Value Differences: Navigating Ethical Dilemmas in Clinical Practice

John J. S. Harrichand, Patricia Kimball, Brittany Lashua, and Lucy C. Phillips
Abstract

In the counseling field, as well as in supervising and educating counselors in training, ethical dilemmas are likely to occur. It is crucial that counselors at all levels of development are able to employ a model of ethical decision making to aid them in generating solutions to these dilemmas. The following is an examination of a case study involving a conflict between religious values and sexual orientation, causing ethical dilemmas to emerge in a counseling student’s work with her client as well as her supervisor’s work with the student. This dilemma will be explored using Forester-Miller and Davis’s ethical decision making model. Recommendations for this dilemma and related issues will be discussed.

*Keywords:* counseling, dilemma, ethical decision making, religion, supervision, values
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The counseling profession is governed by a *Code of Ethics* (American Counseling Association [ACA], 2014), which is primarily responsible for ensuring the welfare of clients. Ethical practice dictates that client needs and interests come before and supersede those of the counseling professional (Francis & Dugger, 2014). The ACA’s *Code of Ethics* (ACA, 2014) address value conflicts that exist when the personal values of a counselor conflict with the collective values of the profession. Forester-Miller and Davis (2016) provide counselors with a structure for engaging in ethical decision making. According to these authors, foundations of ethical decision making revolve around five moral principles: autonomy, non-maleficence, beneficence, justice, and fidelity. Central to ethical dilemmas is the best practice of protecting clients from harm, encompassing the duty of the counseling profession and all those who subscribe to it (Francis & Dugger, 2014).

**Ethical Decision Making Model**

Several models exist for ethical decision making (Forester-Miller & Davis, 1996, 2016; Garcia, Cartwright, Winston, & Borzuchowska, 2003; Knapp & VandeCreek, 2006; Koocher & Keith-Spiegel, 2008; Mattison, 2000; Pope & Vasquez, 2011). The ethical decision making model that seems most appropriate for this scenario is one developed by Forester-Miller and Davis (1996, 2016). This model was chosen because of its utility and straightforwardness (Cottone & Claus, 2000), in addition to being consistent with the ACA’s *Code of Ethics*. In this model, the counselor should first identify the problem, considering whether the problem is clinical, ethical, professional, legal, or a combination. After the problem has been identified, the ACA’s *Code of Ethics* (2014) is to be consulted and applied to the problem. If this is not sufficient to solve the problem, the counselor then determines how each of the five moral
principles applies to the dilemma and decides which are relevant. During this step, the counselor completes a literature review and determines what empirically supported or professional resources exist. Also, the counselor consults colleagues, supervisors, and state/national associations to obtain additional input. After completing this step, the counselor then identifies and considers potential courses of action, preferably with a colleague’s assistance. When this list is finished, the counselor reviews possible actions and evaluates them thoroughly, considering how each impact the individuals involved in the dilemma. Options that create further problems or are not useful are eliminated. From the remaining options, the best solution is chosen. The next step involves evaluating the best course of action. To do this, counselors can ask themselves three questions: “in this situation, would I treat other people the same?”; “would I want this behavior publicized?”; and “would I recommend this same decision to another counselor who found themselves in the same situation?” (Forester-Miller & Davis, 1996, 2016). If the counselor answers “yes” to all of these questions, it is appropriate to implement the selected course of action; however, if additional ethical issues have been discovered, it is recommended to return to step one and re-evaluate. After implementation, the counselor follows up to evaluate their course of action and consequences.

**Implementing the Ethical Decision Making Model**

In considering the case, three separate ethical dilemmas emerged. These are discussed separately below. For each dilemma, the ethical decision making model (Forester-Miller and Davis, 2016) was used to come to a decision on how to proceed.
**Dilemma 1: Sarah and Client**

**Step 1: Identify the problem**

The first dilemma identified is between Sarah; the master’s level counseling intern, and her client. Sarah believed that she could be values-neutral with her client but could not take a Lesbian, Gay, Bisexual, and Transgender (LGBT)-affirmative stance due to her conservative Christian beliefs. Sarah is struggling with setting aside her values in order to affirm and take a positive view of the client’s sexual orientation, which is inconsistent with the *Code of Ethics* (ACA, 2014).

**Step 2: Apply the American Counseling Association (ACA) Code of Ethics**

In accordance with the Forester-Miller and Davis’s (2016) ethical decision making model, Sarah first goes directly to the ACA’s *Code of Ethics* (2014). In applying the *Code of Ethics*, Sarah is having particular difficulty with Section A.4.b which states, “Counselors are aware of – and avoid imposing – their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients … and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor’s values are inconsistent with the client’s goals or are discriminatory in nature” (p. 5). Sarah’s belief that homosexuality is a sin prevents her from taking the accepted LGBT-affirmative stance (Bidell, 2014). The *Code of Ethics* states that Sarah’s obligation is to seek training on how to best work with her client. Section A.11.b states that Sarah should refrain from referring her client to another clinician based on a difference in values and beliefs. More so, Section C.2.a outlines Sarah’s responsibility to be competent in multicultural counseling; Sarah’s obligation is to “gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population” (p. 8). Additionally, Sarah is required to adhere to
the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) Competencies for Counseling Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally (LGBQQIA) Individuals (Taskforce et al., 2013). Section C.18 states that counselors “continue to seek awareness, knowledge, and skills with attending to LGBQQ issues in counseling. Continued education in this area is a necessity for competent counseling due to the rapid development of research and growing knowledge base related to LGBQQ experience, community, and life within our diverse, heterocentric, and ever-changing society” (p. 14). Sarah is obligated to follow Sections C.2.f and C.7.a of the ACA’s Code of Ethics (2014) that requires she seek training in how to best work with this client in an ethical manner and utilize treatment modalities that have solid theoretical and empirical support. It appears that all the ethical dilemmas in relation to Sarah and her client are covered in the Code of Ethics. In accordance to the Forester-Miller and Davis’s (2016) decision making model, implementation of what is covered in the code of ethics is the next step.

Sarah will address this ethical dilemma by bringing her concern to her supervisor and request additional support in working with this client. This is especially important due to her status as a counseling intern. Sarah may also benefit from discussing this case with her supervision group and/or professors at her university in order to improve her competence in working with clients who have differing values. Sarah must allow her client to explore and make choices while keeping in mind the client’s developmental level. Sarah’s client would benefit from exploring the possible consequences socially, relationally, and psychologically of revealing her sexual orientation. Based on this exploration, the client is supported in following through with her decision (Bidell, 2014). Sarah needs to understand the possible positive and negative outcomes of the client’s choice and be proactive in helping put into place support and safety
systems (Reitman et al., 2013; Watson, Grossman & Russell, 2016). Finally, Sarah needs to process her own value conflict and continue to actively develop cognitive complexity so her values do not stand in the way of forming a healthy and productive therapeutic relationship with her client (Whitman & Bidell, 2014).

According to Bidell (2014) and Sherriff, Hamilton, Wigmore, and Giambrone (2011) many counseling students have successfully completed a multicultural course, but have very little knowledge of the LGBT culture. Sarah needs to become more familiar with LGBT issues, especially when dealing with adolescents who are contemplating revealing their sexual orientation. LGBT adolescents are more likely to experience extreme stigma in school, including being bullied, sexually harassed, or physically abused. This results in lower school performance, increased mental health difficulties, and higher suicide rates. Sarah is expected to be well educated and proactive in addressing her client’s needs. Also, by Sarah’s reaction to the requirement of being LGBT affirmative, it appears that she has not been exposed to the LGBT Affirmative Competencies (Taskforce et al., 2013). Sarah needs to educate herself on what is contained in those competencies and evaluate if they truly conflict with her religious beliefs. She could accomplish this by engaging in a review of the relevant literature (Watson, Grossman, & Russell, 2016).

Sarah’s conservative Christian values conflict with being LGBT affirmative. This is evidence that she has not developed the cognitive complexity to hold her own values while working effectively with clients that have conflicting values. Even though Sarah has the knowledge that her values should not interfere in the counseling process, developmentally this should not come as a surprise. As a counseling intern, she has not had the real life experience of working with clients who hold values different from hers (Granello, 2010). Therefore, Sarah
needs to explore with her supervisor, her own worldview and values, both in general and in relation to the LGBT population (Whitman & Bidell, 2014). She would also benefit from self-reflective practices in relation to working with culturally different individuals which will increase her cognitive complexity and multicultural awareness (Little, Packman, Smaby & Maddux, 2005).

Dilemma 2: Ben and Sarah

**Step 1: Identify the problem**

The second dilemma exists in relation to Ben, a doctoral student, and his provision of supervision for Sarah. Ben is a gay man who is over identifying with the struggles of Sarah’s client. He has become aware that his personal values are possibly influencing his role as Sarah’s supervisor.

**Step 2: Apply the American Counseling Association (ACA) Code of Ethics.**

According to the ACA’s *Code of Ethics* (2014), Ben is responsible for evaluating Sarah’s performance (Section F.6.a). Ben’s obligation is to ensure that Sarah understands the professional and ethical issues involved in this case and all cases (Section F.4.c). Supervisors are required to guide supervisees in the process of becoming more culturally competent, and able to work with a diverse range of clients (Section F.1.a). Based on the *Ethical Guidelines for Counseling Supervisors* (Counselor Education and Supervision, 1995), supervisors should assess supervisees for limitations that may interfere with their development and/or recommend remediation. Section F.2.b. of the ACA’s *Code of Ethics* (2014) mandates that Ben be aware of multicultural issues that are present in the supervisory relationship. If needed, he is responsible to assist Sarah in any remediation deemed appropriate (ACA, Section F.6.b).
Step 3: Determine the nature and dimension of the dilemma

The next step is considering the moral principles. Beneficence, autonomy, non-maleficence, and fidelity apply to this dilemma. Of these four moral principles, beneficence is the most important due to it addressing Ben’s obligation to be proactive in preventing any harm from occurring to Sarah’s client. Additionally, Ben has obligations towards Sarah, taking a proactive approach in meeting Sarah where she is developmentally while guiding and supporting her through the process of becoming a culturally competent counselor. When considering autonomy, just as Sarah must allow her client the freedom to explore and make choices, Ben is tasked with providing a safe space for Sarah to evaluate her own values and make choices about how she will work with culturally diverse populations. It is important that Ben not impose his own values on Sarah, but act as her guide. It would also be beneficial if Ben engaged in a parallel process of learning about Sarah’s religious culture, just as Sarah is learning about LGBT culture (Bernard & Goodyear, 2014). According to Whitman and Bidell (2014), most individuals who claim conservative Christian beliefs have not had relational experience with anyone from the LGBT community. Ben is positioned where he can challenge Sarah’s religious thinking and encourage her to be more flexible in her views just by engaging in a positive supervisor-supervisee relationship. Not only would this help Sarah grow as a therapist, it may move her from a conservative view, which tends to hold very rigid values, to a quest view, which is flexible and adaptable (Bidell, 2014). In this case, one of the worse actions Ben could take is ignoring Sarah’s struggles, possibly leading to harm of the client (non-maleficence) and stunted growth for Sarah. When Ben agreed to be Sarah’s supervisor, he was committing to her development as a counselor. To not address her challenges in supervision is to not act with fidelity.
Step 4: Generate potential courses of action

Next, Ben generates potential courses of action. These might include ignoring the problem that exists in Sarah’s work with her client; telling Sarah what is the best course of action; allowing Sarah a safe place to process her values and beliefs regarding how she plans to work with her client; or terminating the supervisory relationship with Sarah and referring her to another supervisor.

Step 5: Consider potential consequences of all options, choose a course of action

Ben, in collaboration with his supervisor, will explore the possible consequences of each option for all parties involved. For the first solution, ignoring the problem, Ben is failing in his duty as a supervisor to provide adequate training for Sarah, which could be detrimental to the client’s care and to Sarah’s development as a counselor. The second option, telling Sarah the best course of action, would have a negative consequence because he would prevent Sarah from developing ethical decision making practices that she will need after completing her master’s program. The third option, giving Sarah the autonomy to process her values and choose her own course of treatment, may have a negative outcome if Sarah chooses an unethical course of treatment with the client. With Ben’s expertise and support, Sarah could develop an awareness of how her values might interfere with client wellbeing, and work with Ben in learning how to effectively collaborate with clients whose values are not congruent with hers. The fourth option, referring Sarah to another supervisor, would have a negative consequence for Ben, missing the opportunity to develop as a culturally competent supervisor. After carefully considering all outcomes, option three is selected as the most appropriate course of action.
Step 6: Evaluate the selected course of action

Ben needs to determine if his chosen option presents further ethical concerns by asking himself three questions: “in this situation, would I treat other people the same?”; “would I want this behavior publicized?”; and “would I recommend this same decision to another counselor who found themselves in the same situation?” (Forester-Miller & Davis, 1996, 2016). Ben must consider, if he moves forward with option three, would he be treating Sarah the same as he would treat others. Ben determined that regardless of the situation, any supervisee struggling with value differences would be given the same opportunity for growth. Ben must then determine if he would be willing to have his actions judged publicly. He must be confident in his course of actions and that they line up with ethical supervision practices. Lastly, Ben will need to decide if he, acting in a consultation role for a peer, would recommend the same course of action. Through this process, Ben would be developing the cognitive complexity that enables him to guide other supervisors through similar situations. Since the answer to all three questions is yes, Ben can move forward implementing option three with confidence.

Step 7: Implement the course of action

The last step for Ben would be implementing option three. Initially, Ben will need to educate Sarah on the components of LGBT-affirmative practice. With education on LGBT-affirmative practice, Sarah will be able to gain a greater understanding of the principles and truly evaluate how her values correspond (Crisp, 2006; Van Den Bergh & Crisp, 2004). Ben should make sure that he approaches education with Sarah in a way that respects her value conflicts, not imposing his own values on her (Borders et al., 2011; Whitman & Bidell, 2014).

Ben will provide Sarah with a safe space to process what course of action that she believes is best in light of the new knowledge she has obtained. This space would allow her to
express her values and discuss how they impact the relationship with her client. This role involves helping Sarah create new ways to conceptualize humanity and promote the discovery of how these values impact worldview (Whitman & Bidell, 2014). Ben needs to own his role as a supervisor in this instance, which includes gatekeeping, mentoring, leading, and educating Sarah as she navigates this dilemma (Whitman & Bidell, 2014). Ultimately, through this relationship and process, he will allow Sarah the opportunity to develop herself as an ethical clinician.

If Ben can practice self-awareness and examine his own point of view, ideologies, and biases, he will be better equipped as a supervisor to utilize his experience based knowledge with Sarah (Borders et al., 2011; Whitman & Bidell, 2014). This self-examination could guide him to appropriate self-disclosure. Because Ben is a part of the LGBT community, he is positioned to help Sarah understand terminology, cultural knowledge (e.g., demographics and diversity issues, historical symbols and dates, experiences with oppression, policies and community resources), skills (e.g., help with coming out, creating a safe environment, learning identity, treating present problem), and attitudes (Bidell, 2014; Crisp, 2006).

In accordance with Best Practices in Clinical Supervision put forth by Borders et al. (2011) Ben should actively communicate with Sarah on how their multicultural differences may be impacting the supervisor-supervisee relationship. Not only is this conversation an expected part of supervision, it also mirrors for Sarah the way in which she can approach multicultural issues with her client. Throughout this conversation, Ben should, again, be mindful to not impose his values on Sarah.
Dilemma 3: Ben and Peer Supervision Group

Step 1: Identify the Problem

The dilemma in this case is Ben’s reluctance to seek advice from his supervision group regarding the work Sarah, his supervisee, is doing with her client, and his experience supervising Sarah through this process.

Step 2: Apply the American Counseling Association (ACA) Code of Ethics

In referring the ACA’s Code of Ethics (2014, Section C.2.e), counselors should consult with other counselors and sources when they have questions about ethical dilemmas or counseling practices. Also, counselors are required to ensure that they are competent when giving consultation to others (Section D.2.a). Based on Section I.1.b from the Code of Ethics, Ben is obligated to seek consultation from colleagues when he encounters ethical dilemmas. Ben’s group supervision would be an appropriate avenue for seeking this consultation about his own work with Sarah, and how to address Sarah’s work with her client.

The ACA’s Code of Ethics (2014) appears to give adequate guidance on how to resolve this dilemma. Ben should speak with his supervisor individually if he is not comfortable addressing this within his group supervision setting. Ben should explain the case to his supervisor and describe his over identification with the client, which is preventing him from adequately supervising Sarah’s counseling and development.

Ben has become aware that his own experiences and values are interfering with providing supervision for Sarah, but he is hesitant to bring up his struggle in group supervision. It is recommended that Ben approach either his individual supervisor or his academic supervisor to discuss his reticence to be open and genuine in group supervision. As a supervisor, Ben has a responsibility to seek consultation or peer supervision whenever a question of his competence
arises (Borders et al., 2011). Ben also needs to examine and identify what is standing in his way of talking about his struggles, so this barrier does not follow him in his future work as a competent supervisor (Inman & Ladany, 2014).

In supervision, Ben needs to examine his over-identification with the client and how it might be impacting his supervisory relationship with Sarah and the welfare of the client. Due to his own experiences with being a gay man, Ben may have lost sight that Sarah’s client’s experiences are her own and may not directly relate to the assumptions he may have about her experience. His assumption that their experiences are similar may be keeping him from encouraging Sarah to do a thorough exploration of the client’s values and experiences in relation to her sexual orientation. This may also overshadow Ben’s need to focus on the supervisee-client alliance as well as the existence of the triadic relationship of client-supervisee-supervisor (Hill, Lent, Morrison, Pinto-Coelho, Jackson, & Kivlighan, 2016; Inman & Ladany, 2014).

**Conclusion**

The nature of counseling and supervision is such that ethical dilemmas are inevitable. The ACA’s *Code of Ethics* (2014) offers guidance on how to proceed in these situations. The dilemmas outlined above deal with an issue that is currently receiving a great deal of attention in the counseling world: how to proceed when a counselor’s values differ from the client’s. The case of Sarah and Ben demonstrates that dilemmas may involve many separate but related problems. In order to resolve dilemmas, it is recommended that counselors as well as supervisors use a model, such as the one developed by Forester-Miller and Davis (2016), and consult with other counselors and sources in order to arrive at the best ethical course of action available.
References


