Program Title (100 characters maximum, including spaces)
Values Conflict: Ethical Decision Making in Supervisor-Supervisee Relationships

Program Description (Please include rationale, program goals, delivery method, and connection to conference theme. All presentations, particularly those related to client diagnosis, evaluation, or treatment, must provide evidence that information presented is clinically sound and in accordance with accepted professional practice, ethical guidelines, and current research. A space for references is provided in the next question. 1500 characters maximum, including spaces)

The 2017 American Counseling Association (ACA) Ethics Competition provided a doctoral ethical dilemma of a gay-male doctoral supervisor who stated he struggled in providing supervision to his supervisee. The supervisee stated 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.

The counseling profession is governed by a Code of Ethics (ACA, 2014), which is primarily responsible for ensuring the welfare of clients. The ethical dilemma outlined is one that a counselor educator/supervisor may experience when supervising doctoral supervisors. Program goals include: 1) Identifying values conflict between supervisor and supervisee; 2) Educating participants on LGBQQIA competencies (Taskforce et al., 2013); and 3) Applying an ethical decision-making model in counseling practice. It is imperative for faculty supervisors to know how to address/remediate issues involving values conflict, forging the future of professional counseling by equipping future leaders of the profession with ethical best practices. This educational session provides an analysis of this ethical dilemma by examining our Code of Ethics.
(2014), ethical best-practices (Francis & Dugger, 2014), and applying Forester-Miller and Davis’ (1996, 2016) ethical decision-making model.

*References cited in your proposal*


*Program Summary for Publication in Conference Program (Please include the most important information about your presentation. 500 characters maximum, including spaces)*

Ethical dilemmas occur in the counseling field and counselors at all levels of training must be capable of employing ethical decision making to aid them in generating solutions to these dilemmas. This education session examines a case study involving a conflict between religious values and sexual orientation. Ethical dilemmas will be explored through supervision, and Forester-Miller and Davis’s ethical decision making model. Recommendations for this dilemma and related issues will be discussed.

Please list three learning objectives (120 characters limit per objective)

*Learning Objective 1*
Participants will understand the importance of the ACA’s Code of Ethics related to values conflict using supervision.

*Learning Objective 2*
Participants will analyze the ALGBTIC Competencies for working with LGBQQIA individuals

*Learning Objective 3*
Participants will apply an ethical decision-making model to address client-counselor values
Please list three keywords
*Keyword 1
Ethics
*Keyword 2
LGBT
*Keyword 3
Supervision

Please indicate which category below represents your proposal. You may select only one choice. This information is used to determine whether your presentation qualifies for attendees to receive continuing education credits through NBCC. *(Please note, if you submitted a 50-minute career focused session, please skip this question)*

*Proposal Category
Counseling Theory/Practice and the Counseling Relationship

*Describe the combined expertise and qualifications the presenters have to give this presentation. Please remember, do not reveal any identifying information.

Cumulatively, all presenters have a minimum of a Masters degree and are either currently working on their Ph.D. in Counselor Education and Supervision, and/or have earned their doctorate. From a multicultural perspective, the presenters represent various ethnic and cultural groups within the United States and abroad. The presenters currently teach and/or supervise Masters level counselors-in-training either residentially in CACREP-Accredited programs and/or online. All of the presenters are either currently registered and in the process of earning their counseling license and/or are fully licensed and qualified by their state board to provide supervision to counselors and/or counselors-in-training seeking licensure. Combining expertise, the presenters have a total 41 years of educational training; 58 years in counseling practice; 22 years in counselor education practice; 54 years practicing as licensed counselors; and 28 years practicing as approved supervisors. The presenters have delivered professional counseling presentations at the local, state, national, and
international levels, and some have published in peer-reviewed counseling journals, including ACA endorsed journals. The presenters are also members of Chi Sigma Iota— the Counseling Academic and Professional Honor Society International, serving as officers on our school chapter’s executive committee and/or chairing sub-committees. Presenters also serve on multiple counseling boards at the local and state levels.

**Speaker Information**

**Lead Presenter Information**

*Last Name: Harrichand  
*First Name: John  

*Title  
Mr.

*ACES Membership Number. This number is the same as your ACA membership number: 6427629  

*Highest Degree Earned  
Master's Degree  

*Subject Area in which Highest Degree was Awarded  
Counseling (all types--master’s level)  

*Are you currently enrolled in a doctoral program?  
Yes  

*Current Employer. Please list the institution or organization name.  
Liberty University- Department of Counselor Education and Family Studies  

*Current Professional Role. Please select one role that best characterizes your main work role.  
Counselor Educator  

*Professional Email Address: jharrichand@liberty.edu  
*Street Address: 701 Old Thomas Road Campus Carter Building  
*City: Lynchburg  
*State: Virginia  
*Zip Code: 24515
Presenter 2

*Last Name: Lashua
*First Name: Brittany
*Title: Ms.

ACES Membership Number. This number is the same as your ACA membership number. 6451403

*Highest Degree Earned
Master's Degree

*Subject Area in which Highest Degree was Awarded
Counseling (all types--master’s level)

*Are you currently enrolled in a doctoral program?
Yes

*Current Employer. Please list the institution or organization name.
Community Counseling Associates

*Current Professional Role. Please select one role that best characterizes your main work role.
Counselor

*Professional Email Address brittanylashua@gmail.com
*Street Address 1506 N. Greenville Ave.
*City Allen
*State TX
*Zip Code 75002

Presenter 3

*Last Name: Phillips
*First Name: Lucy
*Title: Ms.

ACES Membership Number. This number is the same as your ACA membership number. 6441692

*Highest Degree Earned
Master's Degree

*Subject Area in which Highest Degree was Awarded
Other subject area not listed (clinical psychology)

*Are you currently enrolled in a doctoral program?
Yes

*Current Employer. Please list the institution or organization name.
Vesta, Inc.
*Current Professional Role. Please select one role that best characterizes your main work role.
Counselor
*Professional Email Address: lphillips14@liberty.edu
*Street Address: 45365 Clarks Mill Rd.
*City: Hollywood
*State: MD
*Zip Code: 20636

Presenter 4
*Last Name: Kimball
*First Name: Patricia
*Title: Ms.
ACES Membership Number. This number is the same as your ACA membership number: 6430574
*Highest Degree Earned
Master's Degree

*Subject Area in which Highest Degree was Awarded
Counseling (all types--master’s level)
*Are you currently enrolled in a doctoral program?
Yes
*Current Employer. Please list the institution or organization name:
Liberty University- Department of Counselor Education and Family Studies
*Current Professional Role. Please select one role that best characterizes your main work role.
Counselor Educator
*Professional Email: Pkimball@liberty.edu
*Street Address: 701 Old Thomas Road Campus Carter Building
*City: Lynchburg
*State: Virginia
*Zip Code: 24515

Presenter 5
*Last Name: Sosin
First Name: Lisa
Title
Dr.

ACES Membership Number. This number is the same as your ACA membership number.
6285827

Highest Degree Earned
PhD

Subject Area in which Highest Degree was Awarded
Professional Counseling (doctoral level)

Are you currently enrolled in a doctoral program?
No

Current Employer. Please list the institution or organization name.
Liberty University- Department of Counselor Education and Family Studies

Current Professional Role. Please select one role that best characterizes your main work role.
Counselor Educator

Professional Email Address: lssosin@liberty.edu
Street Address: 701 Old Thomas Road Campus Carter Building
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