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DISSERTATION

COLLEGE STUDENTS' CONSIDERATION OF MORAL DILEMMAS: A COMPARISON OF HIGH AND LOW ADHD SYMPTOM GROUPS

Submitted by
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In partial fulfillment of the requirements
for the Degree of Doctor of Philosophy
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Spring, 2001

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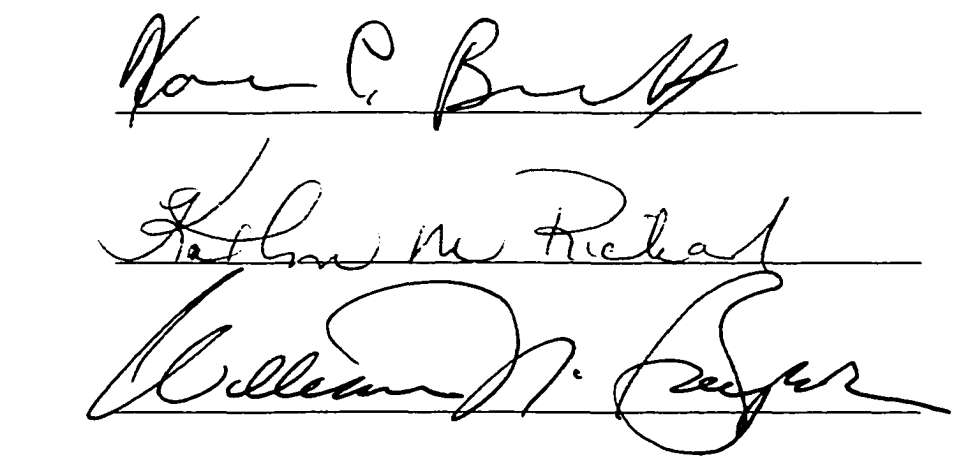

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ABSTRACT OF DISSERTATION

COLLEGE STUDENTS' CONSIDERATION OF MORAL DILEMMAS:

A COMPARISON OF HIGH AND LOW ADHD SYMPTOM GROUPS

This study examined the relationship between Attention Deficit Hyperactivity Disorder and college students' endorsed responses to ethical problem situations. The Defining Issues Test-2 and the Ethical Reasoning Inventory were utilized to assess the participants' consideration of the moral dilemmas. Results indicated no significant difference between the high ADHD symptom and low ADHD symptom groups on these measures. Possible explanations for the findings are presented.

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CHAPTER I

Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a chronic behavior disorder that affects the lives of three to seven percent of school-aged children (American Psychiatric Association, 1994; Szatmari, 1992) and is the most common clinically referred and diagnosed psychiatric disorder in childhood (Taylor, 1995; Weiss & Hechtman, 1993). Although it was once believed that ADHD was a condition that children outgrew, research now shows that approximately 65% to 80% of these children continue to experience ADHD symptoms to the extent that the symptoms cause impairment in their adult lives (Barkley & Murphy, 1998). This shift in the awareness of adults with ADHD reflects the current knowledge that ADHD is a chronic, neurological disorder involving dopamine and epinephrine deficits (Fisher, 1998).

The primary deficit in ADHD has been characterized as an impairment in behavioral inhibition (Barkley, 1994, 1997a, & 1998; Levin, 1938; Oosterlaan & Sergeant, 1996; Quay, 1997). Subsumed within the concept of this inhibitory deficiency are what are commonly considered to be the three core symptoms of ADHD: inability to sustain attention (i.e., inattention), control impulses (i.e., impulsivity), and regulate activity level (i.e., hyperactivity; Barkley, 1994). Secondary issues may include variable task performance, low frustration tolerance,

learning difficulties, and emotional lability (Barkley, 1990; Chess, 1960; Laufer, Denhoff, & Solomons, 1957; Ross & Ross, 1982; Weiss & Hechtman, 1993). All of these symptoms vary across situations and time periods (Ross & Ross, 1982).

ADHD symptoms in childhood appear to be a risk factor for children to experience impaired peer relationships, school underachievement, academic failure, and conduct problems (Barkley, 1990; Barkley, Fischer, Edelbrock, & Smallish, 1990; Biederman, Faraone, Spencer, Wilens, Mick, & Lapey, 1994; Biederman, Newcorn, & Sprich, 1991; Taylor, 1995). Many of these problems continue as the individual grows up. Some researchers estimate that a significant percentage of children with ADHD eventually will develop characteristics of antisocial personality disorder (Biederman, et al., 1994; Lewis & Volkmar, 1990; Murphy & Barkley, 1996). ADHD children who are rejected by their peers usually have difficulty reading and responding appropriately to social cues, are impatient in games, become irritable or bossy when they do not get their own way, and exhibit more aggression in playing than do their non-ADHD peers; these social difficulties are correlated with poor later outcome (Weiss & Hechtman, 1993). Individuals with ADHD are "often over- or under-aroused, leading to ineffective actions and unpredictable behaviors" (Ratey, Greenberg, Bemporad, & Lindem, 1992, p. 110). This atypical arousal may eventually interfere with the ADHD individual taking important factors into account when making decisions.

ADHD in Adulthood

Whether ADHD is a characteristically juvenile disorder that is outgrown by adolescence has been a point of contention among researchers and clinicians. For

example, Lahey and Loeber (1997) report that children with ADHD or conduct disorder are more likely than children with ADHD and conduct disorder to cease meeting criteria for their disorder by adolescence. Perhaps this is because ADHD and conduct disorder may share "the same underlying failure of behavioral inhibition or impulse control" ("The Harvard Mental Health Letter," 2000; p. 3).

Current research provides support for the existence of ADHD as a legitimate disorder in adults. Despite Lahey and Loeber's (1997) finding, experts in the ADHD field report that 50 to 80% of children with ADHD continue to have symptoms that cause impairment in adulthood (Barkley & Murphy, 1998; Murphy & Barkley, 1996; Weiss, 1986), and the prevalence of ADHD in the adult general population is estimated to be approximately 0.3 to 2% (Shaffer, 1994; Shekim, Asarnow, Hess, Zaucha, & Wheeler, 1990). The prevalence of adult ADHD may be higher than research indicates, as it appears that the current diagnostic criteria that were developed based on children may be "inadequate and too stringent and restrictive when applied to adults" (Barkley & Murphy, 1996, p. 393), in part because many of the behaviors included in the diagnostic criteria decline or evolve as part of normal development. Also, children are constantly monitored within the highly structured setting of school, so it may be easier to recognize children's difficulties with on-task behavior, sitting still, and waiting their turn (Jackson & Farrugia, 1997).

There are many people who were first diagnosed with ADHD as adults. Some researchers have explained this by noting that their sample included ADHD individuals with any combination of coping methods which may have allowed them to compensate effectively for their symptoms. More specifically, the coping methods

expounded by researchers may include high average intelligence, average or better academic functioning, well developed study strategies, and effective support systems (Ratey, et al., 1992; Weyandt, Linterman, & Rice, 1995).

Correlates of adult ADHD include many similarities to the clinical correlates of childhood ADHD and often involve significant impairments in the following areas: educational performance, workplace functioning, interpersonal relationships, low self-esteem or sense of personal incompetence, continually feeling overwhelmed by the everyday demands of life, chemical dependency problems, and risks in driving behaviors (Biederman, et al., 1994; Biederman, Faraone, Spencer, Wilens, Norman, Lapey, Mick, Lehman, & Doyle, 1993; Fisher, 1998; Heiligenstein & Keeling, 1995; Milin, Loh, Chow, & Wilson, 1997; Murphy & Barkley, 1996; Ratey, et al., 1992; Shekim, Asarnow, Hess, Zaucha, & Wheeler, 1990; Weiss, 1986). Other common characteristics of adults with ADHD include low frustration tolerance, emotional lability, confusion, problematic task completion, continually feeling overwhelmed, anxiety disorders, and fear of failure (Biederman, et al., 1994; Biederman, et al., 1993; Fisher, 1998; Shekim, et al., 1990). Also, most studies of adults with ADHD report that the majority of the ADHD participants (e.g., 49 participants out of a sample of 56; Shekim, Asarnow, Hess, Zaucha, & Wheeler, 1990) meet the criteria for other DSM-IV disorders in addition to ADHD (Biederman, Wilens, Mick, Milberger, Spencer, & Faraone, 1995).

Similar to the expression of adult ADHD in general, ADHD in college students is a relatively recent area of empirical interest, and some research suggests that ADHD college students may represent a unique group of adults. For example, one

study (Weiss, 1986) reported that only 5% of the ADHD adults studied at the university level, as opposed to 41% of the non-ADHD comparison group. Such findings may imply that ADHD college students reflect high functioning ADHD adults who have developed compensatory strategies that allow them to perform well academically; however, many of these ADHD students who functioned well previous to college struggle significantly with higher education's increased organizational demands (Heiligenstein & Keeling, 1995; Ratey, et al., 1992). Based on research by Ramirez, Rosén, Deffenbacher, Hurst, Nicoletta, Rosencranz, and Smith (1997), and Richards, Rosén, and Ramirez (1999), it also appears that college students with high ADHD symptomology experience significantly higher levels of psychopathology on a general measure of psychological functioning (i.e., the Symptom Checklist-90-Revised).

Recent empirical studies have also examined the correlation between ADHD symptoms and anger in college students. For example, Ramirez and her colleagues (1997) found that college students with high ADHD symptomatology reported higher levels of trait and state anger, more dysfunction in coping with anger, and significantly more incidents of losing their temper to the degree that they hurt someone or damaged property (Ramirez, et al., 1997). On examination of a more specific type of anger, driving anger, college students with high ADHD symptoms were more likely than low ADHD symptom students to report experiencing more intense anger while driving, to express their driving anger in more aggressive and hostile ways, and to rate themselves as more risk-taking and more unsafe drivers (Richards, 2000).

Barkley's Hybrid Model of Executive Functions and ADHD

Barkley describes the primary issue involved in ADHD as deficient response inhibition (Barkley, 1990, 1994 & 1997a). Barkley conceptualizes this deficit as causing secondary impairments in four higher order cognitive processes, or major neurologically based executive functions: nonverbal working memory; verbal working memory; self-regulation of affect, motivation, and arousal; and reconstitution (Barkley, 1990, 1998). These higher order cognitive processes are mediated by the prefrontal regions of the brain, and they provide the individual with the means to anticipate the future, set appropriate goals, formulate plans, act in ways that are commensurate with such plans, utilize feedback regarding performance, and self-monitor and self-correct (Barkley, 1997c; Fisher, 1998). Such processes are interactive and interreliant (Barkley, 1997c).

Theoretically, behavioral inhibition allows the individual to delay response to an event in order for these executive functions to occur during the delay, thus allowing for effective self-regulation (Barkley, 1997a, 1998). Therefore, deficits present in a particular executive function will cause relatively distinct impairments in ability to function (Barkley, 1997c). For example, the person with ADHD has poor attentional control and is therefore unable to efficiently filter environmental interference and irrelevant stimuli (Fisher, 1998), so they are more likely to be distracted by competing events and responses than are individuals without ADHD. The executive functions, according to Barkley (1997c, 1998), reflect forms of behavior that are initially public and other-directed; as part of the normal maturation process, these behaviors become privatized and internalized (e.g., cognitive). In addition, it is these functions that

allow the non-ADHD individual to experience time and anticipate the future (Barkley, 1998).

Moral Decision Making

Barkley's (1997b) Hybrid Model of Executive Functions predicts that individuals with ADHD "will be found to be delayed in the stages of moral development" (p. 249) and will experience significant difficulty considering legal and moral principles when choosing their actions (Barkley & Murphy, 1998). One of the executive functions discussed in Barkley's (1997b) theory is verbal working memory. Verbal working memory, or internalization of speech, is the mind's voice, the ability to converse with one's self prior to action; impairment in this area is likely related to the ADHD individual's difficulty anticipating consequences of their actions (Fisher, 1998). Verbal working memory is presumed to allow for the consideration and identification of a situation, self-questioning which provides the basis for problem-solving and development of rules and intentions, rule-governed behavior, reading comprehension, and moral reasoning (Barkley, 1998).

Although philosophers have theorized about moral decision making and moral development for hundreds of years, it has been in the 20th Century that psychologists have begun to systematically research this area. Spickelmier (1983) defined moral decision making as the interaction between person (i.e., biological and cognitive factors) and environment (i.e., social and physical factors). James Rest (1983), a prominent researcher investigating moral judgment, defined morality as the standards of human functioning that regulate the allocation of resources and responsibilities in society.

The degree of assimilation of a culture's rules about social behavior (i.e., moral development) may be measured by an individual's ability to resist temptation to break a rule despite a lack of external controls or consequences, experience of guilt, and capacity to judge behavior (Lewis & Volkmar, 1990). Thus, moral behavior is complex and may incorporate beliefs, empathy, the ability to predict consequences of one's actions, self-control, and interpersonal skills (Williams & Williams, 1970). The evolution of moral development theory may be traced from Durkheim to Piaget to Kohlberg.

Durkheim (1925/1961) divided human behavior into two categories based on "the ends toward which it is directed" (p. 55): personal behavior which affects and benefits only the individual, and impersonal behavior which impacts something or someone other than the acting individual (e.g., family, nation). Durkheim believed that humans' attachment to social groups, or societies, is one of the intrinsic elements of morality; therefore, only impersonal behavior has moral value because it is this behavior that benefits a collective (Durkheim, 1925/1961, 1973). Societies are characterized by cooperative relationships as well as justice, and societies produce collective ideals and norms that provide external moral forces that direct human behavior (Durkheim, 1973).

Piaget posited two moralities that reflect individuals' developmental, social shift from the family to peers: heteronomous morality and autonomous morality (Piaget & Inhelder, 1966/1969). Heteronomous morality, or the morality of constraint, is an objective responsibility in which obedience is reflected by unilateral respect for adults and absolute adherence to rules, regardless of intentions or relationships (Eisenberg &

Mussen, 1989; Piaget, 1932/1965; Piaget & Inhelder, 1966/1969; Rest, 1983; Williams & Williams, 1970; Youniss & Damon, 1992). In this heteronomous morality, a child's compliance is dependent on the physical presence of one who is prepared to enforce the rules and determine what constitutes justice (Eisenberg & Mussen, 1989; Piaget & Inhelder, 1966/1969). Over time, a child assimilates authority figures' expectations, thereby decreasing dependence on the authority's physical presence and moving toward a new morality in which mutual respect and reciprocity lead to justice (Piaget & Inhelder, 1966/1969).

In contrast, autonomous morality is described as a subjective responsibility in which an individual develops an understanding of the complexities of social interactions and the necessity of coordinating actions in order to obtain valued goals; this morality of cooperation also emphasizes an individual's awareness of the potential for mutual benefit (Piaget, 1932/1965; Piaget & Inhelder, 1966/1969; Rest, 1983; Youniss & Damon, 1992). Moral judgments made by an individual in this stage are heavily influenced by circumstances and motivations (Eisenberg & Mussen, 1989). Autonomous morality is egalitarian and democratic; it presumably arises out of role taking among peers and justice is determined by level of equity (Eisenberg & Mussen, 1989; Williams & Williams, 1970). Rest (1983) has criticized Piaget's two moralities because they represent only the beginning and end points of moral development, but not the developmental processes that presumably occur in between.

Kohlberg was the first psychologist to address the incompleteness of Piaget's theory after Kohlberg inadvertently found the theory deficient in explaining and categorizing responses he collected for his dissertation research. Kohlberg (Colby &

Kohlberg, 1987; Kohlberg, 1984) agreed that the construct of moral judgment is defined by social relationships (i.e., role-taking opportunities) or sociomoral perspective taking, values, and prescription (vs. preference). He and his colleagues expanded Piaget's theory from two to six stages (see Table 1). These stages described the changes in cognitive organization that Kohlberg conceptualized as moral development (Rest, 1983). The concept of conventionality reflected adherence to arbitrary, but consensually agreed upon, societal standards or rules as the basis for making moral judgments (Colby & Kohlberg, 1987; Kohlberg, 1984).

Kohlberg defined morality as the process of identifying individuals' rights and needs and then prioritizing these claims by utilizing rational, objective problem-solving perspectives and strategies (Rest, 1983; Rest & Narvaez, 1991). He asserted that moral development is dependent upon social experiences (i.e., role-taking opportunities) in which interpersonal interaction through the discussion of respective points of view and participation in group decision making occurs, thus providing the basis for construction of precepts encompassing "interpersonal and institutional cooperative schemes" (Rest, 1983; p. 575). Others have agreed with Kohlberg's emphasis on interpersonal relationships. More specifically, Williams and Williams (1970) believed that anything interfering with the ability to make relationships "diminishes also our capacity for moral action" (p. 108). Also, Eisenberg and Mussen (1989) reported that "role taking is a mediator of prosocial actions" (p. 111), in that concern for others motivates the behavior. Similar to Piagetian theory, the central concepts of Kohlbergian theory are that of universal justice, or what is "fair," and

Table 1

Kohlberg's Stages of Moral Development

Kohlberg's Moral Stage	Description of What Motivates Moral Behavior
Preconventional Morality	
1. Heteronomous Morality	Identify "good" and "bad" actions through consideration of physical consequences and fear of authority
2. Individualism, Instrumental Purpose, & Exchange	Obedience and punishment orientation, satisfy personal needs
Conventional Morality	
3. Mutual Interpersonal Expectations, Relationships, & Interpersonal Conformity	Seek approval and acceptance through maintenance of good relationships
4. Social System & Conscience	Maintenance of authority and social order by upholding laws and rules for their own sake
Postconventional Morality	
5. Social Contract or Utility & Individual Rights	Contracts, rights, and consensually accepted concepts of justice; Protect individual rights and needs of the collective
6. Universal Ethical Principles	Abstract individual principles of conscience

(Bergling, 1981; Berk, 1993; Colby & Kohlberg, 1987; & Kohlberg, 1984)

cooperative reciprocity (Kohlberg, Levine, & Hewer, 1983; Rest, 1983; Rest & Narvaez, 1991; Schlaefli, Rest, & Thoma, 1985). Kohlberg claimed that progression through the stages is invariant and sequential (Kohlberg, et al., 1983).

Kohlberg's theory, unlike Piaget's, involves an assumption that moral development is not completed in childhood and adolescence. Rather, moral judgment continues to develop in adulthood, particularly as a reflection of young adults defining their identity by continually associating a moral perspective with their life experiences and over time creating congruence between their beliefs and social actions (Kohlberg & Kramer, 1969). Rest and Thoma (1985) believed that for college students this association may result from external social reinforcement of particular socio-moral attitudes that the college milieu condones. Rest and Thoma (1985) also offered the possibility that general intellectual stimulation provided in a college atmosphere influences and supports advances in ethical reasoning. On the other hand, some feminist theorists have presented views of moral development that offer alternatives to Kohlberg's theory. For example, Horney emphasized an idealized social self that reflects cultural values and that plays an integral role in determining moral behavior (Westkott, 1986). Also, Gilligan (1993) contended that moral development occurs through a progression of relationships and expanding connections with and concerns for others. Despite which theoretical assumption is more accurate in explaining college students' moral development, longitudinal data illustrate a correlation between formal education and development of moral judgment (Rest & Thoma, 1985).

The Present Study

As mentioned previously, social development of ADHD children seems to be impaired, possibly due to other children's commonly negative reactions and subsequent avoidance of them ("The Harvard Mental Health Letter," 2000). This observed impairment impacts the ADHD individual's ability to effectively apply their judgment to decision making and planning processes (Fisher, 1998). Also, Barkley and Murphy (1998) suggest that children with ADHD experience delay in the development of their internal language. In light of moral development theory, these factors have significant implications for the developing conscience of the ADHD individual. More specifically, moral development is directly impacted by a sense of past and future as well as the internalization of the culture's meta-rules concerning social behavior, and socialization is one of the bases for the development of moral reasoning; because ADHD symptoms interfere with effective social learning, ADHD children have more difficulty applying their awareness of past and future experiences to their moral reasoning and behavior (Barkley, 1997c; Kohlberg & Kramer, 1969; Lewis & Volkmar, 1990). In addition, verbal working memory contributes to the development of morality; the delay in development of verbal working memory theorized to occur in individuals with ADHD impedes their ability to self-talk, consider events, and plan their behavior (Barkley & Murphy, 1998).

The purpose of this study was to examine the moral decision making processes of college students with and without ADHD. As early as the turn of the 20th Century, individuals with the characteristics of the disorder currently labeled ADHD were clinically identified as having a "defect in moral control" (Still, 1902, p. 4). Still

(1902) described these individuals as aggressive, resistant to discipline, impulsive (i.e., having no inhibitory volition), inattentive, and overactive. He defined moral control as cognitive comparison of an individual's behaviors with the good of society (Still, 1902). According to Barkley (1998), the ability to make this comparison requires verbal working memory that "inherently involves the capacity to hold in mind forms of information about oneself and one's actions, along with information on context" (p. 4).

Barkley's model of ADHD involves deficits in the capacity to delay event response in order for executive functions to occur. The use of internalized language and rules as part of the verbal working memory construct allows for increased control of behavior, and it provides the process by which moral reasoning occurs. According to Barkley's (1994) theory, individuals with ADHD are less able to effectively problem solve and are less able to utilize rules to govern self. Also, there is empirical evidence of significant difficulties among ADHD individuals and their peers including inattention during social interactions, as well as general inability to take another person's perspective (Fisher, 1998; Murphy & Barkley, 1996); these impairments likely interfere with Kohlberg's role-taking opportunities, the social experiences that are theoretically prerequisite for the development of morality (Colby & Kohlberg, 1987; Kohlberg, 1984; Rest, 1983). Therefore, it was hypothesized that the moral judgment of college students with ADHD would be less developed than that of non-ADHD, same aged peers, as reflected in their scores on tests examining ethical dilemmas.

CHAPTER II

Method

Subjects

Participants were 59 undergraduate college students who were divided into high ADHD symptom and low ADHD symptom groups based on the students' self-report. The sample included 21 participants (15 male and 6 female) in the high ADHD symptom group (i.e., childhood history and current symptoms of ADHD, Combined Type, based on self-report) and 38 participants (20 male and 18 female) in the low ADHD symptom group. Ages of subjects ranged from 18 to 24 years (M=18.86, SD=1.11). The subjects were enrolled in Introductory Psychology courses, and they received three experimental credits for fulfillment of the research requirement.

Subject Recruitment and Test Procedure

Participants were recruited from Introductory Psychology courses at a university of approximately 25,000 students in the western United States according to their scores on the Brief Screening Symptom Form for ADHD Symptoms (BSSF; see Appendix A). Identification of eligible subjects for both groups was based on Barkley and Murphy's (1998) empirically established norms (see Appendix B). For the high ADHD symptom group, subjects were eligible to participate in the study if they endorsed five or more of the nine hyperactive-impulsive items as well as four or more of the nine inattentive items on the survey. Students who endorsed one or zero

hyperactive-impulsive items and two or fewer inattentive items on the survey were eligible for the comparison group, and they were randomly selected to participate in the study. These individuals were contacted by telephone, and the study was briefly introduced as a research project investigating decision making processes and general behavioral patterns. It was explained to the potential subjects that their participation in the study would involve their completing questionnaires regarding moral decision making and general behavioral patterns and that their parents would need to complete questionnaires regarding the potential subjects' childhood and current behaviors. Subjects were told that the experiment would take approximately three hours to complete and that they would receive three experimental credits to fulfill research requirements. They were then invited to participate in the study. Subjects who agreed to participate in the research project were offered a variety of possible appointment times, from which they chose the most convenient.

All testing occurred in the offices of the Psychological Services Center (PSC), Department of Psychology, Colorado State University. When subjects arrived for their scheduled individual appointment, they were given the informed consent statement (see Appendix C) and completed it. They were told that they could discontinue participation in the study at any time and that, if they chose to discontinue participation prior to completion of the study, they would receive research credits prorated for the amount of time spent (i.e., one research credit if discontinued after one hour). Next, subjects were reminded that the researchers would like their parents to be involved in the study by providing their own perceptions about their daughter's/son's behavioral patterns. The subjects were then shown the packet that

was sent to their parent(s) that included a cover letter as well as the following questionnaires (see Appendix D): (1) Current Symptoms Scale--Other Report Form (Barkley & Murphy, 1998); (2) Childhood Symptoms Scale--Other Report Form (Barkley & Murphy, 1998). The subjects were asked to address an envelope to their parent(s) and were given a copy of the cover letter on which they wrote a short note to their parent(s) explaining their involvement in the study. The envelope was sealed and later mailed to the parent(s). Following this, the subjects were given a packet of questionnaires to complete including (see Appendix E): (1) Developmental History (Barkley & Murphy, 1998); (2) Current Symptoms Scale--Self-Report Form (Barkley & Murphy, 1998); (3) Childhood Symptoms Scale--Self-Report Form (Barkley & Murphy, 1998); (4) Symptom Checklist 90-Revised (Derogatis, 1994); (5) Defining Issues Test-2 (Rest & Narvaez, 1998); (6) Ethical Reasoning Inventory (Bode & Page, 1978, 1980).

After completing the packet of questionnaires, subjects were asked to verbally respond to questions presented to them from the Adult Interview (Barkley & Murphy, 1998; see Appendix F). After participants completed this structured clinical interview, they signed the credit roster, were given a brief written summary of the research project (i.e., debriefing statement; see Appendix G), and were told that they could contact the researchers during the following semester if they wished to receive personal feedback.

Instruments

Brief Symptom Screening Form (BSSF). The BSSF is a self-report measure that includes the 18 items from the Current Symptoms Scale developed by Barkley

and Murphy (1998) to assess adult ADHD. In addition to these items, several statements designed to disguise the purpose of the screening form were included.

Structured Adult Interview. The Adult Interview developed by Barkley and Murphy (1998) is a structured interview that was verbally administered to each individual participant. The purpose of the interview is to obtain information pertinent to DSM-IV (1994) Axis I disorders that the individual may be experiencing, such as Conduct Disorder, mood disorders, anxiety disorders, and psychotic symptomatology. The interview also includes subscales referencing ADHD symptoms and difficulties with daily functioning. Responses provide general information about psychotropic medications, family history, past psychiatric history, and substance use.

Coefficient alpha reliabilities of internal consistency for the present study on the subscales included in the Adult Interview were very good overall: current hyperactive-impulsive and inattention symptom scales were 0.84 and 0.85, respectively; childhood hyperactive-impulsive and inattention symptom scales were 0.87 and 0.89, respectively; and current difficulties with daily functioning (i.e., deciding or acting too quickly, procrastinate often) was 0.72.

Developmental History. The Developmental History questionnaire (Barkley & Murphy, 1998) is a qualitative self-report measure that was completed by the participant. It assesses problems associated with mother's pregnancy and delivery of the respondent, known developmental delays, serious childhood health issues, peer problems, and general significant difficulties. The questionnaire allows for the subject to provide additional information regarding items she/he endorses.

Childhood Symptoms Scale and Current Symptoms Scale (Self and Other Report Forms). The Childhood Symptoms Scale and the Current Symptoms Scale (Barkley & Murphy, 1998) are descriptive questionnaires completed by the adult being assessed for ADHD (i.e., Self Report Form) as well as a significant other such as a parent or spouse (i.e., Other Report Form). Each of these scales consists of 18 items designed to assess ADHD symptoms (e.g., felt restless; avoided, disliked, or was reluctant to engage in work requiring sustained mental effort) as well as eight items identifying behaviors indicative of Oppositional Defiant Disorder (ODD; e.g., argued with adults). The DSM-IV (1994) requires that the presence of ADHD symptoms in childhood must be established. Therefore, the Childhood Symptoms Scale, which evaluates behaviors experienced from the ages of 5 to 12 years old, was given to each participant. The Current Symptoms Scale assesses behaviors common to individuals with ADHD present within the past six months. These measures also examine the perceived extent to which these symptoms impacted childhood as well as current ability to function in various life situations.

Response choices on these scales include the following: never or rarely (0), sometimes (1), often (2), and very often (3). On the ADHD scale, inattention items are the odd numbered (e.g., 1, 3,...) statements, while the even numbered (e.g., 2, 4, ...) items yield hyperactive-impulsive scores. Scoring of this scale consists of summing the number of items on each subscale (i.e., inattention and hyperactive-impulsive) to which the individual responded often (2) or very often (3), meaning that the score on either scale may range from 0 to 9. Clinical significance may be established by scores of six or greater, based on diagnostic threshold as identified by

the DSM-IV (1994). Another method of evaluating clinical significance for self-report scores is to compare these scores to adult norms collected by Barkley and Murphy (1998). More specifically, self-report scores are considered clinically significant if they are equal to or greater than 1.5 standard deviations above the mean for their age group. It was anticipated that, given the undergraduate sample used in this study, the ages of most of the participants would fall within Barkley and Murphy's young adult age range of 17 to 29 years old. The deviance thresholds for this age group on the Current Symptoms Scale (Self Report) are as follows: 4.0 for inattention, 5.1 for hyperactive-impulsive, and 8.6 for ADHD total. The deviance threshold for 17 to 29 year olds on the Childhood Symptoms Scale (Self Report) for males and females, respectively are: 7.5 and 6.0 inattention, 7.2 and 6.3 hyperactive-impulsive, and 14.1 and 11.9 for ADHD total. Barkley and Murphy have not yet reported norms for other report forms.

Coefficient alphas of internal consistency for the ADHD scales based on the present sample were as follows: self report of current hyperactive-impulsive and inattention symptoms were 0.89 and 0.86, respectively; self report of childhood hyperactive-impulsive and inattention symptoms were 0.94 and 0.92, respectively; other report of current hyperactive-impulsive and inattention symptoms were both 0.87; other report of childhood hyperactive-impulsive and inattention symptoms were 0.94 and 0.95, respectively.

The eight ODD items are similarly scored by totaling the number of often (2) or very often (3) responses. When evaluated based on DSM-IV (1994) criteria, the cutoff for ODD clinical significance is 4. As with the previous scale, comparisons can

also be made to adult norms established by Barkley and Murphy, and the 17 to 29 year old deviance threshold for ODD on the Current Symptoms Scale (Self Report) is 3.9. Scores that reflect clinical significance on the Childhood Symptoms Scale (Self Report) for males and females, respectively, are as follows: 6.9 and 5.5. Norms cited for these measures are based on a convenience sample of adults renewing their drivers licenses in Massachusetts. Alpha reliabilities for the present sample on the self report current and self report childhood ODD measures were 0.89 and 0.92, respectively.

Symptoms Checklist-90-Revised (SCL-90-R). The SCL-90-R (Derogatis, 1994) is a 90 item paper-and-pencil measure designed to assess symptoms of psychopathology. Responses can range from 0 (not at all) to 4 (extremely). The items include descriptions of various experiences and are grouped into the following subscales: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, phobic anxiety, psychoticism, paranoid ideation, and hostility. The SCL-90-R also includes three global indices: Global Severity Index (GSI), Positive Symptom Total (PST), and Positive Symptom Distress Index (PSDI). The GSI is a summary measure that provides information about the respondent's perception of current symptom intensity. The PST indicates the total number of items endorsed by the respondent. The PSDI provides information about the participant's response style; more specifically, it reflects the respondent's general tendency to minimize or exaggerate perceived distress caused by their symptoms.

The SCL-90-R was scored by computer. Scores for each of the subscales consist of prorated means. The GSI score indicates a mean based on all 90 items; this average was prorated, if the respondent omitted any items. The PST simply reflects

the total number of items endorsed with a nonzero response. The PSDI provides an average of the reported levels of distress. All scores were converted into standardized T-scores based on the nonpatient norm group.

Psychometric data for the SCL-90-R are as follows. Internal consistency reliability reportedly ranges from 0.77 (psychoticism) to 0.90 (depression) (Derogatis, Rickels, & Rock, 1976, as cited in Derogatis, 1994). Test-retest reliability in which there was one week time lapse between administrations, has been reported to range from 0.80 to 0.90 (Derogatis, et al., 1976, as cited in Derogatis, 1994). Validity data for the SCL-90-R are limited since most studies involve the earlier, unrevised version of this test. Pauker (1985) reported the data that are available demonstrates a level of validity similar to other self-report measures.

Defining Issues Test-2 (DIT-2). The DIT-2 (Rest & Narvaez, 1998) is a questionnaire that assesses the respondent's judgment in terms of the importance of different issues in making a decision about a social problem, and its theoretical assumption is that individuals at different levels of moral reasoning "construe moral dilemmas differently, particularly in what they define as they crux of a moral problem and in what considerations they regard as the most important ones" (Rest, 1983). The DIT-2 consists of five moral dilemmas, and each is followed by 12 statements that represent possible views of the critical issue of the dilemma (Schlaefli, et al., 1985). The participants rated each of these issue statements in terms of importance in their decision making process (i.e., great, much, some, little, no), and then identified in rank order what they considered to be the four most important issue statements. The DIT-2 is a new version of the Defining Issues Test (Rest, Cooper, Coder,

Masanz, & Anderson, 1974); both the DIT and the DIT-2 purport to activate respondents' existing moral schemas, presumably because these schemas guide the respondents' decision making processes in life situations.

The DIT-2 is computer scored, and the scoring yields several indices. The index of primary importance in terms of interpreting results is the N2 index. The N2 index provides scores that reflect weighted ratings and rankings for the five stories combined. The DIT-2 also contains validity scales that identify protocols in which the individual responded randomly as well as protocols in which the respondent appeared to choose items based on their apparent complexity rather than meaning. Although only limited psychometric data specific to the DIT-2 are available, the authors report that the DIT-2 replicates the original DIT and that the DIT-2 is "slightly more powerful on validity criteria." Test-retest correlations and internal reliabilities (i.e., Cronbach's alpha) for the DIT have been reported to be in the 0.70s and 0.80s (Davison & Robbins, as cited in Rest, 1983). Cronbach's alpha for N2 at the story level was 0.81 (Rest, Narvaez, Thoma, & Bebeau, 1998) based on a sample containing individuals that represented the entire range of educational levels (i.e., junior high through graduate school). Coefficient alpha of internal consistency for the DIT-2 based on the present sample was 0.65.

Ethical Reasoning Inventory (ERI). According to its authors, the ERI (Bode & Page, 1978, 1980) was developed in order to provide an easily administered and scored measure of ethical reasoning, presumably to encourage empirical research pertaining to the development of ethical reasoning. The ERI consists of six dilemmas. Respondents were instructed to answer a series of questions regarding each dilemma,

one at a time. Before proceeding to the next question, the respondent was instructed to pause and mentally identify their reasoning for choosing that answer, and then to choose from the provided list of alternatives the statement that best summarized their reasoning.

Scoring, which was facilitated by a key provided by Bode and Page (1978), consists of finding the mean of the stage levels that correspond with each of the individual's responses. The group mean for college students ranges from 3.57 to 3.68, depending on the sample (e.g., test-retest, original validation sample; Bode & Page, 1978). The stage levels incorporated by the authors reflect Kohlberg's stages of moral development. Bode and Page (1978) reported the following psychometric information that was based on their original validation sample of college students: the alpha coefficient of internal consistency equaled 0.75; seven day and 10 day test-retest reliability were 0.80 and 0.69, respectively; and the ERI was significantly correlated with other widely used measures of moral development, suggesting acceptable construct validity. Examination of the present study data revealed a coefficient alpha of internal consistency for the ERI to be 0.47.

Group Selection Criteria and Construction

The researchers in the present study originally anticipated that the reports given by participants and their parents would provide information sufficient for clinical diagnosis of ADHD, Predominantly Hyperactive/Impulsive Type, or ADHD, Combined Type, as defined by the DSM-IV (1994). The researchers had also planned to compare collected data to norms empirically established by Barkley and Murphy (1998) because the DSM-IV (1994) thresholds were developed based on

children, and Barkley and Murphy's research suggests that these criteria "may be overly restrictive or excessively deviant for adults" (Barkley & Murphy, 1998, p. 81). For ADHD to be diagnosed, the DSM-IV (1994) requires the identification of hyperactive-impulsive (e.g., subjective feelings of restlessness, difficulty awaiting turn) and/or inattentive (e.g., difficulty finishing assigned duties/homework, easily distractible) symptoms that cause(d) impairment, in childhood or currently, in developmentally appropriate functioning in multiple settings. This impairment must have been present prior to age seven years and must have persisted for a minimum of six months.

According to the DSM-IV (1994), the individual must display current significant symptoms of ADHD as well as a childhood history of significant ADHD symptoms in order for a diagnosis of ADHD to be established in adulthood. Therefore, the following instruments that assess symptoms in childhood as well as adulthood were completed by all subjects and/or their parent(s): Developmental Questionnaire (Barkley & Murphy, 1998); Current Symptoms Scale--Self Report Form and Other Report Form (Barkley & Murphy, 1998); and the Childhood Symptoms Scale--Self Report Form and Other Report Form (Barkley & Murphy, 1998). In addition, because of the common comorbidity between ADHD and other diagnoses (Barkley, 1990), subjects completed the Symptom Checklist-90-Revised (Derogatis, 1994) in order to address the DSM-IV (1994) criteria that ADHD symptoms were not better accounted for by another mental disorder (e.g., another disruptive behavior disorder, mood disorder, or anxiety disorder).

When the DSM-IV (1994) and Barkley and Murphy's (1998) criteria were applied to the data collected in the present study, it was apparent that very few participants met the criteria for clinical diagnosis of ADHD because, contrary to Ramirez et al.'s (1997) and others' findings, many of the parents' reports did not support the participants' reports. Therefore, diagnoses of ADHD or non-ADHD were not made. Instead, participants were assigned to either the high ADHD symptom group or the low ADHD symptom group based on examination of the instruments completed by the research participants. More specifically, in order to be assigned to the high ADHD symptom group, participants endorsed four or more of the hyperactive-impulsive, inattentive, or combined items on the Childhood Symptoms Scale – Self Report Form and four or more of the hyperactive-impulsive or combined items on the Current Symptoms Scale – Self Report Form (Barkley, 1995). The mean numbers of ADHD symptoms reported by the high ADHD symptom group were as follows: 6.24 (SD = 2.00) for childhood hyperactive-impulsive, 4.38 (SD = 2.48) for childhood inattention, 5.24 (SD = 1.37) for current hyperactive-impulsive, 2.86 (SD= 1.90) for current inattention symptoms. Students were assigned to the low ADHD symptom group if they reported two or fewer of the hyperactive-impulsive, inattentive, or combined items on the Childhood Symptoms Scale – Self Report Form and two or fewer of the hyperactive-impulsive or combined items on the Current Symptoms Scale – Self Report Form. The low ADHD symptom group reported the following mean numbers of ADHD symptoms: 0.50 (SD = 0.69) for childhood hyperactive-impulsive, 0.37 (SD = 0.63) for childhood inattention, 0.61

(SD = 0.68) for current hyperactive-impulsive, and 0.24 (SD = 0.54) for current inattention.

In addition, information provided by the structured interview as well as the SCL-90-R was utilized to identify any existing comorbid conditions as well as to verify and expand the clinical picture provided by the objective rating scales.

CHAPTER III

Results

ADHD Symptomatology

Initial analyses included χ^2 and ANOVAs in order to establish that the high ADHD symptom group was sufficiently different from the low ADHD symptom group in appropriate ways. Effect sizes were reported as $\underline{V}$ = Cramer's V, the effect size measure for χ^2 analyses. These effect sizes evaluated qualitatively with 0.1 considered small, 0.3 moderate, and >0.5 large.

Results of χ^2 analyses conducted on pertinent items from the Developmental History Questionnaire indicated more high ADHD symptoms students described themselves as hyperactive, χ^2 (1, $\underline{N}$ = 59) = 18.05, $\underline{p} < .001$, $\underline{V}$ = 0.55, impulsive, χ^2 (1, $\underline{N}$ = 59) = 17.30, $\underline{p} < .001$, $\underline{V}$ = 0.54, inattentive, χ^2 (1, $\underline{N}$ = 59), = 14.37, $\underline{p} <$ .001, $\underline{V}$ = 0.49, and distractible, χ^2 (1, $\underline{N}$ = 58) = 16.80, $\underline{p} < .001$, $\underline{V}$ = 0.54.

Similar analyses were conducted on selected items from the Structured Adult Interview. Significantly more participants in the high ADHD symptom group reported being previously diagnosed with ADHD, χ^2 (1, $\underline{N}$ = 59) = 4.70, $\underline{p} < .05$, $\underline{V}$ = 0.28. Significantly more of these high symptom students also reported having been on psychotropic medication at some point in their lifetime, χ^2 (1, $\underline{N}$ = 59) = 4.45, $\underline{p} <$ .05, $\underline{V}$ = 0.28.

Univariate ANOVAs were also conducted on selected portions of the Structured Adult Interview (i.e., scales assessing ADHD symptoms). Significant univariate effects were found for all ADHD variables included in the Structured Adult Interview analyses (Table 2). High ADHD symptom students reported significantly more childhood and current ADHD symptoms than low ADHD symptom students.

Parent questionnaires were returned by 86.4% of the parents. In order to compare parent ratings on the Childhood Symptoms and Current Symptoms Scales (Other Report Forms), a univariate ANOVA was conducted. Significant differences were found for all variables (Table 2). Similar to the participants' self-report, parents of high ADHD symptom students reported significantly more childhood and current symptoms of ADHD than low ADHD symptom parents.

Covariate

In order to assess whether ADHD group assignment was associated with and potentially confounded by Oppositional Defiant Disorder (ODD) status, a test for significant difference between two proportions was utilized. Because more of the high ADHD symptom participants (38%) reported a clinically significant number of current ODD symptoms (i.e., 4 or more in the past 6 months) than the low ADHD symptom participants (0%), $z = 4.02$, $p < .001$, ODD status was used as a covariate in subsequent analyses of dependent measures.

General Psychological Functioning

Because the Global Severity Index (GSI) of the SCL-90-R provides the single best indicator of an individual's current level of psychopathology (Derogatis, 1994), differences in general psychological functioning as measured by the GSI were

Table 2

Structured Adult Interview and Parent Reports of ADHD Symptoms by Group

Measure	Group				Univariate Group	Group Effect Size (η^2)
	Low ADHD		High ADHD			
	M	SD	M	SD	F(1,56)	
Interview-Childhood Symptoms						
Hyperactive-Impulsive	1.41	1.52	6.52	1.83	130.89**	.700
Inattention	1.05	1.63	5.95	2.22	94.03**	.623
Interview-Current Symptoms						
Hyperactive-Impulsive	1.27	1.26	5.67	1.77	120.87**	.683
Inattention	0.68	1.04	4.81	2.42	83.33**	.594
Parent-Childhood Symptoms						
Hyperactive-Impulsive	0.23	0.73	2.69	3.18	19.18**	.281
Inattention	0.08	0.28	2.69	3.34	21.40**	.304
Parent-Current Symptoms						
Hyperactive-Impulsive	0.31	0.76	1.88	2.03	16.12**	.248
Inattention	0.05	0.34	1.00	1.46	13.33**	.214

*$p<.01$, **$p<.001$

assessed through a univariate ANCOVA. Results indicated a significant effect for group (Table 3): high ADHD symptom students reported significantly more psychological distress than low ADHD symptom students. In order to further examine these differences, additional ANCOVAs were conducted on the SCL-90-R subscales and other global indices (Table 4). High ADHD symptom students scored significantly higher on the following: the anxiety, hostility, obsessive-compulsive, and paranoid ideation subscales; and the Positive Symptom Distress Index. Effect sizes were moderate to large for all significant variables.

The Structured Interview provided information about other potential Axis I disorders for which participants may have met diagnostic criteria. In the low ADHD symptom group, one student met criteria for Major Depressive Disorder, another met criteria for Major Depressive Disorder, in Partial Remission, and a third met criteria for Specific Phobia. In the high ADHD symptom group, five participants met criteria for an Axis I diagnosis including Bipolar Disorder, Generalized Anxiety Disorder, Generalized Anxiety Disorder comorbid with Social Phobia, Major Depressive Disorder, and Major Depressive Disorder, Not Otherwise Specified. A χ^2 test was conducted to assess whether the groups were significantly different from each other in regard to the presence of comorbid diagnoses on the Structured Interview. Results indicated no difference between the high and low ADHD symptom groups, χ^2 (1, N = 59) = 2.93.

Moral Decision Making

To determine whether high ADHD symptom college students differed from low ADHD symptom college students in solving ethical dilemmas, univariate (Group)

Table 3

Adjusted Means and Standard Deviations for General Psychological Functioning as a Function of Group

Subscale/Index	Group			
	Low ADHD		High ADHD	
	M	SD	M	SD
Anxiety	51.97	9.76	65.71	9.37
Depression	57.55	8.60	64.14	9.20
Hostility	49.55	8.78	63.48	9.61
Interpersonal Sensitivity	57.21	8.15	64.57	10.73
Obsessive-Compulsive	57.87	11.57	68.67	8.24
Paranoid Ideation	51.39	9.49	62.48	11.27
Phobic Anxiety	51.47	8.26	55.43	10.44
Psychoticism	55.29	10.02	64.95	11.82
Somaticization	52.47	9.56	60.95	10.41
Global Symptom Index	55.29	9.61	67.05	9.91
Positive Symptom Distress Index	52.03	7.59	59.43	7.15
Positive Symptom Total	53.89	10.70	58.57	18.34

Table 4

Analysis of Covariance (ANCOVA) and Effect Size Results for General Psychological Functioning as a Function of Group, with ODD Status as Covariate

Subscale/Index	Group F (1, 56)	Group Effect Size
Anxiety	12.83**	.186
Depression	1.45	.025
Hostility	13.12**	.190
Interpersonal Sensitivity	0.55	.010
Obsessive-Compulsive	6.31**	.101
Paranoid Ideation	4.73*	.078
Phobic Anxiety	0.12	.002
Psychoticism	2.06	.036
Somaticization	2.92	.050
Global Symptom Index	6.48*	.104
Positive Symptom Distress Index	4.08*	.068
Positive Symptom Total	1.10	.019

*$p<.05$, **$p<.01$

ANCOVAs were performed. Because there were so few high ADHD symptom female college students (n=6), data were not separated out by gender.

Moral decision making processes were assessed with two measures: the Defining Issues Test – 2 (DIT-2) and the Ethical Reasoning Inventory (ERI). Analyses were first performed on the overall moral judgment development score included in the DIT-2 (i.e., the N2 index). The mean N2 scores for high ADHD and low ADHD symptom students were 26.29 (SD = 17.81) and 35.09 (SD = 16.40), respectively. An ANCOVA was performed and revealed no significant group effect for this index, indicating that high ADHD symptom students and low ADHD symptom students do not have statistically different levels of moral judgment development, F (1, 57) = 2.97, p = .09, eta^2 = .05.

Examination of the ERI total scores indicated that high ADHD symptom students had a mean score of 3.40 (SD = .28), while the low ADHD symptom students had a mean score of 3.48 (SD = .29). The two groups were compared through an ANCOVA, and no significant difference between the high ADHD symptom students' and the low ADHD symptom students' ethical reasoning was observed, F (1, 57) = .575, p = .45, eta^2 = .01.

CHAPTER IV

Discussion

The present study examined ethical decision making processes in high ADHD symptom and low ADHD symptom college students. No significant differences between the high ADHD symptom and the low ADHD symptom groups with respect to ethical decision making processes or moral judgment development were detected. It is possible that high ADHD symptom and low ADHD symptom individuals do not differ significantly in their moral judgments and development. However, it is also possible that the research design and limitations of the present study may have contributed to these nonsignificant findings.

One potential problem is that recruitment methods may have led to a biased sample that is not truly representative of college students with high or low ADHD symptoms. More specifically, all of the participants were students enrolled in college level Introductory Psychology classes, and although completion of the initial screening questionnaire was voluntary, Introductory Psychology students are required by the university to participate in at least one research project. Therefore, the college students' choice to enroll in an introductory course in the discipline of psychology, as well as their decision to answer the initial screening questionnaire, may have resulted in self-selection bias. Also, because the students must complete three research hour credits, their motivation for investing energy to thoroughly read and consider the

moral dilemmas may not have been as high as the motivation of individuals in other studies who are self-referred for evaluation or intervention due to the problems caused by their symptoms.

Another limitation of this study that may have contributed to a biased sample reflects characteristics of the participants. For example, there were a relatively small number of individuals comprising both the high ADHD symptom and the low ADHD symptom groups, and there were too few females to examine possible gender differences. Also, all individuals included in the present study were traditional aged college students, ranging in age from 18 to 22 years. Because of the limited sample size and lack of gender diversity, it is not known whether differences would have been detected if the sample had included more college students, especially females, or adults of varying ages. Therefore, interpretation of the results should be conservative and should not be generalized to women or other age groups.

One problematic aspect of the research design is related to the issue of restricted age range and corresponds to one of the instruments employed in the present study, the Defining Issues Test –2 (DIT-2). The DIT-2 measures moral judgment from a developmental approach (Rest & Narvaez, 1991). If the age range of the participants were broader and representative of multiple developmental stages, or if the study had been longitudinal, differences between groups may have been observed.

A fourth limitation of the present study is that the high ADHD symptom group may represent a select group of high functioning high ADHD symptom individuals rather than people with ADHD, in general. More specifically, research indicates that

adults with ADHD, when compared to non-ADHD adults, are less likely to attend college, more likely to have lower than average grades in advanced education, more likely to drop-out of college, and more likely to complete fewer years of formal education (Biederman, et al., 1993; Heiligenstein & Keeling, 1995; Murphy & Barkley, 1996; Weiss, 1986). Also, successful ADHD college students are likely to have high average intelligence, average or above average academic grades, effective study skills, and well-developed social support systems (Ratey, et al., 1992; Weyandt, et al., 1995). In addition, ADHD adults often present with a comorbid diagnosis (Milin, et al., 1997; Murphy & Barkley, 1996; Ratey, et al., 1992; Shekim, et al., 1990), and comorbidity may impede academic performance. In the present study, high ADHD symptom students reported significantly more psychological distress on a measure of general psychological functioning, but only five of the high ADHD symptom group participants met criteria for an Axis I diagnosis. Therefore, college students with high ADHD symptoms may not adequately represent the general population of adults with ADHD, so the results of this study should not be generalized to ADHD adults who are not attending college.

A significant limitation of this study is the ADHD – non-ADHD contrast. More specifically, the researchers initially intended to clinically diagnose participants who met the criteria for ADHD. One aspect of the diagnostic procedure involved another person (i.e., a parent) collaborating the participant's report of childhood and current ADHD symptoms. However, in the present study clinical diagnosis was not possible because, in contrast to prior research (Murphy & Barkley, 1996; Ramirez, et al., 1997; Ward, Wender, & Reimherr, 1993), parent reports generally did not support

the participants' reported perception of symptoms. It is possible that the findings would have been different, if the high ADHD symptom group had met clinical criteria for ADHD diagnosis.

The choice of dependent measures utilized in the present study may have affected the findings. The structure of both the Ethical Reasoning Inventory (ERI) and the Defining Issues Test – 2 (DIT-2) involves a forced-choice format requiring respondents to answer "yes" or "no." Murphy and Gilligan (1980) have critiqued similar measures of moral judgment because respondents cannot reply to the dilemmas with a relativistic, context oriented response of "it depends," and logical thinking and moral judgment, but not moral understanding or understanding of the consequences of moral choices, are evaluated. Murphy and Gilligan (1980) recommend that researchers apply an alternate coding scheme that compares responses to a relativist standard instead of abstract principles of justice. Therefore, although the format of the ERI and DIT-2 allows for easier administration to research participants, it may be useful to apply a standard structured interview including open-ended questions about personal experiences with moral conflict (Murphy & Gilligan, 1980) in future studies involving participants with and without ADHD.

Finally, the present study compared moral decision making processes in high ADHD symptom and low ADHD symptom college students. These processes are cognitive in nature, and the respondents had unlimited time in which to consider their responses to the ethical dilemmas. Barkley's model of ADHD emphasizes deficient response inhibition (Barkley, 1990, 1994, & 1997a), and ADHD is considered an externalizing disorder. Research has usually examined how the response inhibition

impairment may be expressed in observable behaviors, rather than self-reported cognitions. Therefore, the results of the present study may be a measure of social desirability expressed through the participants' disclosure of their knowledge of acceptable moral behavior in American society, rather than a true comparison between how high ADHD symptom and low ADHD symptom college students might act in situations requiring ethical decision making. It would be interesting for a future study to evaluate how the behavior of ADHD and non-ADHD adults may differ in experimental situations involving moral dilemmas.

In summary, the present study assessed the college student participants' ADHD symptomatology and placed them into high ADHD symptom and low ADHD symptom groups, as appropriate. Although analyses revealed that the high ADHD symptom group was significantly different from the low ADHD symptom group in terms of self-reported hyperactivity, impulsivity, inattention, distractibility, and general psychological distress, measures examining moral decision making revealed no significant differences between groups.

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APPENDICES

APPENDIX A

Colorado State University

Department of Psychology
Fort Collins, Colorado 80523-1876
(970) 491-6363
FAX: (970) 491-1032

You are being asked to complete a questionnaire for possible future involvement in a research study examining moral decision making and attention deficit disorder/attention deficit hyperactivity disorder. If you are invited to be a part of this study and are registered for PY100, you will receive three (3) experimental credits for complete fulfillment of your PY100 research requirement. If you are invited to be a part of this study and are registered for another psychology course, you will receive five (5) extra credit points. Your involvement is completely voluntary. However, you must be **18 years or older** to participate. If you are interested in being a part of this study, please complete the following and take approximately 5 minutes to complete the questionnaire on the next page. All information is completely confidential. If you are chosen to participate in this study, you will be contacted by Friday, September 24, 1999. Thank you for your involvement!

_____ Yes, I am 18 years or older and am interested in receiving three credits (for PY100 students) or five extra credit points (for all other psychology students) for participating in the moral decision making and attention deficit disorder/attention deficit hyperactivity disorder research study.

_____
Name

_____
Age

_____
Phone Number

The best time of day to reach me is: _____

Please use an "X" to rate to what degree each of the following labels fits for you.

Question	Not at all	Just a little	Pretty much	Very much
Honor roll student				
Makes careless mistakes				
Overtalkative				
Mentally restless				
Gifted				
Easily distracted				
Patient				
Easy-going				
Hot or explosive temper				
Unpredictable behavior				
Reliable				
Easily shifts from one task to another				
Difficulty organizing tasks/activities				
Good friend				
Difficulty completing tasks				
Responsible				
Difficulty sustaining attention				
Impulsive				
Quiet				
Often interrupts others				
Good listener				
Difficulty awaiting turn				
Forgets to do things				
Engages in physically daring activities				
Loses a lot of things				
Mentally focused				
Physically restless, fidgety				
Doesn't appear to listen to others				
Hyperactive				
Always on the go, as if driven by a motor				

Have you ever been told you are any of the following:

	NO	YES
Gifted		
Depressed		
Athletic		
Attention Deficit Disordered		
Outgoing		
Learning Disabled		

APPENDIX B

Barkley & Murphy (1998) Adult Norms
for Attention Deficit Hyperactivity Disorder
& Oppositional Defiant Disorder
(for Adults aged 17-29 years)

Current Symptoms Scale - Self Report

Symptom	Mean	SD	+1.5SD
Inattention	1.3	1.8	4.0
Hyperactive-Impulsive	2.1	2.0	5.1
Total ADHD Score	3.3	3.5	8.6
ODD Score	1.2	1.8	3.9

Childhood Symptoms Scale - Self Report

	Males			Females		
Symptom	Mean	SD	+1.5SD	Mean	SD	+1.5SD
Inattention	3.3	2.8	7.5	1.9	2.7	6.0
Hyperactive-Impulsive	3.1	2.7	7.2	2.5	2.5	6.3
Total ADHD Score	6.4	5.1	14.1	4.5	4.9	11.9
ODD Score	2.8	2.7	6.9	1.9	2.4	5.5

APPENDIX C

Colorado State University

COLORADO STATE UNIVERSITY
INFORMED CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

Department of Psychology
Fort Collins, Colorado 80523-1876
(970) 491-6363
FAX: (970) 491-1032

Project Title: Moral Decision Making Processes in College Students with and without ADHD

Investigator: Lee A. Rosén, PhD 491-5925 **Co-Investigator:** Susan A. Kitchens, MS 491-3788

Purpose of the Research: To explore the ethical decision processes among college students.

Procedures: To help us better understand these processes, we will be asking you to complete six questionnaires. We will also ask that your parent complete two questionnaires, which will be mailed to them. One of the questionnaires that you will be answering asks questions regarding various types of illegal actions you may have committed. All of your answers will be completely confidential and will not be shared with anyone outside the research project. No identifying information will be put on the actual questionnaires and the consent form will be collected and stored separately from the actual questionnaires. Your participation in this study is completely voluntary, and you may refuse to answer any questions in this study. Terminating your participation and/or failure to answer questions will not result in loss of experimental credits. In addition, failure of your parent to return questionnaires to us will not result in loss of experimental credits. Any written report/article generated from this research will make no reference to any individual participant. The amount of time necessary for participation in this study is approximately 2 to 3 hours. If you are enrolled in PY100, you will receive 3 experimental credits for fulfillment of your PY100 research requirement. If you are enrolled in another psychology course at Colorado State University, you will receive five extra credit points for participating.

Risks: There are no foreseeable risks involved in participating in this study. We understand that it is not possible to identify all potential risks in an experimental procedure, but we believe that reasonable safeguards have been taken to minimize any potential, but unknown, risks. You are free to discontinue your participation at any time. If you have any questions or concerns about this research project, please contact the individuals listed above.

Benefits: Direct benefits include the opportunity to gain knowledge about how you approach and consider ethical dilemmas. In addition, this research project will provide you with the opportunity to be involved in and learn more about the experimental process.

Liability: Because Colorado State University is a public-funded, state institution, it may have only limited legal responsibility for injuries incurred as a result of participation in this study under a law known as the Colorado Governmental Immunity Act (Colorado Revised Statutes, Section 24-10-101, et seq.). In light of these laws, you are encouraged to evaluate your own health and disability insurance to determine whether you are covered for any injuries you might sustain by participating in this research, since it may be necessary for you to rely on your individual coverage for any such injuries. Claims against the University must be filed within 180 days of the injury. Questions concerning subjects' rights may be directed to Celia S. Walker at (970) 491-1563.

Consent to Serve as a Participant in Research

I understand that my participation in this research is voluntary. I also understand that I may not participate if I am under 18 years of age. If I decide to participate in the study, I may withdraw my consent and stop participating at any time without penalty or loss of benefits to which I am otherwise entitled. I have read and understand the information stated and willing sign this consent form. My signature also acknowledges that I have received, on the date signed, a copy of this document containing one (1) page.

Participant Name (printed)	Participant Signature
Investigator or Co-Investigator Signature	Date

APPENDIX D

Colorado State University

Department of Psychology
Fort Collins, Colorado 80523-1876
(970) 491-6363
FAX: (970) 491-1032

Dear Parent:

Your son/daughter is currently registered for a psychology course at Colorado State University. As part of these courses, students are encouraged to participate in some type of research experience in order to gain knowledge of the research process. Your daughter/son has chosen to be involved in a study which is examining ethical decision making processes. Our hope is that your son/daughter enjoyed this learning experience and gained knowledge about the research process through having the opportunity to actually be a part of a research study.

We are now inviting you, as parents, to also be involved in this process. It is very important for the outcome of this study to also have your perspective on issues related to moral decision making, attention deficit disorders, and general behavioral patterns as they relate to your daughter/son.

Enclosed are 2 questionnaires that will take a total of approximately 10 minutes to complete. Also enclosed is a self-addressed, stamped envelope in which you may return the questionnaires. All information is confidential and will be kept in a locked file cabinet. All data collected will be analyzed as group information and individual identities will be unknown. All information is non-accessible to anyone not involved in the research project. Therefore, please do not include names on these questionnaires, as your questionnaires will be matched with those completed by your son/daughter according to the code number on the top of each questionnaire.

We thank you in advance for your involvement in this study and encourage you to discuss your experience with your daughter/son after completing the questionnaires. We would greatly appreciate it if you could return the questionnaires **on or before Wednesday, December 1, 1999.** If you have any questions or concerns, please feel free to contact us at the above address or the phone numbers listed below.

Sincereiy,

Lee A. Rosén, PhD
Principal Investigator
(970) 491-5925

Susan A. Kitchens, MS
Co-Investigator
(970) 491-3788

Dear _____:

_____
Daughter's/Son's Signature

Subject # _____

CURRENT SYMPTOMS SCALE—OTHER REPORT FORM

Subject Number of Person to be rated _____ **Date**_____

Your relationship to that person_____

Instructions: Please rate the person by circling the number next to each item that best describes this person's behavior *during the past 6 months.*

Items:	Never or rarely	Some-times	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in their work	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining their attention in tasks or fun activities	0	1	2	3
4. Leaves their seat in situations in which seating is expected	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
6. Seems restless	0	1	2	3
7. Doesn't follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Seems to be "on the go" or "driven by a motor"	0	1	2	3
11. Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

If you indicated that this person experienced any of the above problems, at what age did these problems begin? At approximately _____ years old

Subject # _____

To what extent do the problems you may have circled on the previous page interfere with this person's ability to function in each of these areas of life activities?

Areas:	Never or rarely	Some-times	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her work or occupation	0	1	2	3
In his/her social interactions with others	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In his/her dating or marital relationship	0	1	2	3
In his/her management of my money	0	1	2	3
In his/her driving of a motor vehicle	0	1	2	3
In his/her leisure or recreational activities	0	1	2	3
In his/her management of my daily responsibilities	0	1	2	3

CHILDHOOD SYMPTOMS SCALE

Instructions: Please circle the number next to each item that best describes the behavior of the person being rated when he/she was *a child age 5 to 12 years.*

Items:	Never or rarely	Some-times	Often	Very often
1. Failed to give close attention to details or made careless mistakes in his/her work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Left his/her seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Seemed restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Seemed "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work requiring sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3

Subject # _____

	Never or rarely	Some-times	Often	Very Often
14. Blurted out answers before questions were completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

To what extent did the problems you may have circled above interfere with this person's ability to function in each of these areas of life activities when he/she *was a child between 5 and 12 years of age?*

Areas:	Never or rarely	Some-times	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her social interactions with other children	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In learning to take care of him/herself	0	1	2	3
In his/her play, leisure, or recreational activities	0	1	2	3
In his/her handling of daily chores or other responsibilities	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes the behavior of the person being rated when he/she *was a child age 5 to 12 years.*

Items:	Never or rarely	Some-times	Often	Very often
1. Lost temper	0	1	2	3
2. Argued with adults	0	1	2	3
3. Actively defied or refused to comply with adults' requests or rules	0	1	2	3
4. Deliberately annoyed people	0	1	2	3
5. Blamed others for his/her mistakes or misbehavior	0	1	2	3
6. Was touchy or easily annoyed by others	0	1	2	3
7. Was angry or resentful	0	1	2	3
8. Was spiteful or vindictive	0	1	2	3

Subject # _____

Instructions: Please indicate whether the person being rated on this form engaged in any of the following *between 5 and 18 years of age:*

1. Often bullied, threatened, or intimidated others	No	Yes
2. Often initiated physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle, knife, gun)	No	Yes
4. Was physically cruel to people	No	Yes
5. Was physically cruel to animals	No	Yes
6. Stole while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)	No	Yes
7. Forced someone into sexual activity	No	Yes
8. Deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
9. Deliberately destroyed others' property (other than by fire setting)	No	Yes
10. Broke into someone else's house, building, or car	No	Yes
11. Often lied to obtain goods or favors or to avoid obligations (i.e., "conned" others)	No	Yes
12. Stole items of nontrivial value without confronting a victim (e.g., shoplifting, forgery)	No	Yes
13. Often stayed out at night despite parental prohibitions If so, at what age did this begin? _____	No	Yes
14. Ran away from home overnight at least twice while living in parents' home, foster care, or group home If so, how many times?	No	Yes
15. Was often truant from school If so, at what age did this begin? _____	No	Yes

APPENDIX E

Subject # _____

DEVELOPMENTAL HISTORY

1. As far as you know, were there any problems with your mother's pregnancy with you? Yes No
   If yes, please give details:

2. Were there any problems associated with her delivery of you? Yes No
   If yes, please give details:

3. Did you mother use alcohol or other drugs during the pregnancy? Yes No
   If yes, please give details:

4. Did your mother smoke cigarettes during the pregnancy? Yes No
   If yes, please give details:

5. Did you have any significant delays in your development (i.e., in walking, talking, or sitting up)? Yes No
   If yes, please give details:

6. Did you have any serious childhood illnesses/ diseases/ major surgeries? Yes No
   If yes, please give details:

7. Did you have any problems getting along with other children when you were a child? Yes No
   If yes, please give details:

8. Please place a checkmark beside any of the following that you believe you had significant difficulties with as a child:

____Defiant	____Aggressive	_____Stubborn	____Destructive	____Hyperactive
____Impulsive	____Inattentive	_____Distractible	____Shy	____Withdrawn
____Depressed	____Anxious	_____Fearful	____Lying	____Stealing
____Fighting	____Learning	_____Language	____Memory	____Sleeping
____Eating	____Motor Skills	_____Toilet training		

____Strange ideas (explain):

____Strange behavior (explain):

Subject # _____

CURRENT SYMPTOMS SCALE

Instructions: Please circle the number next to each item that best describes your behavior *during the past 6 months.*

Items:	Never or rarely	Some-times	Often	Very often
1. Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
2. Fidget with hands or feet or squirm in seat	0	1	2	3
3. Have difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Leave my seat in situations in which seating is expected	0	1	2	3
5. Don't listen when spoken to directly	0	1	2	3
6. Feel restless	0	1	2	3
7. Don't follow through on instructions and fail to finish work	0	1	2	3
8. Have difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Have difficulty organizing tasks and activities	0	1	2	3
10. Feel "on the go" or "driven by a motor"	0	1	2	3
11. Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talk excessively	0	1	2	3
13. Lose things necessary for tasks or activities	0	1	2	3
14. Blurt out answers before questions have been completed	0	1	2	3
15. Am easily distracted	0	1	2	3
16. Have difficulty awaiting turn	0	1	2	3
17. Am forgetful in daily activities	0	1	2	3
18. Interrupt or intrude on others	0	1	2	3

How old were you when these problems with attention, impulsiveness, or hyperactivity first began to occur? _____yrs old

To what extent do the problems you may have circled above interfere with your ability to function in each of these areas of life activities?

Areas:	Never or rarely	Some-times	Often	Very often
In my home life with my immediate family	0	1	2	3
In my work or occupation	0	1	2	3
In my social interactions with others	0	1	2	3
In my activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In my dating or marital relationship	0	1	2	3

Subject # _____

In my management of my money	0	1	2	3
In my driving of a motor vehicle	0	1	2	3
In my leisure or recreational activities	0	1	2	3
In my management of my daily responsibilities	0	1	2	3

Instructions: Please circle the number next to each item that best describes your behavior *during the past 6 months.*

Items:	Never or rarely	Some-times	Often	Very often
1. Lose temper	0	1	2	3
2. Argue	0	1	2	3
3. Actively defy or refuse to comply with requests or rules	0	1	2	3
4. Deliberately annoy people	0	1	2	3
5. Blame others for my mistakes or misbehavior	0	1	2	3
6. Am touchy or easily annoyed by others	0	1	2	3
7. Am angry or resentful	0	1	2	3
8. Am spiteful or vindictive	0	1	2	3

CHILDHOOD SYMPTOMS SCALE

Instructions: Circle the number next to each item that best describes your behavior *when you were a child age 5 to 12 years old.*

Items:	Never or rarely	Some-times	Often	Very often
1. Failed to give close attention to details or made careless mistakes in my work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Left my seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Felt restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Felt "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work requiring sustained mental effort	0	1	2	3

Subject # _____

12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions were completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

To what extent did the problems you may have circled above interfere with your ability to function in each of these areas of life activities *when you were a child between 5 and 12 years of age*?

Areas:	Never or rarely	Some-times	Often	Very often
In my home life with my immediate family	0	1	2	3
In my social interactions with other children	0	1	2	3
In my activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In learning to take care of myself	0	1	2	3
In my play, leisure, or recreational activities	0	1	2	3
In my handling of my daily chores or other responsibilities	0	1	2	3

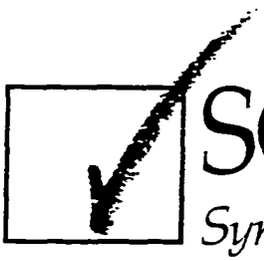
Instructions: Circle the number next to each item that best describes your behavior *when you were a child between 5 through 12 years old.*

Items:	Never or rarely	Some-times	Often	Very often
1. Lost temper	0	1	2	3
2. Argued with adults	0	1	2	3
3. Actively defied or refused to comply with adults' requests or rules	0	1	2	3
4. Deliberately annoyed people	0	1	2	3
5. Blamed others for my mistakes or misbehavior	0	1	2	3
6. Was touchy or easily annoyed by others	0	1	2	3
7. Was angry or resentful	0	1	2	3
8. Was spiteful or vindictive	0	1	2	3

Subject # _____

Instructions: Please indicate whether you engaged in any of the following *between 5 and 18 years of age:*

1. Often bullied, threatened, or intimidated others	No	Yes
2. Often initiated physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle, knife, gun)	No	Yes
4. Was physically cruel to people	No	Yes
5. Was physically cruel to animals	No	Yes
6. Stole while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)	No	Yes
7. Forced someone into sexual activity	No	Yes
8. Deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
9. Deliberately destroyed others' property (other than by fire setting)	No	Yes
10. Broke into someone else's house, building, or car	No	Yes
11. Often lied to obtain goods or favors or to avoid obligations (i.e., "conned" others)	No	Yes
12. Stole items of nontrivial value without confronting a victim (e.g., shoplifting, forgery)	No	Yes
13. Often stayed out at night despite parental prohibitions If so, at what age did this begin? _____	No	Yes
14. Ran away from home overnight at least twice while living in parents' home, foster care, or group home If so, how many times?	No	Yes
15. Was often truant from school If so, at what age did this begin? _____	No	Yes



SCL-90-R®

Symptom Checklist-90-R

Leonard R. Derogatis, PhD

Last Name _____ First _____ MI _____

ID Number _____

Age _____ Gender _____ Test Date ___/___/___

DIRECTIONS

1. Print your name, identification number, age, gender, and testing date in the area on the left side of this page.
2. Use a lead pencil only and make a dark mark when responding to the items on pages 2 and 3.
3. If you want to change an answer, erase it carefully and then fill in your new choice.
4. Do not make any marks outside the circles.

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USE ONLY FOR HAND SCORING

Product Number
05618

INSTRUCTIONS:

Below is a list of problems people sometimes have. Please read each one carefully, and blacken the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Blacken the circle for only one number for each problem and do not skip any items. If you change your mind, erase your first mark carefully. Read the example before beginning, and if you have any questions please ask them now.

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	EXAMPLE HOW MUCH WERE YOU DISTRESSED BY:
1	⓪	①	②	●	④	Bodyaches

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	HOW MUCH WERE YOU DISTRESSED BY:
1	⓪	①	②	③	④	Headaches
2	⓪	①	②	③	④	Nervousness or shakiness inside
3	⓪	①	②	③	④	Repeated unpleasant thoughts that won't leave your mind
4	⓪	①	②	③	④	Faintness or dizziness
5	⓪	①	②	③	④	Loss of sexual interest or pleasure
6	⓪	①	②	③	④	Feeling critical of others
7	⓪	①	②	③	④	The idea that someone else can control your thoughts
8	⓪	①	②	③	④	Feeling others are to blame for most of your troubles
9	⓪	①	②	③	④	Trouble remembering things
10	⓪	①	②	③	④	Worried about sloppiness or carelessness
11	⓪	①	②	③	④	Feeling easily annoyed or irritated
12	⓪	①	②	③	④	Pains in heart or chest
13	⓪	①	②	③	④	Feeling afraid in open spaces or on the streets
14	⓪	①	②	③	④	Feeling low in energy or slowed down
15	⓪	①	②	③	④	Thoughts of ending your life
16	⓪	①	②	③	④	Hearing voices that other people do not hear
17	⓪	①	②	③	④	Trembling
18	⓪	①	②	③	④	Feeling that most people cannot be trusted
19	⓪	①	②	③	④	Poor appetite
20	⓪	①	②	③	④	Crying easily
21	⓪	①	②	③	④	Feeling shy or uneasy with the opposite sex
22	⓪	①	②	③	④	Feelings of being trapped or caught
23	⓪	①	②	③	④	Suddenly scared for no reason
24	⓪	①	②	③	④	Temper outbursts that you could not control
25	⓪	①	②	③	④	Feeling afraid to go out of your house alone
26	⓪	①	②	③	④	Blaming yourself for things
27	⓪	①	②	③	④	Pains in lower back
28	⓪	①	②	③	④	Feeling blocked in getting things done
29	⓪	①	②	③	④	Feeling lonely
30	⓪	①	②	③	④	Feeling blue
31	⓪	①	②	③	④	Worrying too much about things
32	⓪	①	②	③	④	Feeling no interest in things
33	⓪	①	②	③	④	Feeling fearful
34	⓪	①	②	③	④	Your feelings being easily hurt
35	⓪	①	②	③	④	Other people being aware of your private thoughts
36	⓪	①	②	③	④	Feeling others do not understand you or are unsympathetic
37	⓪	①	②	③	④	Feeling that people are unfriendly or dislike you

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	HOW MUCH WERE YOU DISTRESSED BY:
38	0	1	2	3	4	Having to do things very slowly to insure correctness
39	0	1	2	3	4	Heart pounding or racing
40	0	1	2	3	4	Nausea or upset stomach
41	0	1	2	3	4	Feeling inferior to others
42	0	1	2	3	4	Soreness of your muscles
43	0	1	2	3	4	Feeling that you are watched or talked about by others
44	0	1	2	3	4	Trouble falling asleep
45	0	1	2	3	4	Having to check and double-check what you do
46	0	1	2	3	4	Difficulty making decisions
47	0	1	2	3	4	Feeling afraid to travel on buses, subways, or trains
48	0	1	2	3	4	Trouble getting your breath
49	0	1	2	3	4	Hot or cold spells
50	0	1	2	3	4	Having to avoid certain things, places, or activities because they frighten you
51	0	1	2	3	4	Your mind going blank
52	0	1	2	3	4	Numbness or tingling in parts of your body
53	0	1	2	3	4	A lump in your throat
54	0	1	2	3	4	Feeling hopeless about the future
55	0	1	2	3	4	Trouble concentrating
56	0	1	2	3	4	Feeling weak in parts of your body
57	0	1	2	3	4	Feeling tense or keyed up
58	0	1	2	3	4	Heavy feelings in your arms or legs
59	0	1	2	3	4	Thoughts of death or dying
60	0	1	2	3	4	Overeating
61	0	1	2	3	4	Feeling uneasy when people are watching or talking about you
62	0	1	2	3	4	Having thoughts that are not your own
63	0	1	2	3	4	Having urges to beat, injure, or harm someone
64	0	1	2	3	4	Awakening in the early morning
65	0	1	2	3	4	Having to repeat the same actions such as touching, counting, or washing
66	0	1	2	3	4	Sleep that is restless or disturbed
67	0	1	2	3	4	Having urges to break or smash things
68	0	1	2	3	4	Having ideas or beliefs that others do not share
69	0	1	2	3	4	Feeling very self-conscious with others
70	0	1	2	3	4	Feeling uneasy in crowds, such as shopping or at a movie
71	0	1	2	3	4	Feeling everything is an effort
72	0	1	2	3	4	Spells of terror or panic
73	0	1	2	3	4	Feeling uncomfortable about eating or drinking in public
74	0	1	2	3	4	Getting into frequent arguments
75	0	1	2	3	4	Feeling nervous when you are left alone
76	0	1	2	3	4	Others not giving you proper credit for your achievements
77	0	1	2	3	4	Feeling lonely even when you are with people
78	0	1	2	3	4	Feeling so restless you couldn't sit still
79	0	1	2	3	4	Feelings of worthlessness
80	0	1	2	3	4	The feeling that something bad is going to happen to you
81	0	1	2	3	4	Shouting or throwing things
82	0	1	2	3	4	Feeling afraid you will faint in public
83	0	1	2	3	4	Feeling that people will take advantage of you if you let them
84	0	1	2	3	4	Having thoughts about sex that bother you a lot
85	0	1	2	3	4	The idea that you should be punished for your sins
86	0	1	2	3	4	Thoughts and images of a frightening nature
87	0	1	2	3	4	The idea that something serious is wrong with your body
88	0	1	2	3	4	Never feeling close to another person
89	0	1	2	3	4	Feelings of guilt
90	0	1	2	3	4	The idea that something is wrong with your mind

DIT-2

Defining Issues Test

Version 3.0

University of Minnesota
Center for Research in Ethical Development

Instructions

This questionnaire is concerned with how you define the issues in a social problem. Several stories about social problems will be described. After each story, there will be a list of questions. The questions that follow each story represent different issues that might be raised by the problem. In other words, the questions/issues raise different ways of judging what is important in making a decision about the social problem. You will be asked to rate and rank the questions in terms of how important each one seems to you.

This questionnaire is in two parts: one part contains the INSTRUCTIONS (this part) and the stories presenting the social problems; the other part contains the questions (issues) and the ANSWER SHEET on which to write your responses.

Here is an example of the task:

Presidential Election

Imagine that you are about to vote for a candidate for the Presidency of the United States. Imagine that before you vote you are given several questions, and asked which issue is the most important to you in making up your mind about which candidate to vote for. In this example, 5 items are given. On a rating scale of 1 to 5 (1=Great, 2=Much, 3=Some, 4=Little, 5=No) you would indicate the importance of each item (issue) by filling in with a pencil one of the numbers in the column to the right of each item.

Assume that you thought that item #1 (below) was of great importance, item #2 had some importance, item #3 had no importance, item #4 had much importance, and item #5 had much importance. Then you would fill in the bubbles on the answer sheet as shown below:

1	2	3	4	5	
Great	Much	Some	Little	No	
					Item #:
●	○	○	○	○	1. Financially are you personally better off now than you were four years ago?
○	○	●	○	○	2. Does one candidate have a superior personal moral character?
○	○	○	○	●	3. Which candidate stands the tallest?
○	●	○	○	○	4. Which candidate would make the best world leader?
○	●	○	○	○	5. Which candidate has the best ideas for our country's internal problems, like crime and health care?

Further, the questionnaire will ask you to rank the questions in terms of importance. In the space below, the numbers at the top, 1 through 12, represent the item number. From top to bottom, you are asked to fill in the bubble that represents the item in first importance (of those given you to chose from), then second most important, third most important, and fourth most important. Please indicate your top four choices. You might fill out this part, as follows:

Item number:	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	●	○	○	○	○	○	○	○	○	○	○	○
Second most important	○	○	○	○	●	○	○	○	○	○	○	○
Third most important	○	○	○	●	○	○	○	○	○	○	○	○
Fourth most important	○	●	○	○	○	○	○	○	○	○	○	○

Note that some of the items may seem irrelevant to you (as in item #3) or not make sense to you--in that case, rate the item as "No" importance and do not rank the item. Note that in the stories that follow, there will be 12 items for each story, not five. Please make sure to consider all 12 items (questions) that are printed after each story.

In addition you will be asked to state your preference for what action to take in the story. After the story, you will be asked to indicate the action you favor on a seven-point scale (1=strongly favor some action, 7=strongly oppose that action).

In short, read the story from this booklet, then fill out your answers on the answer sheet. Please use a #2 pencil. If you change your mind about a response, erase the pencil mark cleanly and enter your new response.

[Notice the second part of this questionnaire, the Answer Sheet. The Identification Number at the top of the answer sheet may already be filled in when you receive your materials. If not, you will receive instructions about how to fill in the number. If you have questions about the procedure, please ask now.

Please turn now to the Answer Sheet.]

Famine --(Story #1)

The small village in northern India has experienced shortages of food before, but this year's famine is worse than ever. Some families are even trying to feed themselves by making soup from tree bark. Mustaq Singh's family is near starvation. He has heard that a rich man in his village has supplies of food stored away and is hoarding food while its price goes higher so that he can sell the food later at a huge profit. Mustaq is desperate and thinks about stealing some food from the rich man's warehouse. The small amount of food that he needs for his family probably wouldn't even be missed.

[If at any time you would like to reread a story or the instructions, feel free to do so. Now turn to the Answer Sheet, go to the 12 issues and rate and rank them in terms of how important each issue seems to you.]

Reporter --(Story #2)

Molly Dayton has been a news reporter for the *Gazette* newspaper for over a decade. Almost by accident, she learned that one of the candidates for Lieutenant Governor for her state, Grover Thompson, had been arrested for shop-lifting 20 years earlier. Reporter Dayton found out that early in his life, Candidate Thompson had undergone a confused period and done things he later regretted, actions which would be very out-of-character now. His shop-lifting had been a minor offense and charges had been dropped by the department store. Thompson has not only straightened himself out since then, but built a distinguished record in helping many people and in leading constructive community projects. Now, Reporter Dayton regards Thompson as the best candidate in the field and likely to go on to important leadership positions in the state. Reporter Dayton wonders whether or not she should write the story about Thompson's earlier troubles because in the upcoming close and heated election, she fears that such a news story could wreck Thompson's chance to win.

[Now turn to the Answer Sheet, go to the 12 issues for this story, rate and rank them in terms of how important each issue seems to you.]

School Board --(Story #3)

Mr. Grant has been elected to the School Board District 190 and was chosen to be Chairman. The district is bitterly divided over the closing of one of the high schools. One of the high schools has to be closed for financial reasons, but there is no agreement over which school to close. During his election to the School Board, Mr. Grant had proposed a series of "Open Meetings" in which members of the community could voice their opinions. He hoped that dialogue would make the community realize the necessity of closing one high school. Also he hoped that through open discussion, the difficulty of the decision would be appreciated, and that the community would ultimately support the school board decision. The first Open Meeting was a disaster. Passionate speeches dominated the microphones and threatened violence. The meeting barely closed without fist-fights. Later in the week, school board members received threatening phone calls. Mr. Grant wonders if he ought to call off the next Open Meeting.

[Now turn to the Answer Sheet, go to the 12 issues for this story, rate and rank them in terms of how important each issue seems to you.]

Cancer --(Story #4)

Mrs. Bennett is 62 years old, and in the last phases of colon cancer. She is in terrible pain and asks the doctor to give her more pain-killer medicine. The doctor has given her the maximum safe dose already and is reluctant to increase the dosage because it would probably hasten her death. In a clear and rational mental state, Mrs. Bennett says that she realizes this; but she wants to end her suffering even if it means ending her life. Should the doctor give her an increased dosage?

[Now turn to the Answer Sheet, go to the 12 issues for this story, rate and rank them in terms of how important each issue seems to you.]

Demonstration --(Story #5)

Political and economic instability in a South American country prompted the President of the United States to send troops to "police" the area. Students at many campuses in the U.S.A. have protested that the United States is using its military might for economic advantage. There is widespread suspicion that big oil multinational companies are pressuring the President to safeguard a cheap oil supply even if it means loss of life. Students at one campus took to the streets in demonstrations, tying up traffic and stopping regular business in the town. The president of the university demanded that the students stop their illegal demonstrations. Students then took over the college administration building, completely paralyzing the college. Are the students right to demonstrate in these ways?

[Now turn to the Answer Sheet, go to the 12 issues for this story, rate and rank them in terms of how important each issue seems to you.]

Ethical Reasoning Inventory

This questionnaire is composed of six stories and accompanying questions, followed by several possible reasons for an answer to each question. In each instance after reading the story, you are to answer the first question by checking the appropriate box on the answer sheet. Phrase one or two sentences in your mind that express the reason you answered the question as you did, then turn to the page indicated under the selected box, select the alternative from the list that is closest to the type of reasoning you would use in explaining your answer (checking its box on the answer sheet), then proceed to the remaining questions following the above steps. When finished with the questions and answers to the first story, go on to the remaining stories.

NOTE: Although in some cases none of the several alternatives will truly represent the type of reasoning you would use, choose that option which would be closest to your own reasoning. There are no right or wrong answers to any of these questions, although some may seem to be nonsense of irrelevant to the question posed.

In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that the druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost him to make. He paid $200 for the radium and charged $2,000 for a small dose of the drug. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about $1,000 which is half of what it cost. He told the druggist that his wife was dying, and asked him to sell it cheaper or let him pay later. But the druggist said, "No, I discovered the drug and I'm going to make money from it." So Heinz got desperate and broke into the man's store to steal the drug for his wife.

1. Should Heinz steal the drug?

☐ yes

(if you checked "yes" turn to page 2)

☐ no

(if you checked "no" turn to page 3)

page 1

answer: "yes" Why? (check the appropriate box)

☐ Because human life is of infinite value and saving a life is of greater value than anything else. It would be right to steal to save a life if Heinz is willing to accept the legal consequences; it would be consistent with his own value system.

☐ Because the drug did not cost much to manufacture anyway.

☐ Because his wife's life is at stake; the husband is doing it out of love and the good intention of saving his wife's life--this is his only choice in a life and death situation. Although it may be wrong to steal, in this situation he's desperate in his desire to save his wife and it's excusable.

☐ Because the essence of any decision making process involves the cognitive as well as affective components of the immediate situation.

☐ Because the druggist was being greedy and "ripping him off" so why shouldn't he rip the druggist off; besides, it is for a good reason: he wants his wife to live.

☐ Because the universal value of human life far outweighs any consideration of man made laws; the value of life is a moral or logical precondition to the general value of property.

2. Which is worse, letting someone die or stealing?

☐ letting someone die (turn to page 4)

☐ stealing (turn to page 5)

answer: "no" Why? (check the appropriate box)

☐ Because even though he's desperate he'd be wrong to steal; it would be dishonest and would break the law society has set.

☐ Because you shouldn't steal even in a situation like that; he would just get into more trouble and could go to jail. There is no justification for stealing.

☐ Because Heinz should try to find a way to get the drug legally and appeal to the druggist or somebody to understand his need and help him; although the druggist is wrong to charge so much, it is still wrong to steal because two wrongs don't make a right. Otherwise, his family would be ashamed of his actions.

☐ Because the color of the drug may not be his wife's favorite color.

☐ Because the inventor, in this case the druggist, deserves a profit for his discovery.

☐ Because Heinz would lose respect for himself and the respect of the community; others may also be in great need of the drug.

2. Which is worse, letting someone die or stealing?

☐ letting someone die

(turn to page 4)

☐ stealing

(turn to page 5)

4

answer: "letting someone die" Why? (check a box)

☐ Because the right to life should take precedence over the right to property. The value of human life is logically prior to the value of property: that is, property can have no value unless human life is valued.

☐ Because you can get into more trouble for letting someone die than for stealing.

☐ Because the harm to the person is greater; you can always replace things but can't replace a life.

☐ Life and any attempt at its preservation rank more highly on my code of morality than the dictum which makes stealing taboo.

☐ The meaning of life can only be determined by the High Lama atop Mount Rushmore.

☐ Because human life is more important and more valuable than money. People feel a greater sense of loss.

3. Would it be as right to steal it for a stranger as his wife?

☐ yes

(turn to page 6)

☐ no

(turn to page 7)

page 4

answer: "stealing" Why? (check one)

- ☐ Because one should never try to steal third base on a fast ball.
- ☐ Because when you steal you are creating crime and you'll never get the medicine; you'll just get into trouble.
- ☐ Because the druggist has a right to make a profit.
- ☐ It would be wrong to steal because it violates the druggist's property rights. You can't have human rights without property rights; if you are willing to destroy someone's property, you are probably willing to destroy someone's life.
- ☐ Stealing intrinsically rests upon a innate hierarchy of individual, social, and moral prohibitions.
- ☐ Because although it is wrong to let someone die, it is still wrong to steal because two wrongs don't make a right.

3. Would it be as right to steal it for a stranger as his wife?

☐ yes (turn to page 6)

☐ no (turn to page 7)

answer: "yes" Why? (check a box)

☐ Only if it's someone very important or powerful that could get him into a great deal of trouble.

☐ Because Heinz has an obligation to steal to save any life; the right to life should be accorded universally to all those whose lives can be saved, regardless of personal ties.

☐ Because Heinz should save anyone including a stranger, out of a feeling of love; just because he doesn't know the stranger, he shouldn't let him die. If a person knew he let someone die, he'd feel guilty. Even if he didn't know him, he would have it on his mind that he could have saved him.

☐ Because maybe the stranger would do it for you someday in return.

☐ Life is valuable or sacred and therefore as members of the human community, it is an obligation to save anyone's life in matters of life and death if possible.

☐ The essential nature of self-preservation or a life-preserving instinct dictates a supreme effort to continue living.

4. Suppose he was stealing it for a pet he loved dearly. Would it be right to steal it for the pet?

☐ yes (turn to page 8)

☐ no (turn to page 9)

answer: "no" Why? (check a box)

☐ Because it would be wrong to steal it for anyone; besides, he could get into worse trouble than if he steals just for his wife.

☐ One should consider the essence of a motivational dilemma as being of primary concern in resolving a situation like this one.

☐ Because you only have an obligation to steal for someone you are close to. In addition, you'd bring dishonor to your family, they would be ashamed of your actions.

☐ Because he shouldn't steal for a stranger, he should mind his own business. He shouldn't steal for someone he doesn't know.

☐ One might steal the drug but an individual would not have an actual duty or responsibility to do it; in some sense it is wrong to steal because it violates the druggist's property rights or the general value of property even though there is a sacredness of life.

☐ One should not steal for a stranger unless he is your best friend.

4. Suppose he was stealing it for a pet he loved dearly. Would it be right to steal for the pet?

☐ yes

(turn to page 8)

☐ no

(turn to page 9)

8

answer: "yes" Why? (check a box)

☐ Because people can get so attached to an animal that it's almost like a member of the family to them. People don't put a price on love whether it's a human life or a pet; an animal is a living being, too, and because it's suffering it should be helped.

☐ Because wet birds don't fly at night.

☐ Because if he thinks the pet is worth it, worth stealing for, he should; if he likes the pet.

☐ Because ecology dictates that the natural order of things (interrelationships) in the animal kingdom must be preserved.

☐ Because property rights do not take precedence over life. Assuming that the druggist would not be too severely hurt, it would be right to take the drug.

☐ Because all life, including animal life, is sacred and should be preserved if possible. The preservation of society requires the recognition of the necessity of saving life.

5. Heinz steals the drug for his wife and is caught. Should the judge sentence him or should he let him go free?

☐ sentence him

(turn to page 10)

☐ let him go

(turn to page 11)

page 8

9

answer: "no" Why? (check a box)

☐ Because many people could use this as a circumstance anytime they wanted to steal; it would lead to chaos because you'd be stealing for the pet you loved, somebody else for someone he loved, and everyone would be stealing.

☐ Because although the ontogenetic relationship between man and animals is roughly equivalent, the phylogenetic differential implies a superiority of each species within the habitat to which it is best adapted.

☐ Because it isn't worth as much to you, it isn't worth the risk; it doesn't matter as much.

☐ Because you would be put in jail; he'd be bad to steal.

☐ Because animals are not human and do not claim rights. It would be wrong to violate the druggist's property rights to save the pet's life; you must protect human rights over animals.

☐ Because society recognizes a difference between the value of human life and the value of an animal; animal life cannot be considered sacred or on a par with human life, therefore it would not be right to steal to save an animal's life.

5. Heinz steals the drug for his wife and is caught. Should the judge sentence him or should he let him go free?

☐ sentence him

(turn to page 10)

☐ let him go

(turn to page 11)

page 9

10

answer: "sentence him" Why? (check a box)

☐ Heinz knew he would be convicted if caught and has to accept the risk of punishment in spite of good intentions. The judge has to sentence him to maintain social order and property rights; he must have some concern for the welfare and expectations of society and has to uphold the law because his role as a judge doesn't allow him to make decisions on the basis of his own personal feelings.

☐ So he won't steal anymore; to prevent Heinz or others from trying to steal. If he doesn't put him in jail, then he'll steal again.

☐ A sentence should always begin with a capital and end with a period.

☐ The reason for punishment is to maintain consistency of the law but there is some conflict between consistency and fairness in this case; the writers of the law could not foresee all the circumstances and the judge is setting a legitimate precedent.

☐ For stealing, he should be punished for breaking the law. No matter what reason it is for, he stole so he has to go to jail because he committed a crime.

☐ Although he may have felt it was necessary to steal in this case, it's still not really right and if Heinz were not punished it would be unfair to those in similar situations who are punished. The judge has to be fair and consider both sides, the druggist's position as well as the husband's. Although the druggist is wrong to charge so much, it is still wrong to steal because two wrongs don't make a right.

Proceed to page 12.

page 10

answer: "let him go" Why? (check a box)

☐ Heinz broke the law because of the higher laws within him, even though not acting legally he was acting morally in terms of conscience or moral law.

☐ Heinz was right in his own mind because he wanted to save his wife's life; besides, the druggist was over-charging and Heinz didn't really do harm to the druggist; the judge would do the same thing if he were Heinz.

☐ Since freedom inherently entails choice, the issue can be resolved by removing the constraints upon choice necessitated by the situation.

☐ The judge does have to consider the welfare of society but this is defined in part by such individual rights as the right to life. Heinz's reason for stealing was a legitimate one and since the purpose of the law in general is the protection of life, he was not violating the purpose behind the law.

☐ For saving his wife's life--if he had let her die the judge would have gotten mad at him; the judge could just tell him not to do it again.

☐ The judge should be understanding of Heinz's reasons; he was doing what he thought was best, not out of selfishness or for profit but instead out of love and affection.

Proceed to page 12.

12

Joe is a fourteen-year-old boy who wanted to go to camp very much. His father promised him he could go if he saved up the money for it himself. So Joe worked hard at his paper route and saved up the $40 it cost to go to camp and a little more besides. But just before camp was going to start, his father changed his mind. Some of his father's friends decided to go on a special fishing trip, and Joe's father was short of the money it would cost. So he told Joe to give him the money he had saved from the paper route. Joe didn't want to give up going to camp, so he thought of refusing to give his father the money.

1. Should Joe refuse to give his father the money?

☐ yes

(if you checked "yes" turn to page 13)

☐ no

(if you checked "no" turn to page 14)

page 12

13

answer: "yes" Why? (check a box)

☐ Joe wants to go to camp and he has absolute possession rights over the money because he worked for it and earned it so it's his money; it is unfair of the father to ask--he should save his own money.

☐ A factual analysis of the situation reveals that presumptive legalism can be invoked in this instance.

☐ Because his father doesn't have good reasons or motives for wanting the money, he's not acting in Joe's best interests and is setting a poor example for his son. If he was a good father and loved his son, he wouldn't require Joe to give him the money.

☐ Although his father has certain legal rights based on his son's age and dependency, Joe should refuse because his father doesn't have the right to demand the money in this case; Joe will not be a good future member of adult society if his property is taken from him since that will undermine his faith in keeping one's obligations.

☐ Because money is the root of all evil.

☐ Joe should refuse to give his father the money for two reasons: because the father's unfairness in this situation nullifies normal obligations of a son to a father and also to uphold property rights which are general rights and are independent of the parent-child relationship.

Turn to page 15.

page 13

14

answer: "no" Why? (check a box)

☐ Joe can give him the money if he wants to--it's his decision. If he does his father may do something for him in exchange; his father has supported him, clothed him, and given him things in the past. Joe does have a right to the money but could give it to his father if he expects to get paid back.

☐ Because it would probably rain the whole time Joe was at camp anyway.

☐ Joe should give him the money because as a son he is expected to love, respect, and honor his parents and also he could show appreciation and gratitude for all his father has done in the past. Also, he should give him the money if it is needed for a real necessity or emergency.

☐ Joe should give him the money because a son has an obligation to respect and obey his father. There's an implied responsibility on both sides: the parent assumes the responsibility of bringing up a child and the responsibility for all the child's actions, so the child has the responsibility of obeying the parent.

☐ He will be punished if he refuses--his father is the authority, is older, more powerful and therefore Joe should obey because his father has possession rights over his son's property.

☐ Even though Joe's normal obligations to his father do not hold because of the father's unfairness, he could consider giving his father the money because the long-term consequences would be best for all concerned.

Turn to page 15.

page 14

15

2. What is the most important thing a good father should recognize in his relation to his son and why?

☐ That in the father-son relationship there are implied duties and obligations on both sides; the father is responsible for the moral training and character development of his son and therefore should recognize this and do what is best for him.

☐ That he is older and is the authority and knows more than his son; therefore, his son should obey him.

☐ That the complexity of kinship interrelationships extends beyond the boundary of nuclear family as well as extended family ties.

☐ That both father and son deserve the same respect as free and equal individuals; the father should respect his son's rights the same as any person respects the rights of another individual.

☐ A good father lets his son lead his own life, do what he wants to do, make his own decisions, and recognizes his son's personal property and ownership rights as well as his son's needs and desires. A father should do things for his son because his son will do things for him in return and vice versa.

☐ A good father recognizes that the role of a father involves setting a good example for his son; mutual understanding and honest communication is necessary so he can fulfill his role in guiding his son. Of central importance is mutual faith and trust between them as well as love, respect, and mutual concern for others welfare as an end in itself.

Turn to page 16.

page 15

3. What is the most important thing a good son should recognize in his relation to his father and why? (check a box)

☐ That his father probably likes to eat fish a lot.

☐ A good son is someone who listens to and obeys his father because he is older and has had more experience; obedience is essential.

☐ A good son should recognize the father-son relationship is defined in terms of duties on both their parts; the father has the responsibility of bringing up the child and the responsibility for all the child's acts while the child has the responsibility of doing what his father tells him to do.

☐ A good son recognizes his father loves him and has his son's best interests at heart and should act so as to show appreciation for all his father has done for him; he should have respect for, trust and confidence in his father. The relationship should be based on honesty and truthfulness with both acting out of affection for each other.

☐ In the father-son relationship, the same respect is due to both as individual persons; children do not owe parents abolute obedience. A parent who acts unfairly toward a child has lost his ground for commanding respect; people who don't respect others' rights are confused and narrow.

☐ A good son should be good, respect, and do favors for his father because his father has done things for him in the past and will do things for him in the future; you shouldn't "bite the hand that feeds you." The son should also recognize his father is not God-like but has faults and weaknesses like everyone else.

Turn to page 17.

17

4. Why is it important to keep a promise, even to someone you don't know well or are not close to? (check a box)

☐ You should keep a promise to maintain your credibility and make a good impression on others as well as to avoid hurting them; one expects and trusts another to keep a promise and it always hurts when one's trust is shown to be faulty.

☐ One shouldn't break a promise to avoid the other person's disappointment in not getting what was promised. If you broke your promise, the other person wouldn't believe, like, or trust you anymore and someday you may need him and find that you wouldn't be able to count on him any longer to keep promises to you.

☐ Promises constitute a portion of a hypothetico-deductive process which renders society possible.

☐ Trust is a precondition for an ideal or just society and keeping a trust derives from principles of justice; keeping a promise shows each person he regards the other as an equal. One keeps promises to build a trustful world and maintain maximum liberties compatible with the liberties of others.

☐ One should keep promises to maintain one's integrity and self respect; promises represent a commitment or a keeping of one's word and are somewhat sacred in nature. Promises are part of general social relationships and society depends on and expects people to keep their word; Joe's father should set the example that commitments should be kept as a member of society.

☐ Simply because it's a promise; if you keep a promise you won't get into trouble, but if you break it you can expect to be punished.

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18

Two young men, brothers, had gotten into serious trouble. They were secretly leaving town in a hurry and needed money. Karl, the older one, broke into a store and stole $500. Bob, the younger one, went to a retired old man who was known to help people in town. Bob told the man that he was very sick and he needed $500 to pay for the operation. Really he wasn't sick at all, and he had no intention of paying the man back. Although the man didn't know Bob very well, he loaned him the money. So Bob and Karl skipped town, each with $500.

1. Which would be worse, stealing like Karl or cheating like Bob?

☐ stealing like Karl

(turn to page 19)

☐ cheating like Bob

(turn to page 20)

page 18

19

answer: "stealing like Karl: Why? (check a box)

☐ One should not steal because losing property makes people feel upset and saddened at the loss.

☐ Society cannot get along without respect for personal property--it is an extention of respect for individual welfare; property rights are preconditional to society.

☐ Because stealing is always worse than theft.

☐ You'd get caught and therefore wouldn't gain anything from it anyway. If you steal from people, they won't believe in you any longer or they will do it back to you. Cheating the old man isn't so bad because it's his fault for getting "conned"--he was foolish to give that much money to a stranger in the first place.

☐ Stealing affects more people; one who steals causes suffering or hardship to a larger portion of society and not just to those stolen from.

☐ It's wrong to steal and one will go to jail for stealing but not for lying; it's a crime and more physical damage is done (to the store). Cheating like Bob isn't as bad because Bob asked the old man but Karl just broke in without the store owner knowing.

2. Suppose Bob had gotten the loan from a bank with no intention of paying it back. Is borrowing from the bank or the old man worse?

☐ the bank

(turn to page 21)

☐ the old man

(turn to page 22)

page 19

answer: "cheating like Bob" Why? (check a box)

☐ Because cheating involves a violation or betrayal of personal trust and this will diminish the old man's faith in human nature and he might not want to help others in need anymore.

☐ Cheating is worse because it denies the fundamental value of the human person and violates a trust; trust is preconditional to human relationships and forms the basis of all human interaction.

☐ Because cheating entails a fundamental decision concerning basic determinates of precautionary actions and motives.

☐ In the end you wouldn't gain anything from it and if you cheat people they will do it right back to you or won't believe in you any longer and would refuse to help you out in the future.

☐ Relationships of trust have an inviolable character and breaking a trust shows a loss of personal integrity or weakness in one's character and leads to social disorder. One who cheats causes hardship to many people and not just to those cheated.

☐ It's a crime to do either but one could get into more trouble cheating like Bob.

2. Suppose Bob had gotten the loan from a bank with no intention of paying it back. Is borrowing from the bank or the old man worse?

☐ the bank

(turn to page 21)

☐ the old man

(turn to page 22)

21

answer: "the bank" Why? (check a box)

- ☐ Because banks were made to be robbed and not borrowed from.
- ☐ Because the bank is simply more important.
- ☐ Because you would never be able to get credit or a loan anywhere.
- ☐ Borrowing from the bank would probably be worse because the bank affects more people whereas the effects of borrowing from the old man will not affect as many people.
- ☐ The banker was basing his transactions on the belief that all men are (or should be) honest and that he was going to be repaid for the loan--trust is fundamental to all human relationships and to violate it is to show little or no respect for the autonomy of the human being.
- ☐ Breaking a trust involves violation of the banker's expectations and will result in disappointment on the part of the banker.

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page 21

22

answer: "the old man" Why? (check a box)

☐ Simply because justice in the traditional sense requires a logical decision based on the so-called "positive absolutism."

☐ The old man may be more powerful than even the bank and could use his money to see that you were punished.

☐ The old man needs the money and will have a more difficult time making up his financial loss than the bank with its millions.

☐ We depend upon honesty in society and borrowing from the old man involves violating a valuable and honorable trust; social order depends upon trust.

☐ The bank's an institution and cheating the old man is worse because he is a person rather than an institution; the person should be valued over the institution because they're the reason institutions exist.

☐ Trusting relationships are mutually satisfying and should be preserved for their intrinsic value; violating a trust will result in disappointment and a loss of trust in mankind for the old man.

Turn to page 23.

page 22

23

3. Why shouldn't someone steal and what is the value or importance of property rights? (check a box)

☐ Property rights are part of what it means to be a human person and therefore must be respected--they derive from other human rights. They recognize the individual personality, his desires, and enterprise, and are an extension of respect for his individual welfare.

☐ The property is simply not yours--if a person has worked for his property then he should be allowed to do as he pleases with it. Violation of property rights will lead to retaliatory stealing.

☐ One should respect property rights because violation is against the law and will ultimately result in punishment.

☐ People have a right to property because they have worked hard for it and earned it; therefore, it should be protected. Violation of property rights leads to disappointment in others and disrupts relationships.

☐ Property as a possession is by its very nature not definable in a qualitative fashion nor can it be quantified on any known dimension.

☐ Property rights are necessary to maintain social order; they are a social responsibility. Property rights involve relationships of trust and violation of these threatens society--without them society would begin to deteriorate and chaos would ensue.

Turn to page 24.

page 23

4. What do people mean by conscience and what does it do?

☐ Conscience is an inner voice of self-blame that bothers you until you confess or apologize for having hurt one's feelings or caused disappointment in others. It not only tells you what is right or what to do but also is a part of you that has feelings about right and wrong--the morally sensitive part of your feelings.

☐ Conscience is a feeling of fear or anxiety about being punished for having done something wrong.

☐ Conscience is one's internal intuitive immediate or emotional moral response which need not be rational and needs to be integrated with reason or logical analysis. Violation of one's own principles results in self-condemnation and guilt; such guilt is, however, not an unquestioned or final reason for moral action.

☐ Conscience is self-guidance, that is, self thinking or talking to yourself, much like a little voice telling you right from wrong. Conscience would bother one for lying, cheating, stealing, etc.

☐ Conscience is a set of internalized standards which one tries to live up to. It is an objective guide and ultimate basis for moral decision on what is right or wrong and is the core of moral character. It implies respect for people, integrity, a sense of responsibility, obligation and duty. Violation of conscience results in guilt from not living up to your duties and obligations.

☐ Conscience is the science of studying the relationship between cons.

Proceed to page 25.

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There was a woman who had very bad cancer, and there was no treatment known to medicine that could save her. Her doctor knew that she had only about six months to live. She was in terrible pain, but she was so weak that a good dose of a pain-killer like ether or morphine would make her die sooner. She was delirious and almost crazy with pain, and in her calm periods, she would ask the doctor to give her enough ether to kill her. She said she couldn't stand the pain and she was going to die in a few months anyway.

1. Should the doctor give her the drug that would make her die?

☐ yes

(turn to page 26)

☐ no

(turn to page 27)

page 25

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answer: "Yes, the doctor should give her the drug." Why?

☐ If she was going to die in a few months anyway, it wouldn't matter much--she can't stand the pain even when she's calm. So he should unless there's a drug to make her well.

☐ Doctors have taken on the responsibility to save human life but also the responsibility to relieve pain. A doctor must be true to the mercy of his profession.

☐ The right to make a decision to die is really a right to decide how to die; a personal life style decision. The doctor must respect the rational wishes of the woman.

☐ Everyone should be given drugs.

☐ Internal consistency within a self-concept requires recognition of such self-motivation.

☐ Because she requested it; I would want the right to decide and I think her right should be respected since there's no cure. Why should we make people suffer?

2. Should the woman have the right to make the decision to die or should the right to decide be up to the doctors and the courts?

☐ yes she should (turn to page 28)

☐ no she shouldn't (turn to page 29

page 26

27

answer: "No, the doctor shouldn't give her the drug." Why?

☐ He would want to because she was suffering so much. But it wouldn't be fair because then he would have to go to jail.

☐ The doctor would be breaking his hippocratic oath and people wouldn't trust him. We need to be able to trust our doctors. Besides, life is always worth hanging on to and there's always a chance that a cure can be found. No one has the right to take his own or another's life.

☐ People should be protected from impulsive or irrational decisions to end their lives which they might really not mean. If her pain is very great, she may be unable to make a rational evaluation.

☐ It contains too much salt and she doesn't like the taste of it.

☐ A doctor is supposed to save her, not kill her. If he did he would go to jail for life or be put in the electric chair.

☐ You want to help people when they're suffering, but you know it's wrong to take a person's life. She doesn't know what she's saying anymore.

2. Should the woman have the right to make the decision to die or should the right to decide be up to the doctors and the courts?

☐ yes she should (turn to page 28)

☐ no she shouldn't (turn to page 29)

page 27

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answer: "Yes, she can make the decision to die." Why?

☐ This is a decision she has to make for herself depending on her personal circumstances. If her life is hopelessly degrading, with no hope for the future, she has a right to end it.

☐ It's her life and her body. A person's life belongs to them and nobody can tell them what to do with it. Besides she's not really having any life at all.

☐ The value in human life does not lie in being biologically alive. When we say life is valuable we really mean a normal self-sufficient life.

☐ You have to make sure she really understands what she's doing and that it isn't just the pain talking, but if she does understand then her husband and the doctors should realize her suffering and agree.

☐ Deep despondency creates an inner tension which must be discharged through personally interiorized action and not thwarted by external forces.

☐ Making decisions is fun.

3. Is mercy-killing humans very different from mercy-killing animals?

☐ yes (turn to page 30)

☐ no (turn to page 31)

page 28

29

answer: "No, she can't make the decision to die." Why?

- ☐ It isn't fair unless everyone dies at the same time.
- ☐ You can't go around killing.
- ☐ Life is the most precious thing we have. Without life there is nothing. It is beyond the power of any individual to take life either from someone else or from himself.
- ☐ She wouldn't be in a state to decide what she really wanted. She's too sick to decide. Her husband and her doctor should decide what's right.
- ☐ Within the capabilities of each entity the eternal cycle of life and death must be played out. No intra-rational purpose can challenge that necessity.
- ☐ She hasn't found the horseshoe.

3. Is mercy-killing humans very different from mercy-killing animals?

☐ yes

(turn to page 30)

☐ no

(turn to page 31)

page 29

30

answer: "Yes, mercy-killing humans is very different from mercy-killing animals." Why?

☐ You can kill the animal because it doesn't care. You wouldn't get in trouble for it.

☐ You shouldn't kill wantonly, but because animals cannot reason, they can't assume their own responsibility as humans can. There is something special about a human--a spark of the divine.

☐ Humans can talk, they feel more pain and can tell us that they want to die.

☐ Animals do not have the consciousness or intelligence to find any transcendent meaning in life if they are incapacitated or in pain, but humans do.

☐ Animals don't have the same feelings and emotions that humans have so it wouldn't hurt as much when an animal was killed.

☐ The conscious oneness of all life is centered on the totality of intellect rather than the partiality of emotion.

4. The doctor kills the woman and is brought to court. He is found guilty of murder. The usual sentence is life imprisonment. The judge considers being lenient or letting the doctor off, but he has to think about society too. Should the judge sentence him?

☐ yes he should

(turn to page 32)

☐ no, he should be lenient

(turn to page 33)

page 30

31

answer: "No, mercy-killing humans isn't very different from mercy-killing animals." Why?

☐ You shouldn't kill anything that's alive.

☐ Because some animals look like people.

☐ It is just like taking a pet's life away when it's in pain; you're doing the same with the lady.

☐ Sigmund Freud lives.

☐ The lower level of ability in animals means they can't defend themselves as well and so calls for more respect from us, therefore everything's the same.

☐ All life essence demands the return of internal consistency.

4. The doctor kills the woman and is brought to court. He is found guilty of murder. The usual sentence is life imprisonment. The judge considers being lenient or letting the doctor off, but he has to think about society too. Should the judge sentence him?

☐ yes he should

(turn to page 32)

☐ no, he should be lenient

(turn to page 33)

page 31

32

answer: "Yes, he should sentence him." Why?

☐ The inner logic of political participation requires unemotional non-involvement in individual problems resulting from external-internal entrapment.

☐ Anyone who thinks he has the right to take another human life needs help. It's a rehabilitation thing--so he won't do the same thing if the situation presented itself again.

☐ The doctor knew it was illegal and so even though he was trying to help the woman he has to accept the punishment since society needs order. Judges don't make the law and the law requires punishment in this case.

☐ Because the doctor might do it again. Maybe if he killed someone out of mercy he may kill more people and say the same thing.

☐ You could make a utilitarian argument to sentence the doctor to keep the medical profession quarantined from questions of mercy-killing even though this would deny justice to this particular doctor.

☐ The doctor took someone's life so the judge should take his.

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page 32

answer: "No, he shouldn't sentence him, he should be lenient." Why?

- ☐ The implication of judicial leniency would permeate the societal functions of solipsism, without denigrating justice.
- ☐ The very act of doing it, of taking a life was punishment enough. It was a hard decision and weighed heavily on the doctor's conscience.
- ☐ The law recognizes intent in cases of killing someone so the judge should use a legal loophole like that to reduce the severity of the crime to manslaughter and suspend his sentence.
- ☐ Because the lady asked him to do it, so the judge should let him go.
- ☐ The judge should suspend the sentence for explicit public reasons. The law here is unjust. The judge can act within the larger framework of law here to reduce injustice.
- ☐ If he didn't sentence him the lady's husband would have to pay his bill.

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34

Judy was a twelve-year-old girl. She had saved up from babysitting and lunch money for a long time so she would have enough money to buy a ticket to a special out-of-town rock concert that was coming to her town. She had managed to save up the $5 the ticket cost plus another $3. Her mother had promised her that she could go to the rock concert if she saved the money herself. Later her mother changed her mind and told Judy that she had to spend the money on new clothes for school. Judy was disappointed, and decided to go to the concert anyway. She bought a ticket and told her mother that she had only been able to save $3. That Saturday she went to the performance and told her mother that she was spending the day with a friend. A week passed without her mother finding out. Judy then told her older sister, Louise, that she had gone to the performance and had lied to her mother about it.

1. Should Louise, the older sister, tell their mother that Judy had lied about the money or should she keep quiet?

☐ yes, Louise should tell ☐ no, Louise shouldn't tell

(turn to page 35) (turn to page 36)

page 34

35

answer: "Yes, Louise should tell her mother." Why?

☐ Judy is telling a lie here. That is wrong to begin with and it shows a lack of respect for her mother's authority. Louise's responsibility is to her mother; informing her she had been lied to is a form of obeying her mother.

☐ You should tell if you think she might start doing this all the time. If she gets away with it once, she might start doing it all the time.

☐ Telephoning is inexpensive.

☐ She should tell before her mother finds out on her own; if she doesn't she would be lying to her mother.

☐ True courageous inwardness requires an out-going attempt to reach all parties in an interpersonal conflict situation.

☐ If it was an understanding mother, she should tell. That would do the most good for Judy, because Judy is the one who needs help. Judy's mother must have had a good reason to change her mind and the fact that Judy lied is wrong.

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answer: "No, Louise shouldn't tell her mother." Why?

☐ Because it's Judy's responsibility to tell her mother. Even though Judy lied, it's a matter of personal honor and Louise's telling would probably shatter the mutual relationship of the family.

☐ It's her sister's money and she saved it herself, and her mother doesn't have anything to do with her money as far as money she saved herself. It's none of Louise's business--it's between Judy and her mother.

☐ Because she should keep her sister's trust and confidence. What Judy did was not serious enough to break that confidence. She is not endangering lives nor gravely violating other's rights by lying. She is endangering her relationship with her mother, but Louise's telling wouldn't help that. Children do not owe parents absolute obedience. A parent who acts unfairly toward a child has lost her ground for commanding obedience.

☐ Withdrawal from impasse suggests inner strength to balance outward intransigence.

☐ Because no one was home.

☐ If her sister was nice enough to confide in her, she shouldn't turn on her and tell her mother.

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37

2. What would be the best reason for Louise to keep quiet?

Answer: The best reason for Louise to keep quiet would be..."

☐ It's none of her business and she would only be making things worse. Everything would be fine if she didn't say anything to her mother. She should stay on good terms with her sister so her sister won't tell on her.

☐ Trust. That her sister trusted her. I don't think she should betray her. She should preserve the confidence of her sister.

☐ To maintain and sustain the grounds for confidence and trust her sister feels. With so unreasonable a mother for a model, the child needs a figure of ethically trustworthy stature.

☐ Because Judy should have told. It's not right for her to lie to her mother; her mother has authority over her.

☐ Because there is nothing to be gained for any of the three parties. Your relationship to your mother is not obligatory, telling does not produce a solution to anything. From that standpoint, it's best to say nothing.

☐ Quietude would be a response which strengthened moral suasion.

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3. What is the most important thing a person should recognize in a mother-daughter relationship?

Answer: "The most important thing is..."

☐ The most important thing is that she's her mother and has authority over her.

☐ Mutual respect and confidence. Trust. Mutual commitment between loved ones. A mother must recognize a daughter as a separate person and the daughter, the mother. Each has wishes and desires to be respected and considered.

☐ That they love each other--little things that the mother does for the daughter and the daughter does for the mother.

☐ The most distant relative to the other.

☐ They need faith, honesty and trusting each other. They should be open and they'll have a better relationship. They should share problems.

☐ The mother should consider what's best for the child in the long run. Consider all the child's emotions and try to deal honestly with her and explain things. She's got to help her grow up and develop her character.

Turn to page 39.

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4. Why should a promise be kept?

Answer: "A promise should be kept because..."

☐ Any human relationship, to be a sensitive loving relationship, depends on mutual trust, and human relationships are essential to meaningful existence.

☐ The reassessment of internal balance must not exceed the usefulness of the externality of the situation.

☐ If you don't, then the other person won't keep theirs if they make one to you.

☐ Trusting others is hard to come by. If someone gives a final word, like a promise, it is sacred. A promise is a commitment which no person has the right to break; it's a part of yourself you're giving, you should have the integrity and character to carry it out. If he expects society and others to trust him, he must live up to what he says.

☐ It's a betrayal of trust. One expects and trusts another to keep a promise and it always hurts when one's trust is shown to be faulty.

☐ Because if you keep the promise you won't get in trouble.

Turn to page 40.

page 39

5. What makes a person feel bad if a promise to him is broken?

Answer: "If another person breaks a promise to someone he feels..."

☐ That the person should be punished.

☐ Bad, because he doesn't get the thing he wanted. He might be all excited and ready to go and then find out he can't go.

☐ As if he had been betrayed and the other person had betrayed himself. He'll believe in the other person less and the other person will believe in himself less. It's a double betrayal.

☐ He will feel bad to realize the other does not respect his claims as important as that person's own claims.

☐ That he doesn't know when or if he should trust in, believe in, or even continue a friendship with his promise-breaking companion. If you don't keep a promise you can't be trusted and it indicates a bad relationship between people. He feels betrayed by that person.

☐ With his gloves on and thus only dimly.

Proceed to page 41.

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In a country in Europe, a poor man named Valjean could find no work, nor could his sister and brother. Without money, he stole food and medicine that they needed. He was captured and sentenced to prison for six years. After a couple of years, he escaped from the prison and went to live in another part of the country under a new name. He saved money and slowly built up a big factory. He gave his workers the highest wages and used most of his profits to build a hospital for people who couldn't afford good medical care. Twenty years had passed when a tailor recognized the factory owner as being Valjean, the escaped convict whom the police had been looking for back in his home town.

1. Should the tailor report Valjean to the police?

☐ yes (turn to page 42)

☐ no (turn to page 43)

page 41

42

answer: "Yes, the tailor should report Valjean." Why?

- ☐ He should report if he felt he must because the officials could see for themselves what good Valjean was doing.
- ☐ Because Valjean stole things and should pay for what he has stolen.
- ☐ We must preserve society and we do it through law. Even if in some isolated cases one individual must suffer, the principle of law must be maintained.
- ☐ Because none of the clothes the tailor made fit him.
- ☐ Valjean stole and then broke out of jail. Convicts are dangerous.
- ☐ If there are extenuating circumstances as there are here, it is best for the society and the courts to decide and not an individual. If individuals made the decisions you would have inconsistency of treatment and no single standard of justice.

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page 42

43

answer: "No, the tailor shouldn't report Valjean." Why?

☐ It's none of his business. Valjean is not committing crimes now; he is not doing any harm to the tailor or his business. Besides, the tailor might get himself into a situation like that someday and need Valjean to help him out.

☐ It wouldn't help the tailor much to tell on Valjean.

☐ It's up to Valjean to turn himself in. The relationship involved here is between society and a member of that society. Imprisonment serves to protect society and society would now be hurt more than helped by Valjean's imprisonment. Valjean has obviously worked off his "debt" to society many times over.

☐ The tailor should realize that telling the police would help no one. Not the victimized food or medicine merchants, certainly not Valjean, who has no doubt "reformed" his "evil" ways. So all the just motives for punishment have been fulfilled.

☐ It is preferable on teleological grounds to refuse to participate in actions with rule oriented justifications.

☐ He's not a criminal now. He's built a hospital and a factory; he's helping other people more than they helped him. He got into trouble and what he did he did because he had no money even though he tried to get a job. So it wasn't right to put him in jail in the first place, so the tailor shouldn't tell.

Turn to page 44.

page 43

2. The law says citizens are supposed to report escaped convicts. What considerations should guide a good citizen in cases where there is a conflict between the law and his own judgment?

Answer: "A good citizen would consider..."

☐ Does it benefit the person who would be punished? Does it benefit the society from which that person would be separated?

☐ We must consider that universal actions create distinctly different problems for all concerned. The relationship between action and non-action is not clear in this case.

☐ What Valjean had done--that he was doing good and he had only stolen so he could live. It's a good citizen's duty to report him, but you should take into account what he did.

☐ That if he didn't report Valjean, he would be guilty too and would be put in jail.

☐ A citizen should report every crime that could infringe on anyone's rights. He should have society's better interests at heart--not the mere execution of the letter of the law.

☐ It's his duty to report Valjean since he has done something wrong.

Turn to page 45.

45

3. From society's point of view, what would be the best reason for the judge to have Valjean finish his sentence?

Answer: "The best reason to have him finish his sentence would be..."

☐ That you were going to follow the laws to the letter and go strictly by the book, but that's not a <u>good</u> reason even though it's the best you can give.

☐ To avoid having people generalize to situations where stealing is a real offense. It is a strict legal code that guarantees order in society. To flaunt this code is to make it pointless. We must present a deterrent to future potential thieves--an example that the law holds.

☐ To be fair. If he lets Valjean go just because he has gotten better, it wouldn't be fair to anyone else. He did steal.

☐ If he hadn't bettered himself, if he had just gone back to his old ways of robbing and stealing, there would be no other place for him but in jail. But since he's gotten better there can't be any reason to put him in jail.

☐ The best reason would be that making an exception here would start trouble. There's always someone breaking out and getting captured, then someone would say, "If you let Valjean go, why not my son or so-and-so..." etc.

☐ He broke out of jail and that's illegal; he has to finish his sentence.

Turn to page 46.

page 45

4. From society's point of view, what would be the best reason for the judge to let Valjean go free?

Answer: "The best reason to let him go free would be..."

☐ There wouldn't be one--he stole from people and should pay, should finish his sentence.

☐ That Tuesday is visiting day.

☐ Because he's building a hospital. He's donating all his profit, he's helping the people, paying high wages and helping people get back on their feet. Besides the reason he stole in the first place was to help people. Prison is for the correction of people who go astray. Valjean has already found this correction; he can show others what they can do with their lives--that one wrong action doesn't mean they're all bad.

☐ He didn't really do anything wrong in the first place and certainly isn't hurting anyone now.

☐ To demonstrate that the law is not of an unreasoning absolute nature, to show that the particular circumstances of an individual are taken into consideration and one is not simply judged according to generalized, harsh standards.

☐ That Valjean was convicted wrongly--and even then served more than enough time. He should also realize that four years of imprisonment would probably prevent or spoil Valjean from continuing his good works. Society has benefited because he has been reprimanded and he's paid everything back. It would be an example to society as a possible alternative to prison.

APPENDIX F

Subject # _____

ADULT INTERVIEW

Subject Number_____ **Date**_____

Date of birth_____ Age_____

Marital status: [Circle one] Single Married Divorced Separated Widowed

Ethnic group_____

[Interviewer, as part of the interview, be certain to review any necessary legal disclosures pertinent, such as the following:

1. Any disclosure of information that indicates a suspicion of child abuse must be reported to state authorities (Department of Social Services).
2. Any disclosure of current threats of harm to oneself, as in a specific suicide threat, will result in immediate referral to an emergency mental health unit.
3. Any disclose of specific current threats to specific individuals will result in notification of those individuals concerning the threat.
4. Although the mental health records are confidential, they may be subpoenaed by a judge's order and must be provided to the court if so ordered.

Take time now to cover any such issues with the client before proceeding to the remainder of this interview.]

[Interviewer: In this section, please review with the client his/her self-reports of the ADHD symptom list. Simply use the columns next to each symptom to record the answers paying attention to the fact that you are inquiring both about the presence of the symptom now and whether or not it was present in childhood, ages 5-12 years. Place a "1" in the column next to each symptom if that symptom is or was present to a developmentally inappropriate degree. Use a "0" if the symptom was not present or did not occur to an inappropriate degree.]

Instructions: Please tell me whether or not you have experienced any of the following behaviors to a degree that would be considered significant or developmentally inappropriate for you age *during the past 6 months.* I will then ask you if you also experienced this behavior to an inappropriate degree when you *were a child between the ages of 5 and 12 years.*

Items:	Client self-report Now	5-12
1. Failed to give close attention to details or made careless mistakes in your work		
2. Fidgeted with hands or feet or squirmed in seat		
3. Had difficulty sustaining your attention in tasks or fun activities		
4. Left your seat in situations in which seating is expected		
5. Didn't listen when spoken to directly		
6. Felt restless		
7. Didn't follow through on instructions and failed to finish work		
8. Had difficulty engaging in leisure activities or doing fun things quietly		
9. Had difficulty organizing tasks and activities		
10. Felt "on the go" or "driven by a motor"		

Subject # _____

11. Avoided, disliked, or were reluctant to engage in work that required sustained mental effort
12. Talked excessively
13. Lost things necessary for tasks or activities
14. Blurted out answers before questions were completed
15. Were easily distracted
16. Had difficulty awaiting turn
17. Were forgetful in daily activities
18. Interrupted or intruded on others

Approximately how old were you when these problems with attention, impulsiveness, or hyperactivity first began to occur?

_____ years old

[Diagnostic criteria require at least 6 of 9 inattention symptoms or 6 of 9 hyperactive-impulsive symptoms are currently present and that the disorder was present in childhood.]

Self-reported ADHD symptoms

Current Inattention _____ Childhood Inattention _____

Current Hyperactivity-Impulsively _____ Childhood Hyperactivity-Impulsively _____

Do the problems you have reported from this list of behaviors interfere with or impair your ability to function in each of these areas of life activities to a significant degree?

	Client self-report	
Areas:	Now	5-12
In your home life with your immediate family		
In your work or occupation		
In your social interactions with others		
In your activities or dealings in the community		
In any educational activities		
In your dating or marital relationships		
In your management of money		
In your driving of a motor vehicle		
In your leisure of recreational activities		
In your management of daily responsibilities		

If the answer to any of the above is yes, please provide me with some brief details of how these areas of functioning have been impaired by your symptoms:

Besides the things I have just reviewed with you, do you have any difficulties in any other areas of your daily functioning?

Do you experience any problems with the following:	(1 = Yes; 0 = No)
Making decisions or taking action too quickly	
Inconsistent work performance	
Low self-esteem; feeling demoralized	

Subject # _____

Hot-tempered
Daydream a lot
Procrastinate often
Rebellious, disobedient, or sassy
Have few close friends
Have difficulties with maintaining intimate relationships
School performance substantially below your academic and intellectual potential
Poor sense of time
Trouble with authorities, teachers; labeled a discipline problem
Bored often or easily
Chronic pattern of underachievement
Work best when under pressure or imminent deadline
Consider yourself lazy

Did your parents ever take you to see anyone about these problems when you were a child or adolescent?
Yes or No
If yes, please give me some brief details:

Did your parents complain that you were difficult to manage or control as a child? Yes or No If yes, give brief details:

BEHAVIOR/CONDUCT DIFFICULTIES

Symptoms of Oppositional Defiant Disorder

[Interviewer: Review with the client whether or not he/she is currently experiencing any of the following behavioral difficulties to a degree that is inappropriate for his/her age and whether or not he/she recalls experiencing any in childhood that were inappropriate for his/her age. Criteria are four or more with onset during childhood years.]

Instructions: Please tell me if you have experienced any difficulties in the following areas of behavior during the past 6 months. I am also going to ask you if you experience any difficulties with these same behaviors as a child, ages 5-12 years. I both cases, I want to know if these difficulties occurred to a degree that was inappropriate for that age period.

Behaviors:	Now	Ages 5-12
1. Lost temper		
2. Argued with others		
3. Actively defied or refused to comply with others' requests or rules		
4. Deliberately annoyed people		
5. Blamed others for your mistakes or misbehavior		
6. Were touchy or easily annoyed by others		
7 Were angry or resentful		

Subject # _____

8. Were spiteful or vindictive

At what age did these behavioral difficulties first develop? _____

Conduct Disorder (Childhood/Adolescence)

[Interviewer: Review with the client whether or not he/she engaged in any of the following activities prior to 18 years of age. Diagnostic criteria: 3 or more, duration > 6 months. Answer all items: **Enter 1 if present, 0 if absent.***]*

Aggression to People and Animals:

1. Often bullied, threatened, or intimidated others _____
2. Often initiated physical fights _____
3. Used a weapon that can cause serious physical harm to others _____
4. Were physically cruel to people _____
5. Were physically cruel to animals _____
6. Stole while confronting a victim (e.g., mugging, purse snatching, armed robbery) _____
7. Forced someone into sexual activity _____

Destruction of Property:

8. Deliberately engaged in fire setting with the intention of causing serious damage _____
9. Deliberately destroyed others' property _____

Deceitfulness or Theft:

10. Broke into someone else's house, building, or car _____
11. Often lied _____
12. Stole items of nontrivial value without confronting a victim (e.g., shoplifting) _____

Serious Violations of Rules:

13. Often stayed out at night despite parental prohibitions, beginning before age 13 years _____
14. Ran away from home overnight at least twice _____
15. Were often truant from school, beginning before age 13 years _____

Total _____
Age of onset _____

[If client meets criteria for Conduct Disorder, administer interview items for Antisocial Personality Disorder; otherwise, not applicable.]

Antisocial Personality Disorder

Were you ever arrested or in trouble with the law? [Yes = 1, No = 0] _____
Details:

[Inquire of the client whether of not he/she has engaged in any of the following activities currently or since 18 years of age. Diagnostic criteria: Presence of Conduct Disorder before age 18 years and at least 3 of the following: Yes = 1, No = 0.]

1. Failed to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest

Subject # _____

2. Were deceitful, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
3. Were impulsive or failed to plan ahead
4. Were irritable and aggressive, as indicated by repeated physical fights or assaults
5. Showed reckless disregard for safety of self or others
6. Demonstrated consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
7. Showed lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

FAMILY HISTORY

If married, length of current marriage _____ Number of times married _____
Spouse's occupation _____ Spouse's education (years)_____
Number of children_____ Their ages_____
Number of siblings_____ Their ages_____
Parents' marital status _____ [1= married, 2= divorced, 3= widowed, 4= separated, 5= both deceased]
Father's occupation_____ Father's education _____
Mother's occupation_____ Mother's education_____

Briefly describe for me what growing up in your family was like:

PAST PSYCHIATRIC HISTORY

(Yes = 1, No = 0)

Have you been previously diagnosed with ADHD? _____

Are you currently seeing a therapist or psychiatrist? _____
Details:

Have you ever seen a counselor or psychiatrist before? _____
Details:

Have you ever been hospitalized for a psychiatric problem? _____
Details:

Have you ever had problems with depression: _____
Details:

Have you ever had any suicidal thoughts? _____
Details:

Have you ever made any suicidal attempts? _____
Details:

Number of suicidal attempts _____

Subject # _____

Have you ever had problems with anxiety? _____
Details:

Have you ever had any problems with alcohol/drug abuse? _____
Details:

Have you ever been treated for alcohol/drug problems? _____
Details:

How much alcohol do you drink per week? _____
(1= never drink, 2= 0-1 drink, 3= 2-4 drinks, 4= 5-10 drinks, 5= > 10)

Are you using any other drugs recreationally presently? _____
If yes, which ones?

a. Marijuana, hashish _____
b. Opiates, Morphine, Demerol _____
c. Psychedelics (LSD, Mescaline)_____
d. Barbiturates, sleeping pills, Quaaludes _____
e. Cocaine _____
f. Heroin _____
g. Opiates, Morphine, Demerol _____
h. Psychedelics (LSD, Mescaline)_____
i. Other _____

Have you ever been on any psychotropic medications?
Details:

OTHER CONCERNS

(Yes = 1; No = 0)

Areas:	Past	Present
Prolonged periods of sadness/depression		
Excessive anxiety		
Excessive fears, phobias		
Panic or anxiety attacks		
Obsessions/preoccupations		
Compulsions/compulsive habits or rituals		
Delusions		
Hallucinations		
Significant appetite changes		
Significant changes to sleep pattern		
Manic episodes		

Other symptoms of mental distress (explain):

[Note that if any of the above were checked as occurring either in the past or in the present, you may want to review the DSM-IV criteria for these respective disorders with the client to determine whether he/she meets diagnostic criteria for any of these disorders. The diagnostic criteria for those disorders most commonly associated with clinic-referred adults with ADHD are provided below.]

Subject # _____

ANXIETY AND MOOD DISORDERS

Now I would like to ask you some questions about your emotions in general and your emotional reactions to some specific situations. I'll begin by asking you about any specific fears that you may have. Then I will ask you about you general mood or emotional condition throughout much of the day. Let's start with some specific fears you may have.

Specific Phobia
[Diagnosis requires that all criteria A through E be met.]

A. Do you show a marked and persistent fear that is excessive or unreasonable in response to the presence of or the anticipation of a specific object or situation? For instance, in response to or anticipation of certain animals, heights, being in the dark, thunder storms or lighting, flying, receiving an injection, seeing blood, or any other things or situations? *[Enter 1 if* yes, 0 if no, and ? if unknown.] _____

[If A is Yes, answer the following and proceed to B through G; otherwise, skip to next disorder. If any of criteria B-E are not met, skip to the next disorder.]

What specifically are you fearful of? _____

B. Do you have this anxious or fearful reaction almost invariably when exposed to [specific thing or situation]? *[Enter 1 if yes, 0 in no, and ? if unknown]* _____

[This may include a panic attack in the presence of the feared object, thing, or situation, or anxiety expressed by crying, tantrums, freezing, or clinging.]

C. Do you attempt to avoid this thing or situation or, if you must be exposed to it, do you endure it with intense anxiety or distress? *[Enter 1 if yes, 0 if no, and ? if unknown]* _____

D. Do you avoid, fear anticipation of, or have an anxious reaction to this thing or situation that interferes significantly with any of the following? *[Enter 1 if yes, 0 if no, and ? if unknown; only one needs to be met]*

Your normal routine _____ Academic or occupational functioning _____
Social activities _____ Social relationships _____
Does your having this fear cause you marked distress? _____

E. Have you had this fearful or anxious reaction to this thing or event for at least the past 6 months? _____

F. Exclusion Criteria: *[Enter 1 if this phobia or anxiety is better accounted for by another mental disorder, such as Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Separation Anxiety Disorder, Social Phobia, or Panic Disorder. Enter 0 if not and ? if unknown.]*

Diagnostic Code
Requirements for diagnosis:
Does each section A through E equal 1 or more? _____
Does section F total 0? _____

____ Specific Phobia (300.29) *[Check here if all requirements are met]*

Subject # _____

Social Phobia

[Diagnosis requires that all criteria A through F be met, but the person must have developed the capacity for age-appropriate social relationships with familiar people ad the anxiety must occur in interactions with others.]

What about social situations? *[Enter 1 if present, 0 if absent, and ? if unknown]*

1. Do you show a marked and persistent fear that is excessive or unreasonable in response to the presence of or the anticipation of a social or performance situation in which you are exposed to unfamiliar people or to possible scrutiny by others? _____

2. Do you fear that you will act in a way that will be embarrassing or humiliating or be so anxious that it will be humiliating or embarrassing for you? _____

[If parts 1 and 2 of A are present, answer the next question and proceed with remaining criteria below; otherwise skip to the next disorder. If any of the remaining criteria below; otherwise skip to the next disorder. If any of the remaining criteria below are not met, skip to the next disorder.]

3. What specific social situation are you fearful of?

B. Do you have this anxious or fearful reaction almost invariably when exposed to this situation?
_____

[This may include a panic attack in this social situation.]

C. Do you attempt to avoid this situation or, if you must be exposed to it, do you endure it with intense anxiety or distress? _____

D. Do you show avoidance of , anticipation of, or anxious reaction to this situation such that if interferes significantly with:
[Only one of these conditions needs to be endorsed for this criterion to be met.]

Your normal routine _____ Academic or occupational functioning _____
Social activities _____ Social relationships _____
Does your having this fear cause you marked distress? _____

E. Have you had this fearful or anxious reaction to this situation for at least the past 6 months?
_____

Exclusion Criteria: *[Enter 1 if this phobia or anxiety is due to the direct physiological effects of a substance or a general medical condition or is better accounted for by another mental disorder, such as Panic Disorder, Separation Anxiety Disorder, Body Dysmorphic Disorder, Pervasive Developmental Disorder, or Schizoid Personality Disorder. If a general medical condition or another mental disorder is present, enter 1 if the fear in criterion A is related to it. Enter 0 if not, and ? if unknown.]* _____

Diagnostic Code

Requirements for diagnosis:

Does section A total to 2? _____
Does each section B through E equal 1 or more? _____
Does section F total 0? _____

____ Social Phobia (300.23) *[Check here if all requirements are met]*
Specify if Generalized (fear includes most social situations)

Subject # _____

Generalized Anxiety Disorder

[Diagnosis requires that each item in criterion A and B be met; that at least one symptom in criterion C be present for at least 6 months or more days than not; that symptoms produce clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning; and that other disorders be excluded as indicated below]

Now let's talk about whether you generally tend to be anxious or to worry a lot compared to others.

A. *[Enter 1 if present, 0 if absent, and ? if unknown]*
Do you show excessive anxiety and worry about a number of events or activities, such as work activities, school performance, or any other situations? _____

2. Has this anxiety or worry occurred on more days than not for at least the last 6 months? _____

[If the questions in A were endorsed, proceed with the remaining criteria for this disorder; otherwise skip to the next disorder. If any of the remaining criteria below are not met, skip to the next disorder.]

B. Do you find it difficult to control your worry? _____

C. Generalized Anxiety Disorder Symptom List
Has your anxiety or worry been associated with any of the following behaviors?
[Only one condition needs to be present for this criterion to be met.]

1. Restlessness or feeling keyed up or on edge _____
2. Being easily fatigued or tired _____
3. Difficulty concentrating or mind going blank _____
4. Irritability _____
5. Muscle tension _____
6. Sleep disturbance or difficulties falling asleep, staying asleep, or restless and unsatisfying sleep _____

D. Have these worries created distress for you or impairment in any of the following areas?
Social relations with others _____ Academic or occupational performance _____
Any other areas of functioning _____ (explain) _____

Exclusion Criteria: *[Enter 1 if the anxiety or worry are confined to features of another mental disorder, such as being worried about having a panic attack (Panic Disorder), being contaminated (Obsessive Compulsive Disorder), being away from home or major attachment figures (Separation Anxiety Disorder), having multiple physical complaints (Somatization Disorder), or having a serious illness (Hypochondriasis), or the anxiety if associated with Posttraumatic Stress Disorder. Enter 0 if not and ? if unknown.]*

Diagnostic Code
Requirements for diagnosis:
Does section A total 2? _____
Does section B total 1? _____
Does section C total 1 or more? _____
Does section D total 1 or more? _____
Does section E total 0? _____

_____ Generalized Anxiety Disorder (300.02) *[Check here if all requirements are met]*

Subject # _____

Dsythymic Disorder

[Diagnosis requires that depressed mood exist for most of the day, for more days than not, for at least 1 year; that at least two symptoms from section B exist; that the individual has never been without the symptoms in sections A and B for 2 consecutive months during the 1 year of the disturbance; that all exclusionary criteria are met; and the symptoms cause clinically significant distress or impairment in social, academic, or other important areas of functioning.]

I would like to speak with you now about your mood as it occurs for most of the time.

A. *[Enter 1 if present, 0 if absent, ? if unknown]*

1. Do you have depressed mood for most of the day? _____

2. Has this depressed mood occurred more days than not for at least the past 12 months? _____

[If the two questions in A were endorsed, proceed with remaining criteria for this disorder; otherwise skip to next disorder. If any of the remaining criteria are not met, skip to the next disorder.]

B. Do you show any of the following difficulties while you are depressed:

2. Poor appetite or overeating _____
3. Insomnia (trouble falling asleep) or hypersomnia (excessive sleeping) _____
4. Low energy or fatigue _____
5. Low self-esteem _____
6. Poor concentration or difficulty making decisions _____
7. Feelings of hopelessness _____

C. During the 12 months or more that you have experienced this depressed mood, have you ever been without this depressed mood or the other difficulties you mentioned for at least two months? *[Enter 0 if client has had a 2-month remission, 1 if client has not had any remission of symptoms for at least 2 months, and ? if unknown.]*

_____

D. Has this depressed mood created distress for you or impairment in any of the following areas?

Social relations with others _____ Academic or occupational performance _____
Any other areas of functioning _____ (explain) _____

Exclusion Criteria: *[Enter 1 if person meets criteria for Major Depressive Episode during the year or more of his/her mood disorder or if the disorder is better accounted for by Major Depressive Disorder. Also, enter 1 if there has ever been a manic episode, mixed manic-depressive episode, or hypomanic episode or if criteria for cyclothymic disorder apply. Enter 1 if the mood disorder described occurs exclusively during the course of a chronic psychosis, schizophrenia, or delusional disorder or is the result of the direct physiological effects of a substance or a general medical condition. Enter 0 if not and ? if unknown.]* _____

Diagnostic Code

Requirements for diagnosis:

Does section A total 2? _____
Does section B total 2? _____
Does section C total 1? _____
Does section D total 1 or more? _____
Does section E total 0? _____

____ Dysthymic Disorder (300.1) *[Check here if all requirements are met]*

Subject # _____

Major Depressive Episode

[Diagnosis requires that at least five or more of the symptoms listed in A have been presented for a 2-week period; that this represents a change from previous functioning; that at least one of the symptoms is depressed mood or loss of interest or pleasure; that the symptoms create clinically significant distress or impairment in social, academic, or other important areas of functioning; and that all exclusion criteria are met.]

Let's continue to talk about your mood or emotional adjustment. Have you experienced any of the following for at least a 2 week period?

A. Major Depressive Episode Symptom List: *[Enter 1 if present, 0 if absent, and ? if unknown]*

1. Depressed or irritable mood most of the day nearly every day for at least 2 weeks _____
2. Markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day for at least 2 weeks _____

[If either 1 or 2 was endorsed, proceed with remaining criteria; otherwise, skip to next disorder.]

3. Significant weight loss when not dieting _____
   Significant weight gain _____
   Decrease or increase in appetite nearly every day _____
4. Insomnia (trouble falling asleep) or hypersomnia (excessive sleep) nearly every day _____
5. Agitated or excessive movement nearly every day _____
   Or lethargic, sluggish, slow moving, or significantly reduced movement or activity nearly every day _____
6. Fatigue or loss of energy nearly every day _____
7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day *[This should not just be self-reproach or guilt about being sick.]* _____
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day _____
9. Recurrent thoughts of death _____
   Or recurrent thoughts of suicide without a specific plan _____
   Or suicide attempt or a specific plan for committing suicide _____

B. Have these symptoms of depression created distress for you or impairment in any of the following areas?
   Social relations with others _____ Academic or occupational performance _____
   Any other areas of functioning _____ (explain) _____

C. Exclusion Criteria: *[Enter 1 if person meets criteria for Manic-Depression, if the symptoms are due to direct physiological effects of a substance of a general medical condition, or if the symptoms are better accounted for by clinical bereavement after the loss of a loved one. Enter 0 if not and ? if unknown.]*

Diagnostic Code

Requirements for diagnosis:

Do questions 1 and 2 in section A total 1 or more? _____
Does section A total 5 or more? _____
Does section B total 1 or more? _____
Does section C total 0? _____

____ Major Depressive Disorder (296.xx) *[Check here if all requirements are met]*
[Code for single episode is 296.2x, recurrent episodes is 296.3x.]

Subject # _____

Depressive Disorder-NOS
[Code this only when there is clinically significant depression with impairment but full criteria for Major Depression, Dysthymia, Adjustment Disorder with Depressed Mood, or Adjustment Disorder with Mixed Anxiety and Depressed Mood are not met.]

____ Depressive Disorder, NOS (311)

Bipolar I Disorder: Manic Episode
[Diagnosis requires that the client has had a distinct period of at least 1 week of abnormally and persistently elevated, expansive, or irritable mood or any period of such mood that resulted in hospitalization; and has had at least three of the symptoms in list B (or four if mood was primarily irritable) to a significant degree. Also the symptoms must create clinically significant impairment in social, academic, or other important areas of functioning, and exclusion criteria must be met]

I have some more questions to ask you about your moods or emotional adjustment.

A. Have you ever experienced a period that lasted at least 1 week: *[Enter 1 if present, 0 if absent, and ? if unknown]*

1. Where your mood was unusually and persistently elevated; that is, you felt abnormally happy, giddy, joyous, or ecstatic well beyond normal feelings of happiness? _____
2. Or where for at least 1 week your mood was abnormally and persistently expansive; that is, you felt as if you could accomplish everything you set your mind to do, were nearly superhuman in your ability to do anything you wished to do, or felt as if your abilities were without limits? _____
3. Or where for at lest 1 week your mood was abnormally and persistently irritable; this is you were unusually touchy, too easily prone to angry or temper outbursts, too easily annoyed by events or by others, or abnormally cranky? _____

B. During the week or more that you showed this abnormal and persistent mood, did you notice any of the following that were persistent and that occurred to an abnormal or significant degree:

1. Inflated self-esteem or felt grandiose about yourself well beyond what would be characteristic for your level of abilities _____
2. Showed a decreased need for sleep, for instance you felt rested after only 3 hours of sleep _____
3. Were more talkative than usual or seemed to feel pressure to keep talking _____
4. Skipped from one idea to another and then another in your speech as if your ideas were flying rapidly by _____
   Or felt that your thoughts were racing or flying by at an abnormal rate of speed _____
5. Were distractible; your attention was too easily drawn to unimportant or irrelevant events or things around you _____
6. Showed an increase in goal-directed activity; that is, you became unusually and persistently productive or directed more of your activity that normal toward the tasks you wanted to accomplish _____
   Or seemed very agitated, overly active, or abnormally restless _____
7. Showed an excessive involvement in pleasurable activities that have a high likelihood of having negative, harmful, or painful consequences _____

[If three or more symptoms were endorsed, proceed with remaining criteria; otherwise, skip to next disorder.]

C. *[Enter 1 if present, 0 if absent, and ? if unknown]*

3. Was this disturbance in your mood enough to cause severe impairment, disruption, or difficulties with social relationships, academic performance, or other important activities _____
2. Or did your abnormal mood lead to your being hospitalized to prevent harm to yourself or others _____
3. Or did you have hallucinations, bizarre ideas [psychotic thinking], or feel or act paranoid (as if others were intentionally out to harm you) _____

Subject # _____

Exclusion Criteria: *[Enter 1 if symptoms meet criteria for mixed manic-depressive episode or if they are the direct physiological effects of a substance or a general medical condition. Enter 0 if not and ? if unknown. Also, if your client meets criteria for Attention-Deficit/Hyperactivity Disorder, enter 0 only if your client meets the criteria after excluding distractibility (item 4) and psychomotor agitation (second part of 6).]*

Diagnostic Code
Requirements for diagnosis:
Does section A total 1 or more? _____
Does section B total 3 or more? _____
Does section C total 1 or more? _____
Does section D total 0? _____

____ Bipolar 1 Disorder: Manic Episode (296.xx) *[Check here if all requirements are met]*
[(Code 296.0x if single episode; 296.40 if multiple episodes and most recent was Manic Episode]

Bipolar 1 Disorder: Mixed Episode
[Code this disorder if criteria are met both for a Manic Episode and for a Major Depressive Episode nearly every day for at least 1 week; disturbance causes clinically significant impairment; and symptoms are not the result of a substance or general medical condition.]

____ Bipolar 1 Disorder: Mixed Episode (_____)
[Code 296.6x if most recent episode is mixed, 296.5x if most recent episode is depressed, 296.7 if most recent episode is unspecified.]

SCHOOL HISTORY

What was the highest level of school that you have completed? *[Circle one]*
1. 6th grade or less 2. 7th or 8th grade 3. Freshman or sophomore 4. High school graduate 5. Some college 6. College graduate 7. Graduate degree

Have you ever dropped out of college or stopped taking courses? _____

Number of times you have started college courses and failed to complete them. _____

Did you ever repeat a grade? *[Yes = 1, No = 0]* _____
Which grades did you repeat? _____
Number of times you repeated grades _____

Were you ever in any special classes in school? *[Yes = 1, No = 0]* _____
Details:

[Do you now, or have you ever, received special services from CSU or another college?] _____

Were you considered a discipline or behavior problem in school? (e.g., a mischief maker or class clown) _____
Details:

Would you say your grades in primary school were: *[Circle one]*
1. A's + B's 2. B's + C's 3. C's + D's 4. D's + F's 5. Widely variable

Subject # _____

[Would you say your grades at CSU are:
1. A's + B's 2. B's + C's 3. C's + D's 5. D's + F's 5. Widely variable]

Did your teachers always say you were capable of doing much better than you did? *[Yes = 1, No = 0]*
_____

Were you ever truant from school? *[Yes = 1, No = 0]* _____
Details:

Were you ever expelled or suspended from school? _____
Details:

Did you have problems getting along with your peers in school? _____
Details:

Did you ever get in any physical fights at school? _____
If yes, how often and during which grades? _____

Did you have any trouble doing homework? _____

Did you have trouble with reading comprehension? _____

Briefly describe the kinds of problems you experienced during your school years. When did they begin?

Family Psychiatric History
[Record here the psychiatric problems that may exist among relatives that are biologically related to client. Place a checkmark in the cell if that disorder is believed to have existed in that relative.]

Disorders	Children	Siblings	Mother	Father	Others
ADHD symptoms or diagnosis					
LD symptoms or diagnosis					
Mental retardation					
Psychosis/schizophrenia					
Manic-depression					
Major depression					
Suicide					
Anxiety disorders					
Tics/ Tourette syndrome					
Alcohol abuse					
Substance abuse					
Inpatient psychiatric treatment					
Epilepsy/ seizures					

Other medical problems (note condition):

Subject # _____

Recommendations

[Note here the recommendations you are going to suggest to this client based on this evaluation. Simply place a checkmark in the appropriate column next to each type of recommendation.]

Type of recommendation	Yes	No
Education about ADHD		
Individual counseling		
Trial of medication. Type:		
Vocational assessment		
Marriage counseling		
Compensatory behavioral strategies		
Organizational consultant for work related problems		
Substance abuse counseling/treatment		
Coaching		
Neuropsychological evaluation		
Consultation with college/ school personnel		
Consultation with employment supervisor/ employer		
Other (briefly note):		

Diagnostic Summary

[Note here if client meets DSM-IV criteria for any of the following. Yes = 1, No = 0.]

____ ADHD Combined
____ ADHD Primarily Inattentive
____ Dysthymia
____ Major Depression (past)
____ Generalized Anxiety Disorder (past)
____ Generalized Anxiety Disorder (current)
____ Obsessive Compulsive Disorder
____ Alcohol abuse
____ Cocaine abuse
____ Antisocial Personality
____ Learning Disability
____ ADHD Primarily Hyperactive-Impulsive
____ ADHD NOS
____ Major Depression (current)
____ Bipolar Disorder
____ Alcohol dependence
____ Cocaine dependence
____ Oppositional Defiant Disorder
____ Other

APPENDIX G

Colorado State University

DEBRIEFING STATEMENT

Department of Psychology
Fort Collins, Colorado 80523-1876
(970) 491-6363
FAX: (970) 491-1032

Project Title: Moral Decision Making Processes in College Students with and without ADHD

Principal Investigator: Lee A. Rosén, PhD (970) 491-5925
Co-Investigator: Susan A. Kitchens, MS (970) 491-3788

This study was designed to examine how individuals with and without ADHD think about ethical dilemmas. ADHD is a chronic, debilitating disorder that affects approximately 3-5% of elementary school-aged children (Barkley, 1998). Although for some children symptoms will cease to exist by adolescence or early adulthood, recent studies (Weiss & Hechtman, 1993) suggest that between 30-60% of these children will continue to display significant symptoms of the disorder throughout their life-span. Such symptoms may include easy distractibility, difficulty focusing attention, chronic procrastination or difficulty beginning a task, difficulty with following through on projects, poor organizational skills, impulsivity, impatience or a low tolerance for frustration, depression, anger, and anxiety.

The screening survey that you completed in your psychology class was designed to identify individuals who scored high or low on symptoms of ADHD. Because the screening surveys were destroyed after participants were recruited into the study, there is no way for us to know if you scored in the high or low ADHD symptom group. Additional questionnaires further explored symptoms of ADHD as well as ethical decision making processes. Responses to the ADHD questionnaires will be tallied and then related statistically to the decision making questionnaires. Your privacy and confidentiality are protected by having you complete the questionnaires anonymously (name does not appear on any questionnaire and will be deleted from the code number following receipt of questionnaires completed by your parent on or by December 5, 1999). Confidentiality and privacy are further protected as data will be stored in locked file cabinets.

We will be analyzing the data with final results available in the Fall, 2000. If you would like further information or have additional questions, please contact either Lee A. Rosén, PhD, or Susan A. Kitchens, MS, in the Department of Psychology. If you have additional questions or concerns regarding ADHD, you may contact the University Counseling Center at (970) 491-6053.

Thank you for participating in this research project!

_____ _____

Lee A. Rosén, PhD
Principal Investigator

Date

_____ _____

Susan A. Kitchens, MS
Co-Investigator

Date