Addressing Value-Based Conflicts Within the Counseling Relationship: A Decision-Making Model

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A growing number of legal and ethical cases have involved value conflicts between counselors, or counselors-in-training, and their clients. The authors examine considerations that professional counselors are encouraged to take into account when value conflicts arise within the therapeutic relationship. The authors present a strategy known as ethical bracketing and the Counselor Values-Based Conflict Model as tools to use when facing conflicts that arise between personal and professional values.

Keywords: values, decision making, ethics, counseling relationship

Recent court cases have illuminated some complex questions regarding how to deal with value conflicts in the counseling relationship. In Keeton v. Anderson-Wiley (2010) and Ward v. Wilbanks (2010, 2012), students were dismissed from their counselor education programs at Augusta State University and Eastern Michigan University (EMU), respectively. The students, Keeton and Ward, declined to counsel lesbian, gay, bisexual, and transsexual (LGBT) clients because counseling these clients conflicted with their religious beliefs. Both Keeton and Ward intended to become school counselors. Keeton appealed her dismissal from the program at Augusta State University; a federal appellate court upheld the university’s decision. Ward also appealed her dismissal, and initially the court granted summary judgment in favor of EMU. Ward appealed, and the U.S. Sixth Circuit Court remanded the case back to the district court for a jury trial. The trial was not held because a settlement was reached in December 2012.

As a result of these legal cases, a great deal of discussion has been generated regarding the issue of whether counselors can use their religious beliefs as the basis for referring LGBT clients as well as the broader question of whether referrals based on value conflicts are ethically appropriate. Counselors, counselor educators, and students who are seeking their own answers to these questions might expect to find guidance in codes of ethics and the professional literature.

Several standards in the ACA Code of Ethics (American Counseling Association [ACA], 2005) are relevant to the broader issue of value conflicts. Counselors are expected to be aware of their own values and “avoid imposing values that are inconsistent with counseling goals” (Standard A.4.b.). Counselors must practice only within the boundaries of their competence (Standard C.2.a.), and, if they “determine an inability to be of professional assistance to clients” (Standard A.11.b.), they should facilitate a referral to another provider. An additional standard, which has been applied to the specific question of religiously motivated referral of LGBT clients, is Standard C.5., which prohibits counselors from engaging in discrimination based on sexual orientation, among other protected classes. Much of the controversy regarding value-based referrals has centered on whether the phrase “inability to be of professional assistance” in Standard A.11.b. refers only to issues of competence or whether it is also intended to address value conflicts. Counselors seem to generally agree about competence-based referrals. When counselors are unable to provide effective services because attempting to do so would exceed their boundaries of competence, they are justified in referring (Remley & Herlihy, 2010). However, a question that remains is whether a counselor is considered to be “unable” or “unwilling” to provide services to a client when a referral is based on a conflict in values.

Some counselors and counselors-in-training who have strongly held religious beliefs have interpreted the ethical standards as providing support for a decision to refer LGBT clients. They have argued that, because they view same-sex relationships as immoral according to their religious beliefs, they cannot affirm these relationships in a counseling session. Therefore, they are unable to assist these clients effectively, and the ethically appropriate action is to refer them. The ruling by the U.S. Court of Appeals, Sixth Circuit in the Ward case appears to support that interpretation. The Court’s opinion was that the ACA Code of Ethics (ACA, 2005) provision that refers to inability to be of professional assistance “expressly permits values-based referrals” (Ward v. Wilbanks, 2012, p. 11).

Those who interpret the ACA Code of Ethics (ACA, 2005) differently believe that refusing to counsel an LGBT client on relationship issues is discriminatory, and they point to the ethical standard that prohibits discrimination based on sexual orientation. They assert that an “inability to be of professional assistance” refers to lack of competence to work effectively with a particular client, not an entire class of clients, and...
that it is the counselor’s responsibility “to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population” (Standard C.2.a.), including LGBT clients.

An almost endless series of counter arguments can be made to each opposing stance (Granelllo & Young, 2012). In rebuttal to the assertion that it is unethical to refuse to counsel an entire class of clients, those who disagree point out that some counselors refuse to accept children as clients. Indeed, it might not be objectionable for some counselors in private practice who are able to choose their clients, or counselors who work in an agency that serves adult clients exclusively, to assert that they do not counsel children. Yet, it is unlikely that they would be basing that decision on some sort of moral or value judgment about children. Rather, it seems probable that their decision would be based on the recognition that counseling children requires specialized skills and knowledge that they do not have and, at the present time, do not need to acquire. A vital distinction between declining to counsel children and declining to counsel LGBT clients is that the first decision may be based on competence, and the second is based on the counselor’s values. In some settings, children are not seeking services, and counselors may not be obligated to acquire the needed expertise. However, LGBT clients are likely to present in almost all settings, including school settings, where both Keeton and Ward had intended to work; therefore, counselors are ethically obligated to acquire the competencies needed to serve them.

Because the ACA Code of Ethics (ACA, 2005) has been interpreted in differing ways, counselors seeking guidance might look to the professional literature. The literature seems to be consistent in acknowledging that it is perfectly acceptable for counseling professionals to hold personal and moral values (Gibson, 2008; Welfel, 2013) and that, in fact, counselors’ personal values are one of the foundational elements of their relationships with clients (Wilcoxin, Remley, Gladding, & Huber, 2007). Ethical concerns may arise, however, when counselors’ personal values conflict with those of their clients and counselors question whether they should refer those clients to other providers.

Unfortunately, the literature on value conflicts is confusing and even contradictory, as is evidenced by the fact that both sides in the Ward v. Wilbanks (2010) case cited research studies and counseling texts to support their pleadings. Attorneys for Julea Ward, the student who was dismissed from the counseling program at EMU, cited a textbook used in one of her classes, in which it was stated that “Referral may be appropriate . . . if the client wants to pursue a goal that is incompatible with your value system” (Cormier & Nurius, 2003, p. 26). They also noted that value-based referrals seem to be common practice, citing Ford and Hendrick’s (2003) finding that 40% of psychotherapists they surveyed had handled a value conflict by referring the client.

Whereas some literature supports value-based referrals in a general sense, a more specific endorsement of the practice of referring LGBT clients based on religious values can also be found. For example, in one textbook, this advice is offered:

Does the therapist have any religious beliefs that would suggest that it might be better that they did not work with members of the LGBT community? If therapists have prejudices against members of the LGBT community, then they should refer the client to someone else. (Jones-Smith, 2012, p. 385)

Similarly, in a discussion of ethical decision making regarding counseling a gay couple, it is suggested that, “If the counselor’s personal beliefs about homosexuality prevent the counselor from providing objective professional service, then the counselor is responsible for locating competent referral sources” (Welfel, 2006, p. 191).

Other literature seems to offer contradictory advice, both suggesting that value-based referrals may be ethically appropriate and arguing against the practice. For instance, Guindon endorsed Tjelvet’s (1986) suggestion to “Consider referring clients to another counselor when substantial moral, religious, or political value differences exist” (Guindon, 2011, p. 6), yet also asserted that “personal and dominant-culture values are not imposed on the client” (p. 28). She suggested that counselors-in-training ask themselves whether their core values fit with the values of the profession. Along similar lines, Remley and Herlihy (2010) opined that “if a counselor’s values were so strong that he or she could not counsel clients who held differing beliefs, we would be concerned that the counselor is not well suited for the counseling profession” (p. 23).

Granelllo and Young (2012) spotlighted the controversy raised by the court cases with an extensive “point/counterpoint” discussion in which they presented the best arguments for the opposing points of view that “counselors have an ethical mandate to work with all clients” and that “counselors do not have to work with clients who exhibit behaviors they do not condone” (p. 390). They suggested that, as is true with most controversies, some truth probably can be found on both sides of the argument. However, after further discussion they concluded that

A behavior can be . . . not morally acceptable to an individual therapist. . . . However, personal morals cannot negate professional ethics. . . . The ethical mandates of the profession must be upheld regardless of the personal values and beliefs of the counselor. (p. 392)

Corey and Corey (2007) have written extensively about value conflicts, expressing their hope that “there would be very few instances where you would have to tell clients that you could not work with them because you do not agree with their value system” (p. 224). This statement seems to suggest
that value-based referrals may be acceptable, but only in rare instances. They cautioned that the counselor’s “job is not to judge client’s values. . . . Merely having a conflict of values does not necessarily imply the need for a referral” (Corey & Corey, 2007, p. 223). They have asserted more specifically that counselors who may work with LGBT clients are ethically obligated not to allow their personal values to intrude into their professional work (Corey & Corey, 2007) and are also obligated to “develop the knowledge and skills to competently deliver services” (Corey, Corey, & Callanan, 2011, p. 133) to these clients.

In summary, the literature seems to offer inconsistent advice regarding how to handle value conflicts in the counseling relationship. Additionally, the ACA Code of Ethics (ACA, 2005) has been interpreted in various ways by counselors and by the courts. It appears that it might benefit counselors struggling with value conflicts to have a strategy for reasoning through these conflicts.

Ethical Bracketing

Counselors bring their professional, personal, and cultural values into their relationships with clients and are not expected to be value-free in their counseling practice. They must strive to integrate their values and beliefs into their ethical practice (Evans, Kincade, & Seem, 2011), yet, at the same time, they must avoid imposing those values and beliefs onto their clients. Finding this balance can be a challenging task. To assist counselors and counselors-in-training in dealing with the value-based conflicts that inevitably arise within the counseling relationship, we propose that counselors adapt from the qualitative research literature the strategy of bracketing. Qualitative researchers are advised to engage in a process of self-examination of their own experiences and preconceptions prior to interviewing their study participants (Marshall & Rossman, 2011). This reflexive process enables them to bracket or set aside their own experiences and assumptions when they interact with their participants and thus accurately capture their participants’ voices.

Applying this strategy to the counseling process, ethical bracketing (EB) is defined as the intentional separating of a counselor’s personal values from his or her professional values or the intentional setting aside of the counselor’s personal values in order to provide ethical and appropriate counseling to all clients, especially those whose worldviews, values, belief systems, and decisions differ significantly from those of the counselor. When counselors deliberately set aside or bracket their personal values to honor their professional obligations, they help to avoid imposing those values onto clients and contributes to empowering clients to achieve their therapeutic goals.

The EB process includes several steps that counselors might take when faced with a value conflict: immersion, education, consultation, supervision, and personal counseling. As a first step, counselors are encouraged to immerse themselves in self-reflection and awareness about the nature of the value conflict they are facing. They are then encouraged to consult the appropriate professional codes of ethics and the professional literature on best practices. They are advised to seek supervision and ongoing consultation when applying the EB process to a specific value-based conflict. Finally, depending on the nature of the value conflict, professionals are encouraged to consider engaging in their own personal counseling process to identify barriers and personal biases that may prevent them from creating an effective therapeutic relationship with the client.

Counselors also can incorporate EB into direct practice with clients using collaborative or relational ethics. Many ethics scholars recommend that, when appropriate, practitioners collaborate jointly with clients in exploring the potential value-based conflict and how it can adversely affect the therapeutic relationship (Anderson & Handelsman, 2010; Davis, 1997; Evans et al., 2011). This involves directly raising the issue of the value-based conflict with the client within the counseling relationship. However, counselors are cautioned to first seek guidance from colleagues or supervisors to ensure that it is appropriate to have a dialogue with the client about the value-based conflict the counselor is experiencing. If there is a potential that the client would feel ostracized or alienated because of the counselor’s disclosure of the value-based conflict, then the practitioner should refrain from such a self-disclosure and attempt to resolve the conflict in a different way.

A second approach to incorporating EB directly into one’s work with a client is through the addition of a cocounselor into the therapeutic relationship. A counselor who is experiencing a significant value-based conflict with a client could, after getting the consent of the client, introduce a cocounselor who would be present to help the counselor who is experiencing the value-based conflict maneuver through the challenging value in a way that provides affirmative care and counseling for the client. The cocounselor also would provide collegial assistance to the counselor who is struggling. The cocounselor might be able to examine the therapeutic relationship and the value-based conflict objectively and provide the conflicted counselor with feedback and insights that would help the counselor work toward a positive resolution of the internal conflict.

Counseling professionals and counselors-in-training must be mindful when a value-based conflict exists within the counseling setting (Kitchener & Anderson, 2011; Pope & Vasquez, 2011; Raines & Dibble, 2011). EB is a strategy that seeks to ensure that a client is not harmed, whether intentionally or unintentionally, by a counselor’s imposition of a certain value set. It also ensures that the value-based conflict that exists within the counselor does not negatively affect the
ability of clients to make decisions to the best of their ability, and it promotes nonjudgmental support from the counselor. In addition, EB may help counselors maintain their fidelity to their primary responsibility. The ACA Code of Ethics (ACA, 2005) indicates that a counselor’s primary responsibility is to respect the dignity and welfare of clients (Standard A.1.a.). This includes respecting the differences in values that may exist between counselors and clients.

Counselors must be aware that clients may bring up, at almost any time and in any context, topics that push the counselor’s personal “buttons” (Barskey, 2008; Sommers-Flanagan & Sommers-Flanagan, 2007; Sperry, 2007). Most of us would acknowledge that even the most seasoned counselors have their “blind spots.” They occasionally may find, when confronted with a client whose behaviors conflict with their strongly held values, that they are experiencing a strong emotional reaction and are not able, in the moment, to set aside their own values. Some examples include (a) a Catholic counselor and a client considering an abortion, (b) a Mormon counselor and a client whose lifestyle includes smoking cigarettes and drinking alcohol, (c) a devoutly religious counselor and an atheist client, (d) a Jewish counselor and a bigoted client who uses offensive and anti-Semitic language to describe Jews, (e) a self-identified liberal or progressive counselor and an evangelical Christian client, and (f) a feminist counselor and a client who is an exotic dancer at a gentlemen’s club. Consider the following case example.

A family was court-referred to a counselor whose personal and professional values are strongly grounded in feminism. The family, a husband and wife with two children, had emigrated 4 years prior from a Middle Eastern country where deeply conservative religious beliefs prevail. They had moved to the United States so that their son could get an American college education. Their son, who was 15 when the family arrived in the United States, is now in college in another part of the country. The daughter is now 14 and in junior high school. The incident that prompted the family’s involvement with the court system occurred after the daughter convinced her mother to let her go to the mall with a group of male and female friends, an activity her father had forbidden. The father had learned about the girl’s adventure and began to feel angry about having to cover her face and limbs when out in public; nonetheless, she would respect the laws of the country and accept that she would be punished if she were to break them. She concluded that she could bracket her feminist ideals while working with the family and potentially could provide effective services by working to educate the parents and helping them understand that their daughter, who was only 10 when they arrived in the United States, is struggling to live within two cultures that hold very different values.

As the case illustrates, counselors should not be too quick to refer when faced with value conflicts. Shiles (2009) challenged the assumption that referral is always an appropriate option, expressing concern about “the glorification of referral in the psychological literature” (p. 147). We believe Shiles raised a valid point. Resolving the debate over appropriate vs. inappropriate referrals may require a thoughtful and nuanced process of ethical reasoning rather than an either/or approach.

What if, in the case example presented, the counselor had not consulted a colleague, or the consultation had not succeeded in helping the counselor to bracket her values? In that event, a referral in this one instance might have been a more ethical option than attempting to work with this particular family. However, the counselor would need to realize that referral is not a long-term solution to the problem. It is only a first step for the counselor, who must then immerse herself in self-reflection and then seek consultation, supervision, continuing education, personal counseling, or whatever action is needed to ensure that she will be better able to work with future clients who present similar value conflicts. Using supervision and consultation, ethical counselors recognize their potential buttons and work to resolve the resulting value conflicts through further training and self-exploration. Shiles (2009) suggested that mental health care providers should examine why they assume that referrals based on value conflicts are reasonable and acceptable, and she further urged counselors to examine the thought processes they engage in when determining whether to refer.

We have designed the Counselor Values-Based Conflict Model (CVM) to assist in the process of self-examination. Although the following discussion of our CVCM focuses specifically on value-based conflicts that may emerge between counselors and clients, it is important to note that this model...
could be readily adapted for use between clinical supervisors and their supervisees as well as between counselor educators and their students.

The CVCM

The CVCM (see Figure 1) is a working model designed to assist counselors when faced with a value-based conflict between themselves and a client, supervisee, or student. The CVCM is designed to serve as an adjunct to a traditional ethical decision-making model that a counseling professional may currently use. As stated in the ACA Code of Ethics (ACA, 2005), counselors are expected to “be familiar with a credible model of decision making that can bear public scrutiny and its application” (p. 3).

The CVCM is designed to assist a counselor who faces a value-based conflict between himself/herself and a client. The key questions at the initial step are: What is the nature of the values conflict between me and the other person? Is the conflict due to a clash in personal values or professional values? As shown in Figure 1, the CVCM has a two-pronged approach for ethical reflection. The first prong of the CVCM pertains to dilemmas involving a conflict driven by a counselor’s personal values, morals, and beliefs. Personal values conflicts could stem from a cultural, religious, moral, or personal belief, life experience, or a potential countertransference issue. The second prong of the CVCM involves professional values conflicts, which could stem from a lack of requisite skills or training to be effective in providing counseling services. In the first step of the model, counselors must determine which prong of the model is most appropriate to use. In the case example, the counselor recognized that she was experiencing a personal values conflict.

Application of the CVCM to Personal Value Conflicts

In the second step of the model, counselors are encouraged to examine what is at the core of their value-based conflict. This step of the CVCM encourages the clinician to explore underlying core issues and to identify the potential barriers that are preventing the counselor from providing the appropriate standard of care to the client. In the case example, the counselor recognized a personal values conflict between her feminist value system and her professional responsibility to offer clients empathy and nonjudgmental positive regard. She identified her reaction of abhorring the father’s treatment of his wife and daughter as a potential barrier. At this point, she moved to the third step of the model and began sorting out the best approach to working through her personal value-based conflict.

At the third step of the model, counselors should focus on seeking assistance in working through the value conflict so that they can provide the appropriate standard of care to their clients. Counselors are urged to consult colleagues or supervisors, the professional code of ethics, the professional literature, and traditional ethical decision-making models for additional resources.

![FIGURE 1](image-url)

Counselor Values-Based Conflict Model
guidance. EB may be appropriate to integrate into this step to help the counselor bracket his/her personal values and thus support the counseling plan and help the client achieve her or his therapeutic goals. At this step, the counselor is also encouraged to identify any potential judgmental perspectives or biases that are hindering the counseling relationship. In this component of the model, through supervision or personal counseling, the professional attempts to identify strategies to bracket personal values to avoid derailing the therapeutic process with the client. The counselor assesses ways to integrate personal values and beliefs while not imposing them onto the client. If necessary, the counselor creates a remediation plan to reduce bias or to increase his or her skill level and competency in the deficient area. In the case scenario, remediation was not necessary; the counselor appropriately contacted a colleague to consult about the value conflict at hand. Upon consulting with her colleague, the counselor determined that she was able to ethically bracket her personal beliefs and internal reactions about the actions of the father and use cultural empathy to understand the father’s perspective. She realized that this approach could promote the welfare of these clients and agreed to continue working with this family.

The fourth step for the personal prong of the CVCM involves an identification and evaluation of possible courses of action. If the value-based conflict has not been resolved by this point, the counselor may examine whether the value in question is so strong that it warrants the counselor referring the client to another practitioner. The counselor is encouraged to reflect on whether the referral is based on a personal, religious, or moral bias. Is there a way the counselor can maintain clinical effectiveness while still holding his or her personal value? This step also calls for an evaluation of the effectiveness of a remediation plan and whether the professional remediation plan aids in assisting the counselor in working through the personal bias that has been preventing the counselor from working effectively with the client. On the professional side of the model, the counselor should identify what additional training or clinical supervision would best assist the counselor in working through the personal value-based conflict with the current client or similar clients in the future. As part of the professional prong, the counselor should create a remediation plan—which may include studying the professional literature, attending continuing education workshops, and seeking additional supervision—and identify the most appropriate time to return to working clinically with this client population or clinical issue.

In the case scenario, the counselor reflected on her knowledge and expertise and decided that she had more to offer this family by working with them as their counselor than by making a decision to refer them. In this case, although the value conflict was significant, it was not so debilitating that it prevented the counselor from practicing effectively and ethically as a counselor. In other cases, though, the value conflict may be so significant that it may lead the counselor to temporarily refer the client until the counselor is able to gain the requisite supervision or training necessary to return working with the client or client population at the center of the value-based conflict. It is imperative for counselors to note that referral should not be an automatic response or an ongoing professional step. Although a referral may be a temporary option, it should be taken only with the concurrent identification of a remediation plan.

The fifth and final step in the CVCM model urges the counselor to examine whether the action he or she intends to take promotes the welfare and well-being of the client. The counselor should implement the proposed action only after ensuring that it will promote client welfare. In the case scenario, the counselor eventually felt confident in her ability to use EB techniques and to experience the cultural empathy necessary to promote the welfare of her clients.

**Application of the CVCM to Professional Value Conflicts**

The CVCM can also be used when the value conflict is based on a professional issue. After determining, in the first step of the CVCM, that the conflict is a professional one, counselors are encouraged, in the second step of the model, to reflect on what lies at the core of the value conflict. For example, the conflict may be based on a countertransference issue between the counselor and the client. Alternatively, the conflict may involve a lack of professional expertise, training, or competence in a particular counseling approach or technique.

The third step in applying the CVCM to a professional value-based conflict involves identifying potential assistance or remediation. For example, if the conflict is related to a deficiency in skill or competency, the counselor may work through the value conflict by engaging in continuing education or additional supervision. At this point, the counselor is also encouraged to consult the professional code of ethics for guidance.

The fourth step in applying the CVCM to a professional value-based conflict focuses on whether a referral is necessary. If the counselor, for example, is lacking skills in counseling Muslim clients and is deficient in understanding the important cultural and familial dynamics in Muslim families, does this necessitate a referral to a counselor with an expertise in working with this cultural population? This step also calls for an evaluation of the remediation plan. Counselors at this stage will want to determine the likely effectiveness of the proposed remediation plan in eliminating the need for similar referrals in the future. Should a remediation plan be found unlikely to accomplish this, other possible remediation options should be explored.

The fifth and final step in applying the CVCM to a professional value-based conflict also focuses on ensuring the welfare of the client. Once again, the counselor should examine whether the action he or she intends to take promotes the welfare and well-being of the client. The counselor should implement the proposed action only after ensuring that it will promote client welfare.
Conclusion

In essence, becoming a member of the profession requires an agreement to practice ethically (Raines & Dibble, 2011; Wilcoxon, Remley, & Gladding, 2012), to abide by a professional code of ethics, and to uphold the sacred covenant (Calley, 2009; Ponton & Duba, 2009) of ethical conduct and care. However, at times, our understanding of what constitutes appropriate conduct by counselors and of how to adhere to this ethical covenant may be murky or unclear. As Welfel (2013) noted, it is perfectly acceptable for counseling professionals to hold personal and moral values. The central concern, however, arises when these personal morals and values are imposed onto clients regardless of the potential harm they may cause. It is important to recognize when one’s personal values may be negatively affecting the counseling relationship.

This proposed model, involving examination of value-based conflicts, is designed to foster a dialogue among counseling professionals that may assist us in identifying best practices for handling challenging value conflicts between counselors and clients. We invite counseling researchers to test the efficacy of the model in clinical settings. By integrating EB and the CVCM into daily counseling practice and research, counselors can further demonstrate their ethical commitment and help foster an ethical legacy that will remain the foundation of our profession for years to come.

References