOOL COUNSELLORS  
(LEGAL AND ETHICAL ISSUES)

C

JOHN YOUNG

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH  
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE  
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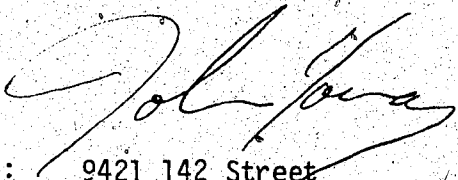
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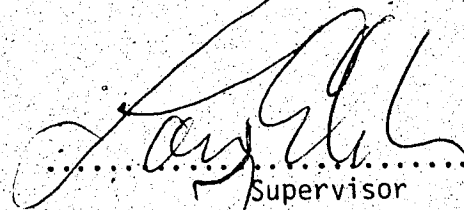
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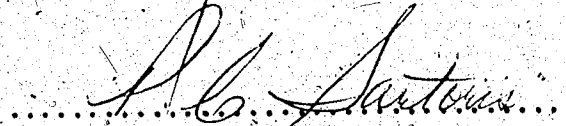
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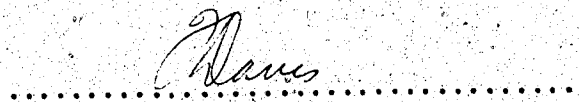
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Supervisor

  
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## Abstract

The general aim of this study was to examine the role of the school counsellor from a legal-ethical point of view. A review of the literature demonstrated that there has been increased litigation against the helping professions. This trend is more advanced in the United States than Canada though Canadian court action is on the increase. The populations of both countries appear to want a move away from the traditionally paternalistic attitudes of the helping professions. The main issue areas are: informed consent, determining the goals of treatment, treatment of choice, serving client interests, adequacy of treatment, confidentiality, referral procedures and practitioner qualifications. It was with these issue areas in mind that a questionnaire was constructed in order to determine the perspectives that school counsellors have in these issue areas. Questionnaires were distributed to all counsellors, full and part time in the Edmonton Public and Catholic School systems. The questionnaire contained 20 questions and was designed to be answered twice. Respondents were asked to answer from two points of view. From the ideal (I) point of view counsellors were asked to answer from what they considered to be a perfect view of counselling practice. The practical (P) answers were from a viewpoint of what happens in the counsellor's everyday practice. This method allowed the calculations of the ideal means, practical means and difference scores. Counsellors supplied biographical data which allowed examination of what factors may have an influence on the legal and ethical practice of counsellors. Forty-six counsellors responded to the study. From this sample it was determined that a large gap exists between what counsellors perceive as ideal and what is done on

a day to day basis. In order to determine what factors may have an effect on legal ethical practice the factors of: numbers of students dealt with, the level of graduate training and the number of hours of legal-ethical study were considered. The study did not reveal that any of these factors were significant in determining the legal-ethical practice of school counsellors. The results were reported and discussed. The author suggested further directions for research and implications for counsellor, teachers, administration and school boards.

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## CHAPTER I

### Purpose and Nature of the Study

During recent years an increasingly legally oriented public has demanded change from the rather paternalistic attitude of professional people. This change of attitude has occurred particularly in the United States as witnessed by the number of court cases brought against professionals. Canadian litigation is also growing, particularly in the field of informed consent (Sharpe, 1979). In order to meet growing public pressures and maintain the integrity of the profession of psychology it is necessary for psychologists and others dealing in the area of psychology to be viewing their profession from a legal-ethical point of view.

Psychologists have pursued the perfection of techniques and measured outcomes in an increasingly scientific manner. This pursuit has produced a proliferation of sound, tested techniques with a reasonably accurate knowledge of the efficacy of these techniques. The field of behavior modification particularly has stressed this approach. An incredible volume of literature exists which deals with the measurement of procedures in the behavioral field. A body of literature is now beginning to develop that deals with the legal and ethical responsibility of those involved in psychological practice. To a large extent this interest was generated as a response to American judgments against private practitioners, public and private institutions, including the penal system. There were warnings (Birnbaum, 1960) of impending legal

battles. The majority of those writing in this area have been legal authors viewing psychology, rather than psychologists examining their profession from a legal and ethical perspective. This study represents an attempt to consider legal-ethical questions from a psychological rather than legal perspective.

#### Purpose of the Study

The purpose of this study is to examine the legal-ethical practice of school counsellors, providing information which will be beneficial to the school counsellors. By having counsellors examine legal-ethical questions both activity and introspection in this area is generated. Data is also produced which will allow at least some knowledge as to how counsellors view their school practices. This data will provide some information as to the strengths and weaknesses that counsellors perceive in their legal-ethical practice. By providing this data the decision-making process in areas such as the question of, how much legal-ethical training a counsellor should receive, will be aided:

#### Nature of the Problem

Public outcry and legal battles have put pressure on various professional groups including psychologists. Though ethical codes exist and legal guidelines are being drawn, there is a need to be actively considering psychological practice from within the profession. In order to make decisions which will effect the profession, data must be generated which will aid in this decision-making process.

A review of the literature reveals several key areas of concern which this study examined.

Goals of treatment is an issue which behaviorists have had to face.

3

This appears to be related to the explicit way in which goals must be stated in sound behavioral practice. The client's understanding of the goals of treatment and the degree of voluntariness are examined.

The choice of the treatment problem was approached from the view of: how the treatment was chosen, what alternatives were available to the counsellor and client, and what was the least restrictive alternative.

Voluntariness (or client choice) is an issue, particularly when clients are in an institutional situation. Though school children are not committed to schools, school attendance until age of sixteen is compulsory. The fact that children must attend school limits the degree to which they can give truly voluntary consent.

Ossification of institutions can cause a situation in which client interests are not being served. There may be several reasons for this self-serving philosophy which can develop in institutions. This study only probed the child's involvement in treatment plans and resolution of conflicts between the interest of the client and the institution.

Therapy often has vague objectives and rather imprecise modes of measurement. Behavioral methods however have a very strong measurement component. The problem of the adequacy of these measurement methods was considered.

Who has access to records and the client's knowledge of who has access to records are areas of the confidentiality issue that were investigated.

Counsellors do not always provide successful treatment. When this difficulty occurs is a referral made?

The last area of the problem that this study approached was that



of counsellor qualifications. Does the counsellor have the academic and experiential basis to deal with the presenting problem?

The areas of consideration which were chosen by no means represent a total package of the legal-ethical situations which may confront counsellors. They do provide a broad spectrum of important legal-ethical issues.

Counsellors should have an idea of what they perceive as an ideal legal-ethical practice. They would also know what they consider to be practical given the various constraints within which they work. In order to provide this information counsellors were asked to answer identical sets of questions from an ideal perspective and from a practical viewpoint. This method allowed difference scores to be calculated. Information about what counsellors perceive to be practical, perceive to be ideal and the discrepancy between these perceptions can then be considered in relation to various other factors.

## CHAPTER II

### Discussion of Pertinent Issues and a Review of Related Literature

This literature review contains literature and court cases which deal not only with school counselling situations but also cases of non-voluntary, institutionalized clients. The principles that are articulated, however, bear a direct relationship as to the standard of legal-ethical practice to which a school counsellor should strive.

#### Differences Between American and Canadian Legal Status and Rights

It must be recognized that the majority of the court cases cited are American. Basic philosophical differences exist with respect to individual human rights in Canada and the United States, the latter being recognized as a leader in this area. Two sources account for this difference. (a) American courts have viewed their role differently than Canadian courts. The American judicial philosophy views courts as shapers of social institutions through legal interpretation. This philosophy has produced far-reaching social implications through various court cases. Canadian courts have limited their function to the specifics of particular cases (James & Alla, 1979). (b) There are fundamental differences between rights legislation as it exists in Canada and the United States. The First, Fifth, Eighth and Fourteenth amendments are embedded within the American Constitution and provide for fundamental protection of individual human rights in the U.S. (Budd & Baer, 1976). These clauses have provided the basis upon which cases of individual rights have been decided. When a conflict occurs, statutes are restricted

or overturned by these more fundamental rules. In contrast, the Canadian experience has placed the emphasis on the community or public good rather than on the individual. There are at the time of writing no individual rights guaranteed in the BNA Act. The Bill of Rights which exists in each province and with the Federal government may be duly ignored when specifically overridden for the public good. Presently, Canadians have very little protection for individual human rights.

Goals of Treatment

Recognition of a Need to Change

School children are expected to conform to the norms set by the school staff. This extra, or double set of norms often leads to demands for change because of values held by persons other than the students. For example--sitting quietly in a neat row represents values imposed on children by persons in charge. In other parts of Canadian society this expectation may not exist or is of little concern to the parents. While one can argue about the "rightness" of a permissive society, consideration must be given to "rules" of conduct in both normal family settings and in schools.

To the extent goals reflect client needs, not just school needs, behavior change programs are more likely to meet the expectations of the law and professional ethics as they relate to client rights. Where children are concerned, it is adult authority which demands change and then expects a professional to design programs to achieve that change. It is known that clients are more amenable to change when it is their own desire to change (Pietrofesa, Bernstein, Minor & Stanford, 1980; Redd, Porterfield & Andersen, 1979; Shertzer & Stone, 1976; O'Connor v Donaldson, 1975). When suggestions for change come from school

authority it is essential to discuss these expectations with the client rather than simply demand obedience. Though legally, this sort of discussion may or may not be binding, it does reflect sound therapeutic practice.

Basis of Goal Selection

Goal selection has been a point of contention between behaviorists and the public. This is why particular reference to behavioralism is contained in this section.

Behavior modification has been popularized and received enough publicity so that most people are aware of the term. The method appears to be very simple and produce magical results. In actuality there are many subtleties and difficult concepts involved with results being less certain than claimed by some more enthusiastic proponents (Redd, Porterfield & Andersen, 1979). Because of its relatively simple appearance, untrained persons have used the technique with disastrous results.

Behavior modification takes time and patience. The time available may be restricted so both long term and short term goals selected should be realistic.

Martin (1975) provides ten steps in progress toward a goal: first, the institutions must have goals. Second, those goals must be concrete. Third, goals must be visible. Fourth, each goal must be objectively stated. Fifth, each goal must be divided into a sequence of tasks. Sixth, there must be a model for the successful completion of each task. Seventh, as performance begins, it must be shaped. Eighth, there must be reliable reporting so that feedback can occur. Ninth, decisions must be based on performance. Tenth, specific results must be communicated

to outside parties in objective, intelligible terms (p. 99-100). Though the term institution is used in this instance these steps would apply in a school setting.)

Intervention strategies should be planned with care after a detailed behavior assessment. Expectations of too much too soon indicate a lack of understanding of the principles of either the classical or instrumental conditioning that underlies all behavioral modification programs.

The counsellor as employee and healer is often confronted by the spectre of serving two masters with divergent goals. While ideally, this should not be the case, the reality is that goals of the school and student often vary significantly. Where possible, the goals of the school should be reviewed in light of student needs so that the differences can be minimized. This would also help staff behave more effectively by removing personal conflict dilemmas. Although time consuming, wherever feasible, it would be well to have clients define their goals more completely than at present (Martin, 1975). This is particularly crucial in behavior modification programs where clearly stated goals are absolutely essential.

### Choice of Treatments

#### Least Restrictive Alternatives

Though developing in Canadian Law the concept of the least restrictive alternative has been articulated and developed more completely in the United States. This is due mainly to the emphasis placed on due process. Simply stated the least restrictive alternative requires that the treatment of choice must be one which will cause the least infringement on the individual's rights and offer a suitable chance

for cure or improvement, especially in cases where complete remission is impossible (Budd & Baer, 1976; Sheldon v Tucker, 1960). For example, the most desirable course of treatment would be one in which a student could function totally inside the regular classroom. A common problem arises when a counsellor experiments with relatively ineffective methods of treatment and the client's condition continues to deteriorate. While the treatment may be the least restrictive, if it is ineffective it conflicts with the right to treatment and thus is not an appropriate alternative.

Time-out is a recognized behavior modification technique (Drabman & Spitlanik, 1973). Time-out is much like the isolation of misbehaving students used by some teachers (Budd & Baer, 1976). In both techniques an enforced time for solitude or thinking is provided. The amount of time tends to be the critical element and it is doubtful whether more than a few minutes of time-out is actually therapeutic (Schwitzgebel & Schwitzgebel, 1980). Exclusion from the classroom for inordinately long periods of time could be construed as a violation of the doctrine of the least restrictive alternative. Where exclusion from the classroom for long periods such as the traditional suspension or in school suspensions are indicated as the treatment of choice it seems very prudent to have a well documented account of the alternatives that were attempted before the more restrictive method was used (Schwitzgebel & Schwitzgebel, 1980). The choice among competing alternatives should result in the adoption of the procedure of least risk which will still attain the goal chosen.

#### Basic Human Rights

Though usually not applicable, in a regular school environment it

is instructive to note that the counsellor or other school staff cannot deprive the individual of items the individual may be entitled to by right (Wyatt v Stickney, 1972; Morales v Turman, 1973).

#### Experimental Versus Accepted Techniques

It is sometimes difficult to determine whether the strategy under consideration may be considered accepted treatment or experimental in nature. Legally important distinctions between the two are sometimes hard to define, but, in general, accepted techniques include a broad range of approaches typically followed by the majority of competent practitioners with experience in the field. While desiring to cure the problem, experimental procedures are less tried and tested and the result is not as clearly predictable. Some programs are designed to gather data for research and the focus tends to be more upon the technique than on the subject's needs. For these latter situations it is clear that a higher level of duty of care, due process, and informed consent is essential. Martin (1975) points out,

An experiment must have many more safe-guards. . .there must be a clear explanation of the risks and possible benefits, and there must be some public good to be gained from engaging in the experiment. (p. 37)

This is not nearly as true as in the case of accepted practice where it can be demonstrated through the literature that the benefit consistently outweighs any risks and/or that the risks involved are negligible. It is also important to remember that even accepted procedures may be considered experimental when they are being employed for a new or different purpose.

### Client Choice (Informed Consent)

Competency, voluntariness and knowledge are the three criterion that must be met to constitute informed consent. Special difficulties arise when dealing with people under the age of consent.

American and Canadian courts have dealt with the problem of informed consent. The majority of cases are medical in nature with a Canadian case, *Kenny v Lockwood*, 1932, being the cornerstone of this doctrine in both countries. The most recent Canadian case *Reibl v Hughes*, 1980, has placed the responsibility of "know thy patient" on the physician. This principle would also appear to apply to psychologists since it has been assumed that a medical standard also applies to psychologists (Eberlein, 1980).

*Wyatt v Stickney*, 1972, and *Kaimowitz v Department of Mental Health Civil*, 1973, are cases dealing with involuntarily confined individuals. These cases did establish the precedents that involuntary clients had the same rights of knowledge and voluntariness as voluntary subjects.

The general view of the courts has been that competency is assumed unless there is reason to decide otherwise. If a person is of sound mind and body there is no reason to question competence (Martin, 1975). Just being confined in a mental institution or a prison does not in and of itself remove the right of an individual to make decisions regarding treatment. (Martin, 1975; Rozovsky, 1979). Competency is situation specific and applies even to children. Minors have the right to consent to their own medical treatment in most provinces in Canada as long as they are competent to make that decision in a particular case. A 15-year-old girl may be competent, for example, to consent to having a broken leg set in an emergency situation, but not be competent to consent



to an abortion. Even though the consent of a child may not be valid, it is still good therapeutic practice to obtain consent whenever possible. The child should be as aware as possible as to what is happening.

The concept of voluntariness raises more difficult questions. Martin (1975) indicates that voluntary consent is possible in a voluntary therapist-client relationship. Other authors (Stolz, 1979) claim that a truly voluntary situation cannot occur because the client is dealing with an "expert" making the relationship unequal. Consent can be voluntary, but is more difficult to establish, when elements such as implied coercion, restraint of movement, and other infringements of client rights are inherent in the situation. The more the restraints imposed, the more essential is a careful record of the informed consent process.

In *Merriken v Cressman* (1973), psychological tests were administered in order to predict if students were potential drug abusers. The goal was to establish a preventative program. For personality testing, the court found that informed consent should be comparable to that obtained by the physician prior to performing surgery and this consent was not properly obtained in this case.

Consent of children at home or in institutions, which includes the regular school, presents more difficult problems including the possible need for an advocate. The Law Reform Commission of Canada (1979) indicates that the parent may usually give informed consent for the benefit of the child with respect to therapy. "This is so because the parent has both a legal right and duty to care for his child, in default of which, the state under its parens patriae power may intervene through

it courts to order necessary treatment " (p. 71). There is no legislation to resolve conflicts between parents and child (usually when a parent consents to therapy and the child does not). Pilpel (1972) describes recent trends in the common law as reflecting a changing view of the children. Courts now recognize children as persons rather than property. Thus, they have rights in many cases to consent to or refuse treatment in ways similar to adults.

Two conclusions were reached by the Commission with respect to interventions on children and on mental incompetents. Special protection should be given to institutionalized children with respect to consent to medical interventions and, as with the mature minor rule, any child should have the right to object or veto which may be overridden with justification. To the extent that mental incompetents are capable of giving consent, it should be sought from them. In cases where they are factually incapable of consenting, the same rule should apply as was suggested for younger children and institutionalized children.

#### Client Interests

Interests of the client (student) are served when "good" therapeutic practices are used by the counsellor. When goals of therapy are discussed with the student and the competencies of the student are recognized sound practice is taking place. Difficulties arise when a conflict between the needs of the individual and the needs of the school arise. Counselling programs may be designed to meet the needs of the school rather than the needs of the students. This has happened in some psychiatric hospitals (Wyatt v Stickney, 1972), and penal settings (Inmate of the Boys' Training School v Affleck, 1972). This

potential for abuse exists within the school setting. The school exists to serve students, not other ends.

### Groups

School counsellors and other helping persons have used groups with varying degrees of success. There are many beneficial aspects to group therapies. The potential for abuse also exists. Groups can be used in order to deal with large numbers of students when individual work may be indicated, which constitutes an abuse of groups.

In a group there is a degree of efficiency of counsellor/client contact that cannot be gained in the one-to-one counselling situation. Unfortunately, this attraction has led to groups that are designed not with the client's goals in mind, but rather with maintenance of the institution as the primary motive. The rationale behind groups encompasses more than the counsellor/client ratio.

There are essentially three types of group situations, all of which may be (depending on the institutional circumstances) applicable when working with children in Alberta. (a) Group guidance is essentially developmental in nature and is similar to many classroom situations, (e.g. guidance classes or Magic Circle). (b) Group counselling is more remedial and has a problem-solving orientation for its members. (c) Group psychotherapy is concerned with more serious individual problems and is a potent form of psychological intervention requiring extensive training for the leaders and careful selection of participants. Since the goals of each of these types of groups are different, the membership of the group will contain persons with differing therapeutic needs. It is important that the type of group be specified and members chosen

accordingly. Group counselling and group psychotherapy are not a "the-more-the-merrier" process and factors such as voluntariness, client readiness, sex, age and problem type are all important selective considerations.

Corey and Corey (1977) summarize important factors in the use and abuse of groups which can be applied to groups in institutional settings. Advantages include self-exploration and learning by participants, support for behavior change, greater feedback and factors that facilitate personal growth. Limitations include the use of groups to, "ventilate personal miseries", the failure to recognize that groups are not for everyone and are not a "cure-all", the pressure for group conformity, and the fact that some participants see the groups as the goal itself rather than only a means to reach the goal.

Finally, there are risks in participating which call for informed consent (see Client Choice) before being placed in a group. People become vulnerable in a group and follow-up resources are essential, especially in out-patient settings. Self-disclosure can be misused by group members and right to privacy violated. Confidentiality is not assured. Leaders or members may "gang-up" or "scapegoat" a member. Adequate leadership is often lacking since dealing with a number of individuals at one time requires different skills and techniques than a one-to-one counselling situation. Group participation may lead to a major upset or change in values and life-style which can precipitate a personal crisis.

In summary, a group may be beneficial to clients but a stringent selection process with well defined goals, competent leadership and

clear process orientation are necessary before group programs should be instituted.

#### Adequacy of Treatment

Is the treatment adequate? In order to determine if progress is being made does the counsellor use formal assessment measures before, during and after treatment? The question of how the client is made aware of progress also must be considered. The treatment may be proceeding as planned yet the client may not be aware of this progress.

It is a reasonable therapeutic proposition to have some assessed starting point so that progress can be measured. The client should also be made aware of progress.

#### Confidentiality

Canada, unlike most American jurisdictions, does not include the psychologist-client relationship in the category of special relationships entitled to privileged communication. For many years Canadian courts usually have restricted the privilege to solicitor-client and husband-wife relationships (Eberlein, 1977; McLachlin, 1977; Picard, 1977). In *Slavutych v Baker* (1975) the Supreme Court of Canada approved the principles laid down by Wigmore which suggest that when the community promotes a relationship in which maintaining confidence is essential and that confidence has been promised, the court should decide on a case by case basis if the need for full disclosure in court is more or less important than the damage which would occur to that confidential relationship. However, psychologists have not always been able to claim privilege on behalf of their clients under this concept (*Belmont v California State Personnel Board*, 1979).

The right of a child and/or the parents to a confidential communication with paraprofessionals is more fuzzy, although recent legislation in the United States sets out several areas of privacy in the field of education and educational records (Eberlein & Swindelhurst, 1979). Sherrer and Sherrer (1972) discuss the right of a student to privacy, confidentiality and the need for consent to certain activities. They cite the case of Blair v Union Free School District (1971) where a civil action was brought against a school district for the invasion of privacy and the intentional or negligent infliction of emotional distress. The court held that although the relationship between students (and their families) and the professional employees of the school exists, it probably does not constitute a fiduciary relationship; it is certainly a special or confidential relationship.

In order for the educational process to function in an effective manner it is patently necessary that the student and the student's family be free to confide in the professional staff of the school with the assurance that such confidence will be respected. The act of the school or its employees in divulging information given to a school in confidence, may well constitute outrageous actionable conduct (Sherrer & Sherrer, 1972, p. 228).

Section 13 of the Alberta Child Welfare Act R.S.A. 1970, C.45 deals with the issue of confidential information. Although a first reading of this section would indicate that it exists to protect the privacy of the child, closer examination reveals that it is primarily written to protect the Minister of Social Services and Community Health and department employees. Nowhere does it recognize the fact that privileged or confidential communications are the property of the client

and not of the professionals involved. The right of children, their advocates, or their parents in appropriate cases, to see case notes and files relating to state action on their behalf is absolutely essential to a proper recognition of the rights of a child. This section of the Act has been severely criticized by people working with non-voluntary child clients in Alberta as inadequate (personal communication, Cavanaugh Commission, April, 1981).

### Records

Well kept records are in the best interests of the client, the school and the staff. Complete and accurate records promote effective treatment for the client, legally protect the professional and the school and are part of a sound professional approach (APA Standards for Provision of Psychological Services). Picard (1978) suggests that courts dislike poorly kept records and cites the Canadian Council on Hospital Accreditation provision as follows:

Medical records are an important tool in the practice of medicine. They may serve as a basis for planning patient care; they provide a means of communication between the attending physician and other physicians and with nurses and other professional groups contributing to the patient's care; they furnish documentary evidence of the course of the patient's illness, treatment and response to treatment. Very importantly in the accredited hospital they serve as the basic document for the medical staff's view, study and evaluation of the medical care rendered to the patient (p. 278).

The quality of records indicate the quality of patient care, and,

according to Rozovsky (1979) poor records adversely affect the standard of care received by patients and students in a school setting. This standard appears to be applicable to a school situation.

Each school system should develop its own specific standards for records depending on the needs and purposes the schools are serving. A school dealing with severely retarded children would have records of a different nature than an institution dealing with children of normal intelligence. Standards for record keeping could generally be described in terms of adequacy and appropriateness. Baseline data is essential. If records cannot be used to assess or aid in the assessment of therapeutic progress, they are inadequate. Continuing therapy also needs to be aided by records.

A rule of thumb for appropriateness can be phrased thus: "Are the records of a professional nature, complete and yet containing no personal information not relevant to therapy?" Information included should be needed and it must be accurate and current while at the same time respecting the privacy of the individual.

Records become particularly important for a team approach and when referrals are made. Members of the team and the referral agency are dependent on these records. Incomplete and inaccurate records result in therapeutic setbacks and mistakes. Because of the proliferation of legal cases in the United States and their possible proliferation in Canada, counselling and other psychological case record keeping will take on greater importance in the future. By keeping complete and accurate records, the professionals and the institution will be prepared should legal action be started. It constitutes unprofessional conduct not to do so.



## Referrals

### Use of Outside Consultants and Referrals

All counsellors and others in the helping professions are confronted by situations which are beyond their competencies or outside their area of expertise and experience. Consultation and referral to outside agencies or individuals is necessary and must be provided by the School System. Consulting can be either internal or with an outside resource when suitable expertise is not available within the system. Client contact is maintained by the psychologist or paraprofessional but a further source of analysis, information or review is provided by the consultant. This is particularly important in a situation in which a large number of paraprofessionals are employed. Consultation in this situation would be an ongoing activity.

Outside consultations can be on a regular or "as needed" basis, but should be readily available for staff. Inservice and professional development programs must include contact with these resources for staff to be aware of what consultants and referral agencies are available. The staff should refer when the client cannot be properly accommodated or treated within the institution. The psychologist, for example, has an ethical obligation to seek referral or transfer in such a situation, American Psychological Association Ethical Code Principle 6. Institutional administration must also consider the best interests of the client, training of staff and their ethical responsibilities, legal ramifications, and the available referral of individuals and agencies.

## Qualifications

Counsellors in the Alberta School system are required to be certified as teachers and members of the Alberta Teacher Association. They are

not required at this time to have any special training as a counsellor. In the sense that most counsellors in Alberta cannot qualify as members of the Psychological Association of Alberta, they are paraprofessionals.

They are governed by laws and ethics that affect the teaching profession. Counsellors, as providers of psychological services, should be aware of the legal and ethical responsibilities of the providers of such services.

## CHAPTER III

### Procedure and Design

#### Purpose of the Study

The general purpose of the study was to examine legal-ethical practices of school counsellors. Three specific goals were considered.

These were to:

1. Determine what counsellors consider to be ideal legal-ethical practice.
2. Consider and examine what counsellors practice on a practical basis.
3. Investigate the discrepancies between the ideal and practical in an attempt to establish what factors may be significant in determining the differences between the ideal and practical.

#### Procedure

Distribution of questionnaire. Subjects were mailed a questionnaire with an accompanying letter (Appendix A). Four weeks later a reminder letter was sent (Appendix A). One week after the "reminder", random phone calls were used in an attempt to increase sample size and determine some reasons for non-return of the questionnaires.

The questionnaire. Subjects were asked to complete the 20 item questionnaire twice, once from an ideal perspective and once from the practical viewpoint. The sample was divided in half so that one half answered the ideal perspective first (I-P) and the other half answered from the practical perspective (P-I) first. Subjects were also asked to answer a brief ten question form of biographical details (Appendix B).

Development of the survey. An existing checklist was modified (Association for the Advancement of Behavior Therapy, Ethical Issues for Human Services, 1977) to provide a measurement tool. Twenty questions were developed with a one to nine rating scale used, with a rating of one meaning never and a rating of nine meaning always. The following figure is a sample question for the reader.

FIGURE 1

Sample Question

## A Goals of Treatment

1 To what extent are the goals of treatment written? 1 2 3 4 5 6 7 8 9

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The heavy behavioral emphasis of the questionnaire was modified by deletion of specific behavioral terms. Wording was also changed in order to facilitate the one to nine rating system. The questionnaire maintained a clinical treatment emphasis.

The Sample

The sample was made up of all elementary and junior high school counsellors in the Edmonton Public and Edmonton Catholic systems (full and part-time). Lists of all counsellors were obtained from the Directors of Pupil Personnel of the respective school systems. High school counsellors were then deleted from the mailing list. Inclusion on the mailing list as an elementary or junior high school counsellor was considered to be the only necessary criterion for inclusion in the sample.

Clientele of the Sample

Counsellors from the elementary and junior high school levels were

chosen for the purposes of this study because it can be argued that, due to legal and societal attitudes, students at these two levels are an involuntary population. This argument does not hold up as well at the high school level. The concept of voluntariness, as demonstrated by the literature review has been a particularly difficult legal and philosophical question. It would seem feasible that in the future voluntariness and the elementary and junior high level student will become an issue.

#### Limitations to the Study

The questionnaire appears to have validity insofar as the questions are directly related to some of the crucial issues in counselling.

Questionnaire Reliability is difficult to establish. The low return rate would contribute to limiting reliability (Mouley, 1978, p. 196). This problem would not negate the instrument as an exploratory tool and a device that could be further developed and used to examine legal and ethical issues.

Mouley (1978) also states that the major effort of the author of a questionnaire may well be spent on establishing validity rather than being overly concerned about reliability.

The low return rate may indicate that counsellors do not consider the questions relevant. Three other factors may have also contributed to the low return rate.

1. Timing of the questionnaires (May) at a time of heavy teacher work loads.
2. Negative press coverage when the questionnaire was distributed.
3. Counsellors are inundated with questionnaires and have simply

stopped being participants in this type of study.

Due to the very wide range of duties and roles of the school counsellor, the wording and content of some questions would not be particularly appropriate to all situations. This shortcoming would seem to be inherent in the type of questionnaire which, as this one does, deals with a wide range of situations. The breadth of the areas tapped by the questionnaire could give indications as to what areas are in need of further research and discussion. Greater depth of examination in specific issue areas is needed in the future.

Sources of Variability within the population exist. The subjects who returned the questionnaire may introduce a bias to study. It is not known exactly how or if the returnees differ from the non-returnees. Biographical information is provided in Chapter IV for future reference. Random phone calls also provided information which aided in the interpretation and discussion of results. The wide range of roles covered by counsellors may cause variability. It seems that roles imposed by the school board, school administration, teacher expectations within particular schools, parental expectations, student expectations and the counsellor's individual perspective may create quite different roles among schools and affect the answering of the questionnaire.

#### Treatment of the Data

Analysis of the data was conducted in several different methods in order to meet the goals presented at the beginning of this chapter. All biographical details that were returned by the subjects were tabulated in order to obtain detailed description of the sample population. Histograms were constructed in order to graphically illustrate the means and mean differences that occurred over the twenty questionnaire items. Two

groups of twenty "t" tests were conducted. Twenty "t" tests were implemented in order to determine if any relationships were apparent between ideal and practical scores. "t" tests were also run in order to determine if participants who answer in a practical-ideal order varied significantly from participants who answered in the ideal-practical order.

#### Null Hypotheses

The null hypotheses generated for these tests were as follows:

H<sub>0</sub>1. There will be no difference between the ideal and practical scores.

H<sub>0</sub>2. There will be no difference between the ideal-practical and practical-ideal groups.

Chi square. In order to determine if selected factors played a role in determining difference scores, a non-parametric approach was used using chi squared with 2X2 tables. Due to the return rate, all hypotheses generated are not reported in the text. The interested reader will find these other results in Appendix B.

H<sub>0</sub>3. There will be a zero correlation between the school population (size) and the ideal-practical difference.

H<sub>0</sub>4. There will be a zero correlation between the difference scores and the level of graduate training.

H<sub>0</sub>5. There will be a zero correlation between the difference scores and the number of hours of legal-ethical training.

## CHAPTER IV

### Results

#### Description of the Sample

One hundred and fifteen questionnaires were mailed and 51 returned. Five were returned unanswered for various reasons (see Chapter V). A frequency count supplies the pertinent biographical information on the 46 subjects. Twenty-five males and 21 females responded to the study. Thirty-one counsellors worked in elementary settings and 15 worked in junior high schools. Table 1 shows data directly related to null hypotheses 3, 4 and 5. Other biographical information obtained appears in Appendix C.

#### Histogram

The Histogram was plotted in order to determine group means and mean differences for the twenty items. Table 2 shows the means for the ideal and the practical scores illustrate the difference that occurred between the ideal and practical perspectives. For a more detailed summary of reported means and standard deviations, see Appendix D and E.

#### T-Tests

Two types of t-tests were run. The first set of 20 t-tests was implemented to consider the differences between the subjects' ideal and the subjects' practical answers. The null hypothesis assumed that no significant difference would exist. In all but two cases the difference between the ideal and practical scores was significant at the .05 level, therefore, the null hypothesis was rejected for all but items 9 and 16



TABLE 1

Biographical Information Related to Null Hypothesis 3, 4, 5

N = 46

<u>School Size</u>	<u>Absolute Frequency</u>
0 - 99	1
100 - 199	6
200 - 299	6
300 - 399	7
400 - 499	3
500 - 599	8
600 - 699	4
700 - 799	2
900 - 999	7
1000+	2

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<u>Level of Graduate Training</u>	<u>Diploma or None</u>	<u>Masters or PhD</u>	<u>No Response</u>
<u>Absolute Frequency</u>	31	13	2

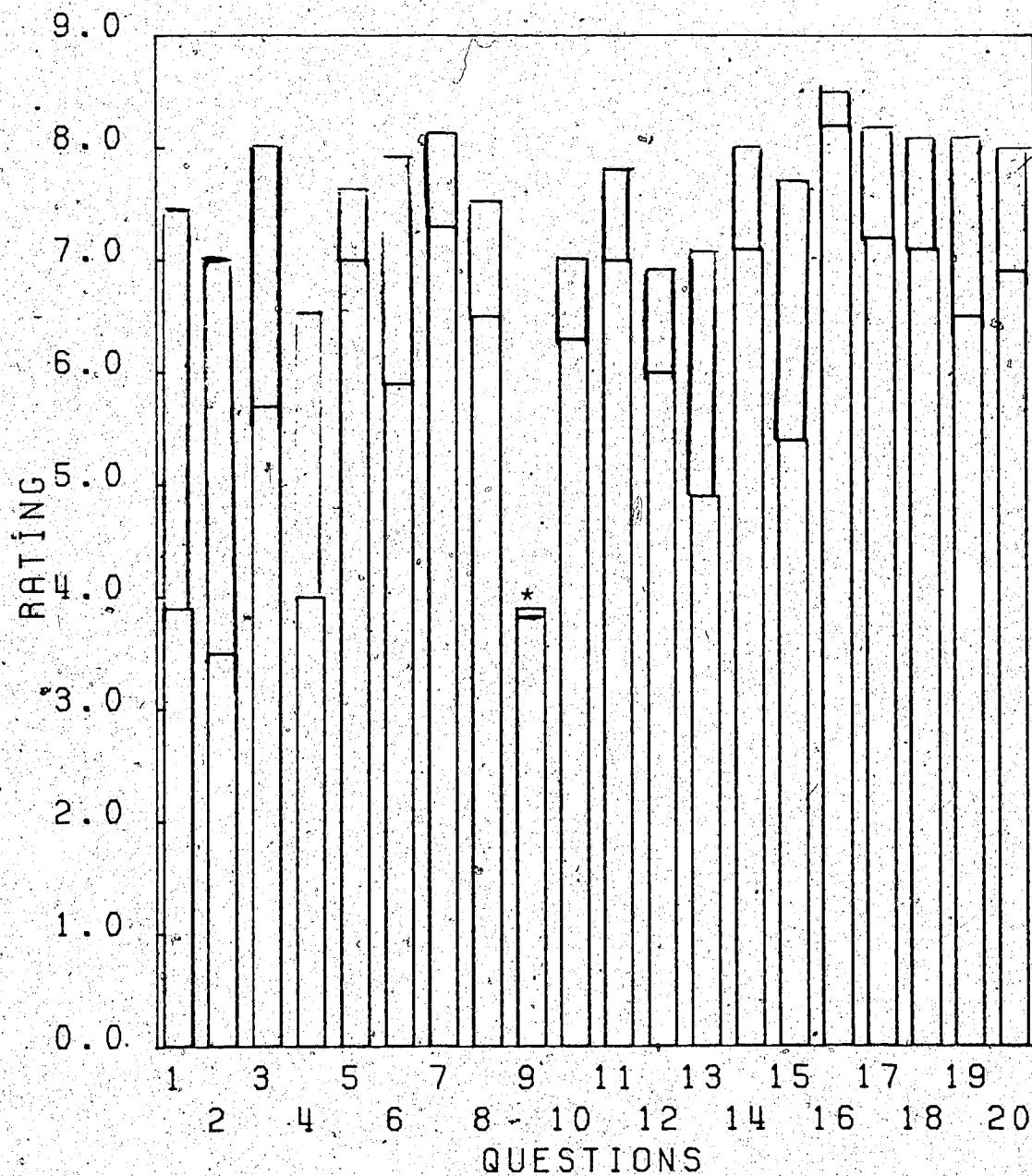
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<u>Hours of Legal-Ethical Training</u>	<u>0 - 4</u>	<u>5 - 20+</u>	<u>No Response</u>
<u>Absolute Frequency</u>	28	17	1

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FIGURE 2

Graph Version of Ideal and Practical Means  
from the Legal-Ethical Questionnaire



\* In all cases Ideal means are the higher level except for item 9.

TABLE 3

Summary of Levels of Significance for H<sub>0</sub>1 and H<sub>0</sub>2

- H<sub>0</sub>1: There will be a zero correlation between ideal and practical scores.  
 H<sub>0</sub>2: There will be a zero correlation between the ideal-practical and practical-ideal groups.

Questions	H <sub>0</sub> 1	H <sub>0</sub> 2
<b>A Goals of Treatment</b>		
1. To what extent are the goals of treatment written?	*	
2. Are the goals restated in writing to check the client's understanding of them?	*	
3. Does the client, or the client's representative agree to the goals stated?	*	*
<b>B Choice of Treatments</b>		
4. Does the counsellor review the published literature before selecting the treatment of choice?	*	
5. Is the recommended treatment accepted practice?	*	*
6. Is the client made aware of alternatives to the recommended treatment?	*	*
7. If the treatment or procedure is publically, legally or professionally controversial is a professional consultation obtained?	*	
8. Have less controversial alternatives than the recommended treatment been considered?	*	*
<b>C Client Choice</b>		
9. To what extent are your clients forced into counselling?		
10. Can the child withdraw from counselling at will?	*	
<b>D Client Interests</b>		
11. Have treatment plans been discussed with the child to the extent that the child is able to do so?	*	
12. To what extent will a conflict between the school interests and client interests be resolved in the client's interest?	*	*

TABLE 3 (Continued)  
Summary of Levels of Significance for  $H_{01}$  and  $H_{02}$

Questions	$H_{01}$	$H_{02}$
E Adequacy		
13. Are formal assessment measures taken before, during and after treatment?	*	*
-----		
14. To what extent is the client made aware of progress?	*	*
-----		
F Confidentiality		
15. Has the client been told who has access to the records?	*	*
-----		
16. Are records available only to authorized persons?	*	*
-----		
G Referrals		
17. If treatment is unsuccessful is the client referred to other therapists?	*	*
-----		
18. If the client expresses dissatisfaction with the therapist is a referral considered?	*	*
-----		
H Qualifications		
19. Does the counsellor have for or academic training related to the child's problem?	*	*
-----		
20. Does the counsellor have experience treating other children with the same problem?	*	*
-----		

\* Indicates significance at .05

for which no significant difference exists. The probability on a two-tailed test for question 9 was .650 and for question 16, .084.

T-tests were also run on the difference scores between groups 1 (I-P) and 2 (P-I) in order to determine if any difference existed between the two groups. A significant difference was apparent.

#### Chi-Square

In order to meet expected frequency requirements, biographical information was re-categorized (Siegel, 1956, p. 43). No significance between difference scores and school size, level of graduate training and the number of hours of legal-ethical training.

#### Summary of Results

1. There is a significant difference between what counsellors perceive as ideal and what they consider practical in most cases.
2. Answering order (I-P [ideal or practical] or P-I [practical-ideal] ) did not appear to be a significant factor in determining the difference scores.
3. No significant difference was found in the relationship between school population and difference scores, graduate training and difference scores and extent of legal-ethical training and difference scores.

## CHAPTER V

### Discussion, Implications, and Conclusions

#### Discussion

In order to examine legal and ethical practices of counsellors a survey which viewed legal ethical practices from the practical perspective was designed. Respondents were asked to answer the questions from both a practical and an ideal perspective. This method allowed determination of what counsellors do in a practical setting and what they perceive as ideal conditions. This method also allowed calculation of a difference score between the ideal and the practical perspectives.

The questionnaire that was designed had a very wide range of professional considerations contained within it. By opting for breadth probing of specific issues did not occur. What was created was a survey which yielded general information over a wide range of issues rather than specific information dealing in much greater depth with a more limited number of issues. A detailed probing may have allowed the researcher to make more specific conclusions about certain legal-ethical issues. However, the broader approach that was adopted permitted the researcher to consider the overall professional tone of the sample population from a legal-ethical perspective. This general approach is best considered an exploratory one as little research in this area has occurred.

The response to the ideal perspective of the questionnaire allows speculation as to what the counsellor considers to be the ideal method

of practice. This perception of the ideal does not necessarily coincide with the views of the courts and the general public. It is important, however, for the researcher to gain some understanding of what the counsellor perceives as ideal. Examination of the ideal score means demonstrates that the respondents are aware of current legal-ethical issues and are aware of standards that have developed.

The literature review revealed what constitutes sound legal-ethical practice in the areas examined. Goals of treatment should be chosen with consent of the client and with active client participation. When treatments are chosen they should be the least restrictive or intrusive alternative and must at all times protect the basic human rights of the client. To the extent that it is possible, given the unequal nature of counsellor student relationships, the client should be given choice; and consent should be informed. With children and others with limited capabilities, to the degree that the client is capable, consent should be as informed as possible. The guardian, parent or advocate of the child should certainly be well informed.

Since the schools are for students, client interests must be foremost. This proposition does not mean that a laissez faire atmosphere must exist, but that a school and school counselling philosophy should reflect the interests of the student while allowing the adequate functioning of the institution. There would be instances when the rights of individuals or small groups would yield to the greater good. Confidentiality must be maintained in order to protect individual integrity. There will, in this area, however, always be dilemmas which will have to be resolved on the merits of the

individual case. Whenever the situation being dealt with is beyond the experience or knowledge of the counsellor, consultation or referral should be considered.

For the most part, subjects in this study were aware of what constitutes sound legal-ethical practice. Some limitations should be highlighted. The subject population is test-wise (Mouley, 1978, p. 190), and the respondents may, by virtue of their interest in the study, be more aware of current legal-ethical issues than the "average" counsellor.

One respondent took exception to the client interest section which referred to informed consent. The respondent suggested that this question did not seem appropriate when dealing with elementary age students. Though the comment only appeared once, it does raise the possibility that a paternalistic attitude may be present within our schools. The issue may be related to the whole area of students' and children's rights.

It is a question of degree and is situational. Even a very young child has the ability to make choices and decisions about certain things. Other decisions must be made for the child. It seems appropriate for the school counsellor to promote good decision making skills at as early an age as possible because these skills will provide the basis for decision making strategies for the rest of the child's life.

Another problem became apparent. Several respondents stated that they did not give "treatment." This worker's view is that when a counsellor makes any sort of an intervention, a treatment has occurred whether it is a simple "getting to know you" discussion, and intellectual



assessment or a course of therapy. There may be a question of degree but treatment is being administered when interventions occur. In order to circumvent this difficulty and put to rest any argument that this term with its highly medical connotations should not appear this researcher would opt for the term intervention. By using the term intervention more responses may have been solicited.

### Reliability

The survey questionnaire used to gather data in this study was not evaluated as to reliability and this represents a weakness which should be corrected in any replication. Unfortunately time considerations prevented proper pre-testing of the measuring instrument. It would, however, be relatively simple to establish test - retest reliability. Certainly, satisfactory reliability data would allow more confidence to be placed in the results.

### Practical - Ideal Difference

In all except two items (9 and 16) significant differences between the ideal and practical were apparent. The review of the literature did not reveal studies which demonstrated the practical-ideal difference shown here. This gap between what is practical and what is perceived as ideal is a cause for concern. Though the "perfect" practice cannot be reached, in order to improve professionally, there must be an attempt to move towards as good or ideal a practice as possible.

The findings of the present study do not provide the researcher with a basis on which to make firm conclusions as to reasons for the ideal-practical discrepancy, but one may speculate in this regard. The nature of the school institution may have developed in a direction which will

not allow functioning of a legal-ethical counsellor practice within the parameters of school practices. If this is the case it may be time for schools to re-examine the goals they have set and the methods used to reach those goals. It becomes a very difficult dilemma for counsellors if the institution they are serving is not serving the clients to whom the counsellor has an obligation of a very special type.

The biographical information revealed that counsellors in the Edmonton Public and Catholic School Systems are responsible for anywhere from 200 to 1000 students. Sheer numbers may be a factor which would limit sound legal-ethical practice.

There seems to be some difficulty for counsellors with their role expectations. Comments on questionnaires hinted that there are very different roles served by counsellors with different expectations at different schools. These roles appear to have been established by: the school boards, administration, teachers, counsellors, parents, and students.

The sample chosen may have influenced the magnitude of the practical-ideal difference which was shown by the study. Since the student population dealt with was not considered to be voluntary, counsellors may perceive that what occurs within the schools is vastly different than if they were dealing with a population that could be considered much more voluntary.

Significant differences did not appear with items 9 and 16. Question 9 deals with the degree to which the clients are involuntarily forced into counselling. Ideally and practically the majority of respondents felt that they did not force students into counselling against their will.

The difficulty with this proposition is that given legal and traditional standards, including the School Act, the elementary and junior high school student can be considered an involuntary client. Because of the involuntary nature of schools and the fiduciary nature of teacher and counsellor relationships, free choice is excluded, or at least limited (Davison & Stuart, 1975). The counselling and school situation may be extremely pleasant and useful for the student. No matter how motivating and unobtrusive, the school situation imposes a limitation on choice. A completely voluntary and free situation would probably not be particularly useful. What is needed is the realization of the limitations imposed by the institution of the school system. With this in mind it becomes the task of the school counsellor to allow as much voluntary action as possible within the system.

Though a significant difference did not appear there was a wide degree of difference among respondents' answers. This is a perplexing problem and is an area where more in depth investigation would be useful. Perhaps school counsellors may not be aware of what voluntarism actually is and what conditions must be met. In order to examine this question in more depth a more comprehensive approach should be used.

Question 16 deals with confidentiality and the question as to what records are available and to whom. Counsellors appear to be aware of the need for confidentiality. Further investigation in this area is still very important. Are counsellors aware of their duty to disclose information (Eberlein, 1980)? In the case of divorce of parents with school children, for example, who has the right to confidential school records? This situation is currently being considered by the lawyers

for the Alberta School Trustees Association (personal communication, July, 1981) and a decision has not been reached.

Again there is a difficulty with the right of confidentiality. How much should a counsellor disclose to colleagues working with the child and school administration. If the information clearly affects the child's behavior in class and the teacher can perform in a way to elicit more appropriate behavior it is reasonable to disclose pertinent information.

#### Answering Order ( $H_02$ )

Examination of the biographical information and mean difference scores of all subjects does not reveal any significant trend that would account for the significant difference on five questions (3,5,6,8,12, Appendix A). Because of the small sample size, chance may have played a role in the results. In order to establish whether these apparent differences were truly significant it would be appropriate to use a larger sample. At this point, there is no apparent explanation for the differences that appeared, and this researcher is reluctant to place too much stress on these significant differences due to the weakness of the statistical tests that showed a marginal significant difference.

#### Chi Square

No levels of significance were found when the chosen factors were tested. It does seem, however, that further investigation is needed in this area to determine if the factors of school size, level of graduate training, and hours of legal-ethical training play a part in determining legal and ethical practices of counsellors.

The difficulty with a longer more complete survey would probably be a lower return rate. In order to examine each area more completely each area could be isolated and dealt with in greater depth.

Confidentiality, informed consent and choice of treatments appear as three logical areas to examine because of their controversial nature.

Using confidentiality as an example it would be reasonable to develop a highly structured set of interviews which would contain: specific legal-ethical questions, interpretations and questions from written scenarios, interpretations and questions from video-taped simulations and counsellor interpretations of actual court cases.

#### Implications for Further Research

The questionnaire that was devised examined current legal-ethical questions. The examination of these questions was general with no probing of questions in depth. This broad base approach did not allow for determining the depth of knowledge that a counsellor had in the various legal-ethical issue areas.

In order to gain more depth of understanding several approaches could be used depending upon the specific goals of the researcher. With the general goal of improving the legal ethical practice of school counsellors this recently completed study can be viewed as a starting point or preliminary survey. A more complete survey which would cover the same issues could be designed.

Methods such as the survey could also be employed to gain a greater understanding of what the involved non-counsellor public perceives to be the legal-ethical role of the school counsellor. The groups that should be considered are: parents, teachers, administrators and lawyers.

It is fine for researchers to gather this information but they must also disseminate it in a way that will do the greatest good. Results of these studies should be made available to such groups as school boards, teacher associations, special commissions (Cavanaugh Commission) and Provincial Legislatures. Counsellors should form groups within their profession which would promote sound legal-ethical practices. Workshops and seminars with legal-ethical topics should be made available to teachers, counsellors and related professionals.

A suitable approach to expanding this legal-ethical awareness would be to include a legal-ethical course at the undergraduate and graduate levels. The undergraduate course would be of a general teacher interest approach and encompass the general legal-ethical questions confronting the teaching profession. One topic area would be awareness of the counsellors legal-ethical obligations. A graduate level course in Educational Psychology would deal with the more specific issues that counsellors must deal with on a daily basis.

### Conclusions

This study revealed that the sample of school counsellors had an idea of the ideal legal-ethical practices that, for the most part are congruent with current legal-ethical thinking as presented by the literature review.

The study did not reveal to what depth this knowledge went. It appears that most counsellors had at least heard of the areas of concern covered by the survey.

The study did demonstrate that counsellors feel there is a large gap between their ideal and application in practice.

Action must be initiated in order to determine the reasons for this gap and then actual steps to diminish this gap must take place.

Further investigation is certainly called for. Even though statistical significance was not reached when hypotheses were examined using the chi square method, areas such as school size still merit further investigation as to whether this is a factor in determining sound legal-ethical practice. After greater knowledge of where counsellors stand in a legal-ethical sense this information must be acted upon in ways which have already been stated.

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APPENDIX A  
Questionnaire

April 20, 1981

47

Dear Colleague:

Recent events in Alberta suggest that people in the helping professions need to re-assess legal and ethical practices. Social workers, psychologists and counsellors have received much criticism in such publicized media events as the situations at Westfield and Peace River. Less publicized court decisions in Alberta have shown that School Boards and the medical profession must also be aware of expectations of the legal system.

It is with this in view that I am asking elementary and junior high counsellors within the Edmonton Public and Catholic School Systems to answer the following questionnaire.

You are asked to respond to several biographical questions and twenty key legal-ethical questions. You are asked to answer the questions twice, once from an ideal perspective and once from what occurs in your school practise. A difference score can then be obtained. The principal factors that will be considered are: age, sex, years of post-secondary training, years of counselling, years of teaching and amount of time spent during training on legal-ethical issues.

As school counsellors we must take a look at our profession from a legal and ethical perspective. This will allow reasonable well thought out change rather than panic when pressured by press reports and negative publicity.

It is with these thoughts in mind that I ask your cooperation in completion of yet another survey.

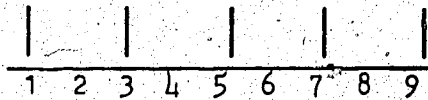
Thank you very much for your assistance.

I-P

## Instructions

Please return prior to *MAY 15*, 1981

1. Fill out autobiographical details as completely and accurately as possible.
2. This questionnaire is made up of two identical sets of twenty questions.
3. This scale appears in complete form at the top of each page



4. In the first set of twenty please circle what you would consider the ideal answer. In the second set of twenty please respond with the practical answer as done in your school practice.
5. Please answer all questions as best you can.
6. Return in self-addressed, stamped envelope before May 15, 1981.

Thank you for your help.

AUTOBIOGRAPHICAL DETAILS

Please circle appropriate answer

1. Age    20 - 29      30 - 39      40 - 49      50 - 59      60+
2. Sex      M                  F
3. Undergraduate Training

Degree	University
Bachelor of Arts	University of Alberta
Bachelor of Science	University of Alberta
Bachelor of Education	University of Alberta
Other _____	Other _____

4. Graduate Training

Degree	School
Diploma	
Masters of Education	
PhD	

5. Other Related Training
6. Years of Education Experience

0 - 4      5 - 9      10 - 14      15 - 19      20 - 24      25 - 29

30 - 34      35+

## 7. Years Counselling

## A In School

Full time \_\_\_\_\_

Part time \_\_\_\_\_

## B Outside of the Education System

Full time \_\_\_\_\_

Part time \_\_\_\_\_

## 8. At what levels do you currently spend most of your time

Elementary

Junior High

Senior High

## 9. Approximately how much time in your training was devoted to legal and ethical issues?

0 hours

0 - 4

5 - 9

10 - 14

15 - 20

20+

## 10. Approximately how many students are you responsible for

0 - 99      100 - 199      200 - 299      300 - 399      400 - 499

500 - 599      600 - 699      700 - 799      800 - 899      900 - 999

1000 +

If you want a summary of the results from this study please indicate address below or write a brief note to my return address.

QUESTIONNAIRE

Remember to write the ideal answer.

Never	Occasionally	Sometimes	Usually	Always
1	2	3	4	5
6	7	8	9	

A Goals of Treatment

- 1 To what extent are the goals of treatment written? 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---
- 2 Are the goals restated in writing to check the client's understanding of them? 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---
- 3 Does the client, or the client's representative agree to the goals stated? 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

B Choice of Treatments

- 4 Does the counsellor review the published literature before selecting the treatment of choice? 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---
- 5 Is the recommended treatment accepted practice? 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---
- 6 Is the client made aware of alternatives to the recommended treatment? 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---
- 7 If the treatment or procedure is publically, legally or professionally controversial is a professional consultation obtained? 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---
- 8 Have less controversial alternatives than the recommended treatment been considered? 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---



Never	Occasion-ally	Sometimes	Usually	Always				
1	2	3	4	5	6	7	8	9

C Client Choice

9 To what extent are your clients forced into counselling?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

10 Can the child withdraw from counselling at will?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

D Client Interests

11 Have treatment plans been discussed with the child to the extent that the child is able to do so?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

12 To what extent will a conflict between the school interests and client interests be resolved in the client's interest?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

E Adequacy

13 Are formal assessment measures taken before, during and after treatment?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

14 To what extent is the client made aware of progress?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

F Confidentiality

15 Has the client been told who has access to the records?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

16 Are records available only to authorized persons?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Never		Occasion- ally		Sometimes		Usually		Always
1	2	3	4	5	6	7	8	9

G Referrals

17 If treatment is unsuccessful is the client referred to other therapists?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

18 If the client expresses dissatisfaction with the therapist is a referral considered?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

H Qualifications

19 Does the counsellor have formal or academic training related to the child's problem?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

20 Does the counsellor have experience treating other children with the same problem?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

QUESTIONNAIRE

Never		Occasionally		Sometimes		Usually		Always
1	2	3	4	5	6	7	8	9

Remember to write the practical answer.

A Goals of Treatment

- 1 To what extent are the goals of treatment written?  
1 2 3 4 5 6 7 8 9
- 2 Are the goals restated in writing to check the client's understanding of them?  
1 2 3 4 5 6 7 8 9
- 3 Does the client, or the client's representative agree to the goals stated?  
1 2 3 4 5 6 7 8 9

B Choice of Treatments

- 4 Does the counsellor review the published literature before selecting the treatment of choice?  
1 2 3 4 5 6 7 8 9
- 5 Is the recommended treatment accepted practice?  
1 2 3 4 5 6 7 8 9
- 6 Is the client made aware of alternatives to the recommended treatment?  
1 2 3 4 5 6 7 8 9
- 7 If the treatment or procedure is publically, legally or professionally controversial is a professional consultation obtained?  
1 2 3 4 5 6 7 8 9
- 8 Have less controversial alternatives than the recommended treatment been considered?  
1 2 3 4 5 6 7 8 9

Never	Occasionally	Sometimes	Usually	Always				
1	2	3	4	5	6	7	8	9

C Client Choice

9 To what extent are your clients forced into counselling?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

10 Can the child withdraw from counselling at will?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

D Client Interests

11 Have treatment plans been discussed with the child to the extent that the child is able to do so?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

12 To what extent will a conflict between the school interests and client interests be resolved in the client's interest?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

E Adequacy

13 Are formal assessment measures taken before, during and after treatment?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

14 To what extent is the client made aware of progress?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

F Confidentiality

15 Has the client been told who has access to the records?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

16 Are records available only to authorized persons?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Never	Occasionally	Sometimes	Usually	Always				
1	2	3	4	5	6	7	8	9

G Referrals

17 If treatment is unsuccessful is the client referred to other therapists?

1 2 3 4 5 6 7 8 9

18 If the client expresses dissatisfaction with the therapist is a referral considered?

1 2 3 4 5 6 7 8 9

H Qualifications

19 Does the counsellor have formal or academic training related to the child's problem?

1 2 3 4 5 6 7 8 9

20 Does the counsellor have experience treating other children with the same problem?

1 2 3 4 5 6 7 8 9

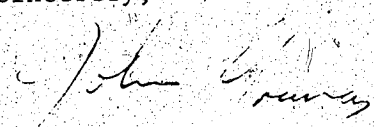
May 19, 1981

Dear Colleague:

This is a reminder for you to return your questionnaire that you received on legal and ethical issues in counselling. It is important that we have an extremely high return rate in order to obtain a significant sample.

Thank you again for your co-operation.

Sincerely,

  
John Young,  
Counsellor,  
Graduate Student.

APPENDIX B

Further Null Hypotheses

## APPENDIX B

Further Null Hypotheses

- H<sub>06</sub> There will be a zero correlation between difference scores and the years of full-time counselling experience.
- H<sub>07</sub> There will be no correlation between difference scores and age of the counsellor.
- H<sub>08</sub> There will be a zero correlation between difference scores and the sex of the counsellor.



TABLE 4  
Null Hypothesis  $H_06$

$H_06$ : There will be a zero correlation between difference scores and the number of years of full-time counselling experience.

Subjects with 1 - 5 years of experience were compared with subjects with 6 - 15 years of experience.

$D_1$	-	1.0000
2	-	.6198
3	-	.6592
4	-	.9364
5	-	.0689
6	-	.9519
7	-	.3878
8	-	.3187
9	-	1.0000
$D_{10}$	-	.1397
11	-	1.0000
12	-	.8644
13	-	.7829
14	-	.5312
15	-	.7829
16	-	.4120
17	-	.3332
18	-	.1792
19	-	.7025
$D_{20}$	-	.8644

There is no significant difference at .05

TABLE 5

Null Hypothesis  $H_07$ 

$H_07$ : There will be no correlation between counsellor age and difference scores.

Subjects between 20 and 39 were compared with the over 39 group.

$D_1$	- 1.0000
2	- .5492
3	- .5134
4	- 1.0000
5	- .3150
6	- .4858
7	- .9455
8	- .8459
9	- 1.0000
$D_{10}$	- .6916
11	- .8851
12	- 1.0000
13	- .4124
14	- 1.0000
15	- 1.0000
16	- .4124
17	- 1.0000
18	- .4858
19	- 1.0000
$D_{20}$	- .1762

There is no significant difference at the .05 level

TABLE 6

Null Hypothesis H<sub>08</sub>

H<sub>08</sub>: There will be no correlation between difference scores and the sex of the counsellor.

Male and female groups were compared.

D <sub>1</sub>	- 1.0000
2	- 1.0000
3	- .6635
4	- 1.0000
5	- 1.0000
6	- .6171
7	- 1.0000
8	- .8262
9	- 1.0000
D <sub>10</sub>	- .9167
11	- .1571
12	- .4135
13	- .4804
14	- .4366
15	- .1868
16	- .6195
17	- .8253
18	- .9032
19	- .9588
D <sub>20</sub>	- 1.0000

There is no significant difference at the .05 level

APPENDIX C  
Supplemental Biographical Information

## APPENDIX C

Supplemental Biographical Information

Undergraduate Degree	Bachelor of Arts	Bachelor of Science	Bachelor of Education	Other
Absolute Frequency	4	4	33	5

N = 46

Years of Teaching Experience	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	30 - 37
Absolute Frequency	4	18	9	9	3	3

N = 46

Years of Counselling in Schools Full Time	1 - 5	6 - 10	11 - 15	No Response
Absolute Frequency	16	6	6	18

N = 28

Years of Counselling in Schools Part Time	1 - 2	3 - 17	No Response
Absolute Frequency	15	16	5

N = 31

Years of Counselling Full Time Not in Schools	1	2	12	No Response
Absolute Frequency	1	1	1	43

N = 3

Years of Counselling Part Time Not in Schools	1	15	No Response
Absolute Frequency	1	15	43

N = 3

APPENDIX D

Ideal and Practical Means

for all Respondents

TABLE 7  
Ideal and Practical Means for All Respondents  
to the Questionnaire

Item	Ideal Mean	Practical Mean
1	7.478	3.978
2	7.087	3.543
3	8.022	5.761
4	6.522	4.065
5	7.652	7.000
6	7.935	5.978
7	8.174	7.348
8	7.565	6.543
9	3.826	3.978
10	7.000	6.348
11	7.848	7.043
12	6.957	6.022
13	7.109	4.935
14	8.022	7.152
15	7.761	5.435
16	8.587	8.217
17	8.283	7.217
18	8.196	7.152
19	8.196	6.957
20	8.087	7.087

APPENDIX E

Ideal and Practical Standard Deviation Scores

for all Respondents



TABLE 8  
Ideal and Practical Standard Deviation Scores  
for all Questionnaire Respondents

Item	Ideal Standard Deviation	Practical Standard Deviation
1	1.670	1.891
2	1.907	2.326
3	1.220	2.162
4	1.823	1.855
5	1.286	1.476
6	1.373	2.324
7	1.510	2.110
8	1.708	2.168
9	2.541	1.770
10	1.776	2.110
11	1.282	1.490
12	1.549	1.513
13	1.622	2.185
14	1.483	1.505
15	1.369	2.655
16	.979	1.444
17	.958	1.474
18	1.025	1.897
19	1.003	1.858
20	1.029	1.349

APPENDIX F

Corrected Chi Square Difference Score

for  $H_03$ ,  $H_04$ ,  $H_05$

TABLE 9  
Corrected Chi Square Difference Score  
for  $H_03$ ,  $H_04$ ,  $H_05$

$H_03$	Corrected	$H_04$	Corrected	$H_05$	Corrected
Difference	Chi Square	Difference	Chi Square	Difference	Chi Square
$D_1$	- 1.0000	$D_1$	- 1.0000	$D_1$	- .2653
2	- .5553	2	- 1.000	2	- .6178
3	- .1309	3	- .7460	3	- .1489
4	- .5553	4	- .1863	4	- .6178
5	- .5492	5	- .3163	5	- 1.0000
6	- .3530	6	- .4565	6	- .1576
7	- .3530	7	- .3334	7	- .4467
8	- .0591	8	- 1.0000	8	- 1.0000
9	- .76779	9	- 1.0000	9	- 1.0000
$D_{10}$	- .2310	$D_{10}$	- .1426	$D_{10}$	- 1.0000
11	- 1.0000	11	- .1585	11	- 1.0000
12	- 1.0000	12	- .4576	12	- .1483
13	- .5492	13	- .05421	13	- .2860
14	- .7626	14	- .2233	14	- 1.0000
15	- 1.0000	15	- .6950	15	- .7894
16	- .5492	16	- .5543	16	- .8507
17	- .3722	17	- .7860	17	- .2963
18	- .3530	18	- 1.0000	18	- .4467
19	- .2367	19	- .3915	19	- .1337
$D_{20}$	- .1370	$D_{20}$	- 1.0000	$D_{20}$	- .6731