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**Values Integration and the Professional Counselor**

A DISSERTATION

Submitted to the Faculty of  
Montclair State University in partial fulfillment  
of the requirements  
for the degree of Doctor of Philosophy

by Rebecca Randall

Montclair State University

Upper Montclair, NJ

October 11, 2023

Dissertation Chair: Dr. Dana Heller Levitt

MONTCLAIR STATE UNIVERSITY  
THE GRADUATE SCHOOL  
DISSERTATION APPROVAL

We hereby approve the Dissertation

**VALUES INTEGRATION AND THE PROFESSIONAL COUNSELOR**

of

Rebecca Randall

Candidate for the degree:

Doctor of Philosophy

Graduate Program:  
Counseling

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Dr. Kathryn Herr

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**Abstract****VALUES INTEGRATION AND THE PROFESSIONAL COUNSELOR**

by Rebecca Randall

This qualitative study, informed by narrative inquiry, examined how counselors described the interplay of values in professional practice. Participant narratives highlighted the challenges they experience in the process of values integration, defined as counselors' awareness and management of personal values in counseling processes. Participants often made value judgments that occurred rapidly and beneath awareness and only became aware as a result of discordance in the counseling relationship. They further struggled in skillfully working through values conflicts. These findings reveal that values integration is a developmental process that challenges counselors beyond the training years and thus requires an infrastructure that supports them in their professional growth. Participants found that such support was often insufficient and unreliable. The study provides a broader understanding of the values integration process, which previously had been limited by its focus on counselor trainees, and provides implications for practicing counselors and counselor educators.

*Keywords:* values, values integration, values conflicts

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## Values Integration and the Professional Counselor

### CHAPTER ONE

As I write this dissertation, the United States of America is a deeply polarized country in which answers to profound questions about the nature of human rights and the pursuit of justice are grounded in opposing moral and philosophical visions. Embedded within these visions are moral values, which serve as guides for people in determining their sense of the good, of how life ought to be lived. Increasingly, values differences have become the source of intense interpersonal conflict, division, and alienation. The 2022 Supreme Court reversal of *Roe v. Wade* (1973) has further escalated significant relational tension and discord.

In a recent study, Bayne et al. (2020) highlighted the challenges some professional counselors are experiencing in maintaining personal relationships, given seemingly irreconcilable differences in moral values and their political implications. Professional counselors enter into deeply personal relationships with their clients. For several decades, the profession has examined how counselors may work effectively with clients, given an increasingly pluralistic context, but currently the profession must grapple with a climate of increasing and bitter polarization. Even in the counseling relationship, a professional relationship in which counselors are guided by a set of professional values and expectations, counselors may experience and feel challenged by relational tensions fueled by the current social and political climate. How might counselors safeguard the counseling relationship in this fraught relational context? Unless counselors are working with a strong awareness of their personal values and skillfulness in managing them, clients are vulnerable to the harmful imposition of values, which is expressly forbidden in professional ethical guidelines (American Counseling Association [ACA], 2014).

Even prior to encounters with clients that may involve values conflicts, counselors must develop awareness of their personal values and skills for managing them. The counseling profession prioritizes the dignity, diversity, and autonomy of clients. This means that counselors' interventions must demonstrate respect for clients' own definitions and determinations of what constitutes their well-being and what will lead to their personal flourishing. In other words, counselors must develop awareness of their own personal values and develop skills for managing them in practice in order to facilitate clients' discovery of what well-being means to them and to assist them in constructing a life congruent with that vision.

Values integration, which begins in counselor training but reaches into professional practice, refers to the ongoing developmental process of awareness and management of personal values in practice (Moorhead & Levitt, 2013; Welfel, 2016). This process may be more challenging and complex than has been appreciated but is an integral component of counselor development. Especially given the challenges of the current context in which they work, I entered into this research study with a desire to learn more about this process as described by practicing counselors.

### **Background of the Problem**

A review of professional counseling literature reveals no simple or straightforward definition of "values." Scholars have offered varied definitions that can make it challenging to establish definitional clarity (Tjeltveit, 1999). In this dissertation, I refer to values as abiding principles or beliefs about what is good, worthwhile, and important (Cottone & Tarvydas, 2016; Moorhead & Levitt, 2013). Values are multidimensional. They have an evaluative component in that they involve the value-holder's prescriptive and proscriptive judgments (Cottone & Tarvydas, 2016). Values have cognitive and emotional dimensions, although some argue that the

lines between the two are more blurred than is recognized in scholarly discourse (Haidt, 2013). Some researchers (e.g., Bridges et al., 2019) have made distinctions between cultural, moral, religious, and political values, while others have tried to distill a set of mental health values that are relevant to the practice of counseling and psychotherapy (Consoli & Williams, 1996); however, such distinctions belie the fluidity and interpenetration of these dimensions (Tjeltveit, 1999). Cottone and Tarvydas (2016) draw an important distinction between moral and nonmoral values. The latter may best be understood as a person's changing taste or preferences, whereas the former refer to the deep, abiding principles that comprise the person's core moral orientation or approach to questions about the nature of the good and judgments about what is right or wrong. Anderson and Handelsman (2021) likewise differentiate values as preferences (subjective and changeable) and values as principles (objective and consistent). I will explore the extensive scholarly conversation about the formation and development of personal moral values in more depth in Chapter Two.

A rich, scholarly literature examines values in counseling and psychotherapy. Rosenthal (1955) was one of the first scholars to conduct empirical research on values in psychotherapy and determined that in successful therapies client moral values (e.g., clients' sense of right and wrong behavior related to key areas such as sexuality, aggression, and authority) shifted to reflect those of their therapist. Subsequent researchers pursued this line of inquiry further, considering variables such as congruence between therapist and client values at the start of therapy, the kinds of values that are influential in therapy, and the contexts in which values conversion is likely to occur (Beutler & Bergan, 1991). These empirical findings undergird scholars' challenge to the problematic historical presumption that therapists operate in a values-free way (Bergin, 1980; Richards et al., 1999; Tjeltveit, 1999). On the contrary, Tjeltveit (1999)

argued that although mental health practitioners “may not see themselves as playing the role of ethical consultant, clients seeking help for complex life problems often look to their therapists for answers to problems that intermingle mental health and ethical issues” (p. 44). It thus is incumbent upon practitioners to reflect upon the moral visions they bring to their work and how their personal moral values are operative in the counseling relationship.

The literature examining values in counseling and psychotherapy further reflects the growing recognition of the potency of cultural and diversity variables within human experience. Attentive to the cultural construction of values, some scholars have argued that counselors’ assumptions that they are operating in values-neutral ways reflect cultural encapsulation, may implicitly impose cultural values, and thus may harm clients who hold non-dominant and marginalized identities (Consoli et al., 2009; Sue et al., 1996; Sue & Sue, 2016). Ethnic minority clients, for example, may already feel skeptical of or resistant to mental health counseling, perhaps fearing that their values will be misunderstood or disrespected (Consoli et al., 2009; Hook et al., 2016). Scholars have noted further an historical dismissal of religious values as inappropriate to psychotherapy, assumed to be a value-free, scientific practice, or the outright pathologizing of religious values as infantile or irrational (Bergin, 1980; Worthington, 1988). Clients entrust their care to counseling professionals, who must recognize and respect the values that are reflective of their diverse personal backgrounds.

The research cited above provides the background against which to understand the counseling profession’s position about the role of counselors’ personal values in counseling practice. In its *Code of Ethics*, the American Counseling Association (ACA, 2014) identified the core mission of the counseling profession: the promotion of human dignity and diversity. The primary responsibility of counselors is to promote clients’ well-being and best interests, but



clients themselves define the contours of their well-being. From a professional ethical standpoint, counselors may not impose their own personal visions of human flourishing.

The counselor's role is to support client self-determination, which necessitates counselors' ongoing awareness and management of personal values. Counselors bring to professional practice their personal moral orientation and values and must learn, through professional training and socialization, how their core values support or conflict with professional values and expectations (Ametrano, 2014; Cottone & Tarvydas, 2016; Levitt & Aligo, 2014; Moorhead & Levitt, 2013). Counselors are expected to make a personal, lived commitment to the guiding values of the profession. As professionals, they become, as Tjeltveit (1999) argued, "members of a moral community" (p. 256). The process of professional ethical identity development has been defined as the ongoing integration of counselors' personal and professional selves (Lloyd-Hazlett & Foster, 2017) and has been described as a process of ethical acculturation (Anderson & Handelsman, 2021). Values integration, the process by which counselors attend to and monitor the influence of their personal values in the counseling relationship, is thus an important component of their professional ethical identity development.

Values integration is an important means by which counselors live out their commitment to culturally responsive practice (ACA, 2014). The Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016), endorsed by ACA, maintain counselors' professional obligation to engage in ongoing self-awareness of their cultural identities and related attitudes, values, and biases. Counselors must reflect not merely on the ways that their intersecting cultural identities, as well as those of their clients, reflect positions of privilege, power, and/or marginalization; they must recognize and responsibly use the power they hold in their position as counselors (Ratts et al., 2016). Ratts et al. (2016) described how self-awareness, and more

specifically values awareness, is a precursor to empathic engagement with clients and facilitates the responsible use of counselors' power in the counseling relationship.

### **Statement of the Problem**

Out of its commitment to human dignity and diversity, ACA (2014) maintains that counselors must be aware of their values and avoid value imposition. The recognition that values are at work in the counseling relationship has been recognized by scholars and is implicit in the *ACA Code of Ethics* (2014), a recognition that contrasts with the historical view of counseling/psychotherapy as a values-free endeavor. It is important to note, however, that “between the alternatives of ‘imposing’ values and ‘value-freedom’ is a rich and fascinating middle ground” (Tjeltveit, 1999, p. 157). We know very little about how professional counselors draw on their personal and professional values in the navigation of this middle ground.

Stimulated by legal cases involving counseling students and their training programs, much of contemporary counseling research that has addressed values focuses on the resolution of values conflicts and does not address more fundamental questions about how values are part of counselors' process. Case precedents such as *Ward v. Wilbanks* (2009) as well as the introduction of conscience clause legislation in several states generated widespread discussion about the ethics of values-based referrals (Burkholder et al., 2014; Burkholder & Hall, 2014; Paprocki, 2014), non-affirmative religious counselors' work with LGBTQ+ clients (Bayne et al., 2020; Bayne et al., 2021; Fallon et al., 2013; Minnix, 2019; Rose et al., 2019), and the ethical resolution of values conflicts (Farnsworth & Callahan, 2013; Kocet & Herlihy, 2014). Counselors' ability to ethically navigate values conflicts is one component of the broader values integration process; however, what has been obscured in scholarly conversation, and of which

we have limited knowledge, is the way in which values are transacted in everyday counselor practice.

Current research furthermore focuses on how to support counselor trainees' professional socialization and learning needs with regard to values integration (Ametrano, 2014; Bashe et al., 2014; Evans et al., 2012; Hathaway, 2014) but leaves unaddressed current practices of professional counselors. We know from research, for example, that student counselors' personal values may influence whether they support client autonomy in cases involving euthanasia (Bevacqua & Kurpius, 2014), illustrating students' training needs. We do not know how professional counselors, who have benefitted from training and supervision, handle their personal values in these morally challenging situations. The almost exclusive scholarly focus on trainees assumes that values integration is only a concern for counseling students, given their developmental position, or implicitly communicates that values integration reaches completion following formal counselor training. Values integration, however, is "an ongoing, developmental process, not a one-time task accomplished once during a career" (Moorhead & Levitt, 2013, p. 26).

### **Research Question**

Until we know how counselors are working with values in practice, our knowledge of the values integration process is limited. The purpose of this study was to explore how counselors describe the workings of values in professional practice. A qualitative research design, informed by narrative inquiry, allowed counselors to describe the various, complex, and nuanced ways that personal and professional values interplay in their work. The research question guiding this study is: How do counselors describe the interplay of values in professional practice? I will detail my

methodology, including my recruitment procedure, data collection procedures, and method of data analysis, in Chapter 3.

### **Significance of the Study**

For several decades, scholars have deconstructed the assumption that values play little to no role in counseling processes and have presented compelling arguments that counselors' insensitivity to or mishandling of values may negatively impact the counseling relationship. There is a surprising gap in the literature with regard to practicing counselors' values integration. In one recent qualitative study that examined marriage and family counselors' awareness of the potential for values conversation in the counseling relationship, Bridges et al. (2019) found that while some participants were attentive to values influences, others admitted that they never gave much thought to values at all. It may be the case that counselors need to refocus their attention to values influences in the counseling relationship, and the findings of this study may provide reinforcement of the importance of values integration as an ongoing developmental process.

In the wake of *Ward v. Wilbanks* (2009) and other legal cases, scholars called for a more intentional focus on values integration in counselor preparation programs (Ametrano, 2014; Evans et al., 2012; Moorhead & Levitt, 2013) and supervision (Bernard & Goodyear, 2019; Corey et al., 2021). These cases, which concerned some counseling students' refusal to work with LGBTQ+ individuals based on their non-affirming religious convictions, are explored in greater depth in Chapter Two. It is unclear whether values are currently a focal point in counselor preparation and supervision and whether current interventions designed to support values integration are effective. Some scholars have voiced concern that greater attention is given to the knowledge and skills domains of multicultural competency training, whereas attitudes and values are insufficiently addressed (Falender et al., 2014; Hook et al., 2017). Extant

empirical research, described more fully in Chapter Two, does not yield a clear picture of the extent to which values are explored in multicultural training, even as values awareness is a core component of counselors' multicultural competency development.

Other scholars have pointed out that in spite of the recognition of religion as a cultural/diversity variable to which counselors must attend (Ratts et al., 2016), there is residual hesitancy to address religious values in counselor preparation and supervision (Johns, 2017; Mintert et al., 2020). A greater understanding of practicing counselors' values integration may generate insight into what is needed to enrich efforts within counselor preparation and supervision to support it.

The question of how counselors work with values is especially important in the increasingly pluralistic and highly polarized context in which they work. Given that counselors and clients bring to the encounter their unique worldviews informed by their intersectional identities, counselors should reflect deeply on and manage values influences in order to safeguard the counseling relationship. Ng (2013) described the importance of "working from the inside out" (p. 74), meaning that counselors regularly reflect on their personal, spiritual, and cultural values, as well as their biases towards their clients' values, and engage in deeper exploration and understanding of clients' worldviews and the values embedded within. For counselors at every developmental level, encounters with clients whose moral values differ substantially from their own may disequilibrate them and stretch their empathic capacities (Haidt, 2012; Tansey & Kindsvatter, 2020). Recent research (Bayne et al., 2020) demonstrated that the strength of some counselors' moral commitments may supersede empathy. Scholars have recommended strategies that support clients in managing their personal values (Farnsworth & Callahan, 2013; Kocet & Herlihy, 2014). For example, counselors may engage in ethical

bracketing, defined as “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, beliefs systems, and decisions that differ significantly from those of the counselor” (Kocet & Herlihy, 2014, p. 182). If, as moral foundations theory proposes (Haidt, 2012), moral processes are more intuitive and emotional than has been recognized, these strategies may insufficiently support counselors in their efforts to manage values in the counseling relationship. Furthermore, management of personal values does not mean that counselors must avoid conversations about them with their clients, although there may be disagreement about this among professionals (Richards et al., 1999); on the contrary, counselors may demonstrate respect for their clients by broaching values and engaging in authentic and meaningful conversation about them. The findings of this research study may help expand our sense of how counselors may ethically and sensitively engage their clients in conversations about values and values differences.

### **Theoretical Framework**

Values integration may be explored through the rich insights of contemporary moral psychology, untapped resources in contemporary counseling literature. Researchers have recognized that exploration of counselors’ moral orientation and developmental processes is an important line of inquiry (Levitt & Aligo, 2012; Lloyd-Hazlett & Foster, 2017); however, extant research is limited by an almost exclusive focus on theories by Kohlberg and Rest, which emphasize the cognitive-developmental dimension of moral values formation. The field of moral psychology itself has been dominated by this cognitive-developmental perspective (Vozzola, 2014); however, there are multiple theories of moral development that offer vantage points from

which to see and understand the multidimensionality of values and their dynamics in counselor practice.

Moral foundations theory (Haidt, 2012) provides a more expansive view of the core values that may comprise counselors' and their clients' moral orientations. Whereas the theories of Piaget, Kohlberg, and Rest emphasize the cognitive developmental components of morality, moral foundations theory highlights its biological and evolutionary underpinnings. Haidt (2012) identified six moral foundations (care/harm, fairness/cheating, liberty/oppression, loyalty/betrayal, authority/subversion, and sanctity/degradation), reflective of biological intuitions that emerged as humans' adaptive responses to distinct evolutionary challenges. Haidt (2012) likens these intuitions to taste receptors upon which our moral sensitivities hinge. Values differences are reflective of the cultural variations that build upon these foundational intuitions. Moral foundations theory widens the lens beyond principles that have been the focus of cognitive-developmental theories (i.e., harm and fairness) and prompts researchers to consider the biological, intuitive, and emotional dimensions of values. Moral foundations theory further considers how moral values function as a powerful source of group cohesion. Shared moral values bind us to others, a dynamic that may have powerful adaptive advantages. On the other hand, the binding function of shared values can lead to tribalism, which may impede openness and block empathy. Moral foundations theory provided insights that help illuminate the complexities of values in counselor practice.

Intersectionality theory (Crenshaw, 1991) provides additional insights with which to consider the interplay of values in counselor practice. A core tenet of this theory is the complexity of identity. Human experience reflects the complex intersections of multiple identities (e.g., race, class, gender). A reductionist focus on singular identities obscures

dimensions of human experience and functions to reinforce dynamics of marginalization and oppression. Intersectionality provides a means of examining the ways in which the interplay of values in counseling practice may reflect the multiple, complex layers of identity in the counselor-client relationship.

### **Positionality**

Qualitative researchers must continually reflect on how they bring themselves to their research studies and both acknowledge and monitor the ways that their positionality shapes their study. Multiple, impactful experiences have influenced my interest in studying values in counseling and contributed to the evolution of my research question. Prior to my training as a counselor, I worked in religious education and youth/college ministry, as my religious faith is a salient aspect of my identity. I loved the work and often felt called to provide counseling to the people with whom I worked but was aware that my purely theological training did not sufficiently equip me to do so. I had also worked with many individuals who would have benefited immensely from counseling but expressed concern that practitioners would misunderstand at best, or judge and denigrate at worst, some of their most deeply-held beliefs. I pursued training in a licensure-qualifying Pastoral Counseling program, hopeful that I would develop the skills to provide holistic mental health counseling that could sensitively address the full range of my clients' concerns, including the spiritual. After completing my master's degree and several years of post-graduate supervised clinical experience, I received my license as a professional counselor and worked for almost ten years at a non-profit agency that was affiliated with a Roman Catholic Church. There, my work with clients brought into even sharper relief what I had already known: that even as most of my clients identified as Roman Catholic or Christian, they were individuals whose identities are complex and irreducible. Our shared



religious identities did not mean we held shared values and did not excuse me from the important work required of every counselor: to engage in the ongoing self-reflection that allows me to differentiate myself from my clients and to privilege their unique, values-based visions of the abundant life. I learned throughout several years of clinical experiences and, later, as a clinical supervisor, that this is not easy work.

Over the past several years, I have extended my training as a professional counselor through doctoral study. I have been fortunate in that my doctoral program has fostered my growth in multicultural competency and cultural humility. My doctoral studies have reinforced the importance of ongoing self-reflection and attention to the ways in which my particular worldview has been shaped by my particular experiences as a woman who holds multiple privileged identities. I am a White, European-American, cisgender woman who was raised by middle class, educated, professional parents. I have learned about the blinding function of privilege and often reflect on how my own privileged identities may be the source of multiple unexamined biases that may impact my work with clients and supervisees. Likewise, they may influence and shape how I engage my research participants and interpret what they share with me. Throughout this dissertation study, I worked to deepen my awareness of, make transparent, and manage my assumptions, biases, and values. I will elaborate more fully on my methodology in Chapter 3.

### **Chapter Summary**

Values integration is the ongoing, developmental process of values exploration/reflection and intentional management of values influences in the counseling relationship. In this chapter, I provided an overview of how values have been addressed in the counseling literature and provided a rationale for this research study, which explores how professional counselors describe

the presence of personal values and their strategies to manage them in practice. The purpose of this study is to provide a fuller portrait of the values integration process. The breadth and complexity of this process has been insufficiently examined in extant counseling research. This study deepens our understanding of this process, thereby informing current and future efforts to support values integration in counselor practice, education, and supervision.

### **Organization of the Dissertation**

This dissertation consists of five chapters. This first chapter focused on introducing my research study, providing an overview of values and values integration in counseling-related research, and stating the problem that I addressed through this research study. I identified my guiding research question: How do counselors describe the interplay of values in professional practice? I offered a rationale for why this research study is significant, presenting some ways in which its findings may contribute to the field, including current practice, training, and supervision. In the second chapter, I provide a more extensive review of the literature that unpacks values integration, with a specific focus on counselors' moral development, as well as moral foundations theory. The third chapter provides an in-depth discussion of my research methodology: qualitative research, informed by narrative analysis. In addition, I elaborate my systematic process of participant recruitment, data collection, and data analysis. In the fourth chapter, I present my findings, which reflect the collective narrative participants shared. Finally, in the fifth chapter, I discuss the findings in greater detail, bringing them into conversation with my guiding theory and previous counseling research.

### **Definition of Key Terms**

**Moral Development** – a field that examines “changes across time and experience in how people understand right and wrong” and “individual differences in moral judgments, emotions,

and actions” (Vozzola, 2014, p. 3). In the counseling research, moral development has been primarily considered through a cognitive-developmental lens that emphasizes moral reasoning processes; however, some work in the field of contemporary moral psychology

**Moral Orientation** – the counselor’s approach to making decisions or judgments about right and wrong (Levitt & Aligo, 2012).

**Multicultural Competence** – the awareness, knowledge, and skills that counselors must acquire in order to competently work with culturally diverse clients. The Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016) revised the competencies initially developed by Sue et al. (1992) to include an expansive definition of culture (including cultural variables such as age, race, disability, ethnicity, gender, and religion), to promote counselors’ awareness of sociopolitical and power dynamics in clients’ experiences and within the counseling relationship, and counselors’ development of skills for client empowerment and social justice advocacy.

**Professional Ethical Identity Development** – the process of counselors’ ethical formation, in which counselors are tasked with the integration of their professional and personal selves (Lloyd-Hazlett & Foster, 2017).

**Professional Values** – consist of core values guiding the counseling profession, as articulated in the *Code of Ethics* (ACA, 2014). These values include: 1) enhancing human development throughout the life span; 2) honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; 3) promoting social justice; 4) safeguarding the integrity of the counselor–client relationship; and 5) practicing in a competent and ethical manner (ACA, 2014, Preamble).

**Values** – principles or beliefs that reflect personal judgments of what is good, important, and what ought to be (Cottone & Tarvydas, 2016). In this study, core values reflect people’s personal morality, the nature and development of which is extensively debated, and are distinguishable from nonmoral values or changing preferences (Cottone & Tarvydas, 2016).

**Values Integration** – the process in which counselors attend to their personal values and manage them within the counseling relationship and in relation to professional expectations.

**Values Conversion** – an empirically documented phenomenon in which clients’ values shift or modify to converge with those of their mental health practitioner (Tjeltveit, 1999).

**Values Conflicts** – experiences of conflict between the counselors’ personal moral values and those of their clients and/or professional values. Values conflicts that occur in the counseling relationship are understood as normative in pluralistic contexts, especially for trainees given their developmental position (Hathaway, 2014), but may present challenges for counselors at every developmental level. Ethical practice requires that counselors develop skills for recognizing and monitoring their values to ensure optimal client care.

## **CHAPTER TWO: LITERATURE REVIEW**

This chapter explores and reviews literature relevant to my research question: How do counselors describe the interplay of values in professional practice? I begin with an exploration of moral development. The contributions of Kohlberg (1981) and Gilligan (1982) contextualize my discussion of Haidt's (2012) moral foundations theory, which provides the theoretical lens guiding my study. I then consider counselors' obligations with regard to values and discuss what is currently known about counselors' values integration in literature related to multicultural counseling competency and professional/ethical identity development.

### **Moral Development**

Before we can explore counselors' values integration, we must first consider what values are and how they operate in people's lives. In Chapter 1, I stated that I understand values as part of people's larger moral identity; it is therefore important to begin this review of the literature with an examination of moral identity formation and development. While there is a vast body of literature that explores the origins and development of morality, Kohlberg (1981) and Gilligan (1982) reflect some of the most important voices in scholarly conversation about moral development and have been highly influential in the counseling literature. I briefly consider their contributions in order to contextualize the more contemporary work of Haidt (2012, 2013), whose moral foundations theory has informed my own way of thinking about values, as well as my lens in exploring the complex interchange of values in counseling relationships.

### **Kohlberg's Theory of Moral Development**

Kohlberg's pioneering work synthesized and extended the earlier work of Dewey in the fields of moral philosophy and education and Piaget in developmental psychology, among others (Kohlberg & Wasserman, 1983). Kohlberg (1981) outlined some of the common assumptions

from which he built his cognitive-developmental theory of moral development, including the view that moral development has a universal structure and is characterized by stages, each representing cognitive-developmental transformations facilitated by opportunities for social role-taking. In Kohlberg's theory, the person's cognitive gains, specifically the person's increasing capacity to logically consider and balance multiple perspectives and interests, potentiate moral growth (Kohlberg, 1981). At each stage of moral reasoning, the primary moral concern is one of fairness or justice, which "represents an ideal equilibrium of social interaction" (Kohlberg, 1981, p. 145).

Kohlberg's longitudinal research involved an interview, known as the Moral Judgment Interview. Kohlberg studied the moral reasoning of fourth, seventh, and tenth grade boys in response to hypothetical moral dilemmas, perhaps the most known of which is the Heinz dilemma (Kohlberg, 1981). In this vignette, Heinz is a man whose wife is gravely ill. A local druggist discovers a life-saving drug, and driven by its profitability, significantly marks up its cost. Heinz attempts to raise the money to procure the drug but ultimately falls short. In desperation, Heinz steals the drug. Kohlberg asked his participants to respond to Heinz's decision and to provide their reasons for the decision.

Kohlberg was more interested in the participants' reasoning in response to the Heinz dilemma rather than the decision itself. Closely attentive to participants' logic in responding to the Heinz dilemma, Kohlberg conceptualized a stage model of moral development. I offer a brief description of each stage, as well as illustrative examples that demonstrate the application of each stage to varied moral dilemmas.

### *Preconventional Stage*

In stage 1, children derive their sense of right/wrong from a sense of obedience to the powerful authorities (e.g., parents) in their lives. Kohlberg (1981) gives the example of a child who believes he must give his father money he has earned because his father owns him, and he must do what his father says or else face a punishment. In stage 2, the child begins to think about fairness as equal shares/exchange. When applied to the Heinz dilemma, a person at stage 2 might judge Heinz's act of stealing as acceptable, as "you may need him to do the same for you" (Kohlberg, 1981, p. 148).

### ***Conventional***

In stage 3, individuals become less egocentric and have the cognitive capacity to imagine the needs of others; however, they use their concrete interpersonal relationships and social group ties as the basis of moral norms and standards. That is, they may base their sense of what is right on how important others would judge them. In stage 4, they can begin to see themselves as belonging to a larger social order consisting of accepted roles and rules. The reasoner takes a law-and-order perspective; thus, Heinz's action would be judged in terms of whether and how it maintains the social order.

### ***Post-conventional***

Individuals at stage 5 of moral reasoning shift from a focus on law-maintenance to law-creation. They can see how people are the creators of law and that there may be many instances in which what is moral is not equal to what is lawful; for example, Kohlberg (1981) included an example of a stage 5 medical student who indicated that it was moral to help slaves to escape prior to the Civil War, even though it was unlawful, but was unable to ground his certainty about what is right in any universal principles. Stage 6 moral reasoning reflects a nonrelative and noncontingent conception of justice. That is, moral decisions are not based on others' approval or

consideration of the law but rather are “universalizable”: “a decision acceptable to any person involved in the situation who must play one of the roles affected by the decision...not that of the greatest good, nor is it that of an ideal spectator. Rather, it is a perspective sharable by all people, each of whom is concerned about the consequences to him or her under conditions of justice” (Kohlberg, 1981, p. 168). According to Vozzola (2014), Kohlberg initially indicated that some of his research participants demonstrated stage 6 reasoning but later acknowledged that this highest level of moral reasoning was found rarely and only in individuals such as Martin Luther King, Jr., Jesus, and Gandhi.

Kohlberg remains influential in the fields of developmental psychology, education, counseling, and the helping professions more generally. His work provides a way to locate counselors along a developmental continuum, as well to gain insight into the mechanisms of growth. There have been many challenges to his theory, however, that must be addressed as part of an inquiry into counselors’ values integration. One of the strongest criticisms is that it places too heavy an emphasis on moral reasoning. For example, although he retained many of Kohlberg’s insights, Rest (1983) argued that moral judgment, assessed through an examination of the person’s reasoning, is merely one component of moral behavior. Other essential components include moral sensitivity (the person’s attunement to the moral dimensions of a situation), moral motivation (the person’s willingness to carry out what they believe to be “right” or “good” in moral situations), and moral character (the person’s ego-strength, virtues, skillfulness). It is interesting to note that Kohlberg’s initial cognitive emphasis in his discussion of morality was met with fierce resistance, as morality had been previously understood as a predominantly emotional process (Rest, 1980). The cognitive dimension of values had perhaps been missing from or insufficiently addressed in the scholarly conversation about moral values.



Kohlberg's theory portrays moral deliberation as though it were merely a matter of logic, neglecting other potentially powerful, and perhaps even more powerful, influences in the process.

Another important challenge has centered on Kohlberg's universalist assumptions. Kohlberg was driven by a desire to demonstrate a universal structure and sequence in morality: "Unlike judgments of prudence or esthetics, moral judgments tend to be universal, inclusive, and consistent and to be grounded on objective, impersonal, or ideal grounds" (Kohlberg, 1981, p. 300-301). Kohlberg (1981) rejected cultural relativism, claiming that there is a culturally universal determinant of morality:

"There are marked individual and cultural differences in the definition, use, and hierarchical ordering of these universal value concepts, but the major source of this variation, both within and between cultures, is developmental...even moderate or sociological relativism is misleading in its interpretation of the facts: not only is there a universal moral form, but the basic content principles of morality are also universal" (p. 126).

Kohlberg's drive to demonstrate a universal moral order may have been shaped by his life experiences. In his early life and towards the end of World War II, he served as an engineer on a Haganah ship which smuggled Jewish refugees to Palestine (Vozzola, 2014). His claims of a higher moral law no doubt stemmed from his powerful personal experience of and resistance to moral evil. His 1958 dissertation study was his first contribution to a prolific body of work that explored moral development, a project that is often criticized without consideration of its context (Vozzola, 2014). It is interesting that Kohlberg's personal and historical context significantly

shaped his moral sense, and yet he dismissed cultural variation as merely developmental and therefore inadequately addressed its powerful shaping role in moral identity formation.

### **Gilligan and the “Different” Moral Voice**

Gilligan (1982) was one of the first scholars in the field of developmental psychology to critique and challenge the exclusive privileging and standardization of male experience in psychological theory and research. Her critique highlights the need to consider multiple ways of construing moral identity formation. Gilligan exposed the systematic bias in Kohlberg’s methodology (e.g., the exclusive use of male research subjects) and shed light on how his vision of moral development both neglected and denigrated women’s experiences. Her goal was not to essentialize women’s unique moral development but rather to show how the inclusion of women’s voice and perspective changes the vision of moral identity and development entirely.

Gilligan (1982) explored “woman’s place in man’s life cycle” (p. 4) and contended that their distinctive ethic of care, an ethic that focused on caring and responsibilities/obligations towards others, was an expression of their gendered socialization. Gilligan contended that girls develop their self-concept through identification with their mothers and learn to define and judge themselves by how well they care for or nurture others. Boys, on the other hand, define themselves through separation and individuation. Gilligan argued that women’s sense of self and way of being in the world is falsely cast as a “function of anatomy coupled with destiny” (p. 17). Rather, they both emerge from and function to maintain a system of unequal power relations.

While Kohlberg’s male research subjects demonstrated movement through stages of reasoning shaped by logically deduced conceptions of fairness and rights, Gilligan’s research participants conveyed a primary concern for relationship and responsibility. Gilligan (1982), for example, illustrated the different responses of two pre-adolescent students, Jake and Amy, to the

Heinz dilemma. The male student saw the conflict as involving a choice between life or property that could be resolved through logical reasoning; he described the dilemma as “‘sort of like a math problem with humans,’” (Gilligan, 1982, p. 26). Jake was able to make a reasoned case that life, unlike property, is irreplaceable; therefore, the husband’s decision to steal the drug could be morally justified. Jake surmised that any judge using reason would draw the same conclusion. In contrast, Amy’s way of seeing and resolving the dilemma reflected her sensitivity to the characters’ relationships and the potential for harm. She considered how the husband’s decision to steal the drug could save his wife’s life; however, it could harm their relationship if the husband were jailed and separated from her. She imagined that the pharmacist could be persuaded to lower the price of the drug if called upon to face the wife and her situation in a personal way. Relational ramifications were the primary form of guidance in Amy’s deliberation; however, Gilligan (1982) argued that in Kohlberg’s assessment, her reasoning would be judged inferior relative to Jake’s more deductive approach; women could not reach beyond conventional morality.

Even more powerful were women’s ways of speaking about their approach to the real-life dilemma of whether to have an abortion. Gilligan (1982) demonstrated that for the women she interviewed, the moral dilemma was framed not in terms of rights, but as a conflict between the needs of the self and obligations to the other. Ruth, a participant whose second pregnancy coincided with her work towards an advanced degree, struggled with how to make a decision that pitted her concern for self against her responsibilities and caring towards others. Her struggle consisted of trying to find a way out of selfishness on the one hand, and self-sacrifice on the other. For the women in Gilligan’s sample, a different developmental sequence was evident:

women moved in and out of three different positions: self-preservation (“selfishness”), self-sacrifice, and a way of balancing the two.

Gilligan has been criticized for her ostensibly essentialist assumptions (Jaffee & Hyde, 2000; Skoe, 2014) and for making overreaching claims from her data (Vozzola, 2014). Some of the criticisms of Gilligan’s work obscure her significance in challenging how we think about moral development. Her contribution was intended less to claim that moral identity is gendered and more to demonstrate that our understanding of it will depend on who is speaking about it. Gilligan’s work is salient to an examination of counselors’ values integration, as it offers the reminder of multiple moral languages, as well as the significant shaping forces of positionality and power relationships. Although Gilligan intended to widen the lens, her focus on the respective moral languages of men and women may not widen the lens sufficiently and calls for a more global perspective.

### **Haidt’s Moral Foundations Theory**

The more contemporary work of Haidt (2012) reflects both a critique of Kohlberg (and more rationalist approaches to morality in general) and a theory of moral values that underscores the evolutionary and biological underpinnings of morality while also considering cultural variation in the construction of values. In this section, I discuss Haidt’s (2012) pluralistic approach to morality, as well as three major themes of moral foundations theory. Because of its sensitivity to both the biological and cultural construction of values, its broadening of the moral domain, and its consideration of important dimensions of values exchanges in relationships, Haidt’s theory may offer important tools for understanding values at work in the counseling relationship.

In *The Righteous Mind*, Haidt (2012) described the evolution of his pluralistic perspective, which germinated during his research studies as a cultural psychologist in India. As a liberal atheist, Haidt (2012) reported experiencing powerful feelings of dissonance when confronted with the behaviors of the people with whom he lived and worked:

I dined with men whose wives silently served us and then retreated to the kitchen, not speaking to me the entire evening. I was told to be stricter with my servants, and to stop thanking them for serving me. I watched people bathe in and cook with visibly polluted water that was held to be sacred. In short, I was immersed in a sex-segregated, hierarchically stratified, devoutly religious society, and I was committed to understanding it on its own terms, not mine (p. 119).

Haidt (2012) described how in spite of this initial experience of dissonance, he was open to learning a new moral language, given his filial feelings towards them. He described a powerful experience of stepping outside of his home morality that fostered his personal recognition that his own moral values, or sense of what is good and right, were shaped by the fact that he is WEIRD, an acronym for Western, Educated, Industrialized, Rich, and Developed. The acronym was first coined by Henrich et al. (2010) in their meta-review of comparative data in experimental psychological research. The researchers' review yielded the sobering finding that "96% of psychological samples come from countries with only 12% of the world's population" (Henrich et al., 2010, p. 49). American participants, educated particularly in university settings, dominated research samples in studies that aimed to understand a vast array of psychological variables, for example, self-concept, reasoning styles, and, importantly, moral concepts such as fairness and cooperation. Given Henrich et al.'s (2010) findings, to say that WEIRD subjects are overrepresented in psychological research is a considerable understatement. Moreover, the

researchers found that in experiments of varied psychological domains, WEIRD subjects were both overrepresented and at extreme ends of distribution. In other words, they were outliers. Haidt (2012) cited the important work of Henrich et al. (2010), substantiating what he came to know through personal experience.

Haidt's research studies extended the earlier work of Shweder, a cultural psychologist who theorized that there are no less than three ethics that can be discerned in cross-cultural studies of morality: autonomy, community, and divinity (Haidt, 2012). In societies that primarily view the person as an autonomous individual (e.g., WEIRD), one finds an emphasis on moral concepts such as rights, liberty, and justice. In societies that see the person as primarily part of a larger community, on the other hand, high value is placed on concepts such as respect, duty, hierarchy, and patriotism. The ethic of divinity is "based on the idea that people are, first and foremost, temporary vessels within which a divine soul has been implanted...The body is a temple, not a playground" (Haidt, 2012, p. 117). In societies and groups governed by this ethic, concepts such as sanctity and purity are meaningful and important. The ethic of divinity may be particularly difficult for the WEIRD to understand, and the moral concepts related to this may seem alien, disturbing, and even disgusting to the WEIRD. Haidt (2012) acknowledged that the ethic of divinity is sometimes incompatible with compassion, egalitarianism, and basic human rights" (p. 124); nevertheless, he challenged the reader to consider elements of this ethic that may be compelling.

Haidt's basic argument is that morality cannot be reduced to a single moral principle (e.g., Kohlberg's ethic of justice), nor can one assume the universality or even superiority of one (e.g., WEIRD) moral tradition or language. Haidt anticipated that his perspective would be critiqued as radically relativist ("anything goes") but argued that his primary concern is our

tendency towards a harmful moral reductionism: “moral monism—the attempt to ground all of morality on a single principle—leads to societies that are unsatisfying to most people and at high risk of becoming inhumane because they ignore so many other moral principles” (Haidt, 2012, p. 132). Kohlberg (1981) had focused exclusively on justice (including concerns about rights and fairness) as the universal heart of morality. Gilligan (1982) introduced a different moral language that could be detected in women’s descriptions of their moral reasoning, thus using women’s experience to widen the moral lens. Haidt (2012) offered an even wider perspective into the foundational moral concerns at the heart of human living and relating. His global approach sheds light on multiple, fundamental moral concerns that may become activated within the counseling relationship and practice and may be detected in counselors’ descriptions of the interplay of values in their work.

### ***Moral Intuitions***

Haidt argued that the Kohlbergian emphasis on reasoning obscured the rapid, intuitive judgments that may be primary and precede reasoning in moral processes. In his research, he presented participants with scenarios that engendered an experience of “moral dumbfounding” (Haidt, 2012, p. 29). Some examples of dumbfounding scenarios include a person who uses an American flag to clean a dirty toilet or a person who chooses to have sex with a chicken carcass. Participants judged the behavior within these scenarios as wrong, universally and always wrong, but strained to give reasons for their judgments and had difficulty explaining how these actions caused any harm. Haidt saw this as evidence of the primacy of intuition in people’s judgments about morality. Reasoning was almost always a post-hoc way of rationalizing their intuitions. Haidt’s model of morality is social-intuitionist: our intuitions precede reasoning and

moral judgment, and our reason functions to justify intuition. In moral matters, we are more like lawyers than judges (Haidt, 2012).

Moral intuitions are the product of people's evolutionary history. Haidt (2012) was influenced by theories of evolutionary psychology that moral intuitions originated as adaptations triggered by various evolutionary challenges. These theories, coupled with research demonstrating the ways in which the emotional centers of the brain became activated when subjects were challenged to respond to moral dilemmas, informed his social-intuitionist model of morality. Building on Shweder's model of three foundational ethics (autonomy, community, and divinity), Haidt (2012) identified six biologically-based moral intuitions that form the basis of cultural values systems (i.e., the unique ways that cultural groups ascribe meaning to and express these biologically adaptive intuitions):

- 1) the care/harm foundation emerged from the challenge of protecting children,
- 2) the fairness/cheating foundation emerged from the benefits of two-way partnerships,
- 3) the liberty/oppression foundation emerged from the effort to avoid domination,
- 4) the loyalty/betrayal foundation emerged from the advantages of cohesive coalitions,
- 5) the authority/subversion foundation emerged out of the need to create and maintain relationships in hierarchies,
- 6) the sanctity/degradation foundation emerged from the effort to survive in the face of pathogens/contaminants.

Haidt's social-intuitionist model has occasioned some critical questioning. Pizzarro and Bloom (2003), for example, argued that there is enough evidence to suggest that it is our cognitive appraisals of situations that generate intense emotional reactions, versus Haidt's view that intuition (which includes emotion) precedes cognitive reasoning processes. Other scholars have



suggested that if Kohlberg's theory of moral development is too rationalistic, Haidt's theory represents an overcorrection, minimizing the importance of reasoning in moral processes (Bloom, 2013; Gibbs, 2019; Narvaez, 2010; Pizarro & Bloom, 2003). Bloom (2013) argued that the paradigm shift with greater attention to intuition has led to a tendency among psychologists to overlook or minimize moral deliberation when, in fact, there is plenty of evidence to suggest that it is central to people's moral lives, although he acknowledged that intuition can sometimes override it. Gibbs (2019) argued that Haidt does not sufficiently account for the permeable border between reason and intuition that "allows our reasoning sometimes to transform and *deepen* our intuitions or gut feelings" (p. 33). In an exploration of the interplay of values in counselor practice, Haidt's (2012) work is a reminder of the potential power and strength of intuition. Counselors may rely on intuition in everyday practice far more than has been appreciated. Because we can assume counselors rely on intuition, there is space to explore how it may be operative in counselors' descriptions of the interplay of values in their work.

### ***Morality Binds and Blinds***

A premise of moral foundations theory is the fundamentally "groupish" nature of human beings (Haidt, 2012, p. 221). Haidt presented arguments for multilevel selection in human evolution, meaning that humans evolved both through competition within groups but also competition between groups. Human beings are ultrasocial, meaning that they form large groups that forge cohesion through culture, one component of which is shared morals. Morality binds in that it functions to support group cohesion. Given the competitive advantage of group cohesion, empathy is more likely to occur with people who share the morals and values that support cohesion. Haidt (2012) wrote that "people don't just blindly empathize; they don't sync up with everyone they see. We are *conditional* hive creatures. We are more likely to mirror and

empathize with others when they have conformed to our moral matrix than when they have violated it” (Haidt, 2012, p. 274).

The evolutionary drive to belong to social groups and to maintain these ties is thus a constitutive component of morality. Moral frameworks serve to protect people but also function to blind them. These insights generate questions in an exploration of values in counseling practice. The powerful role of social group belonging may help underscore why counselors may experience difficulty in empathizing with those with whom they experience values differences. Even more fundamentally, the powerful effects of morality (e.g., group cohesion) may have the shadow side of blinding people. That moral frameworks may function to blind people to others is concerning, given counselors’ fundamental ethical obligation to develop self-awareness in order to orient themselves to and prioritize the needs and well-being of their clients. Counselors’ ethical obligations are discussed in more depth throughout the remainder of this chapter.

### **Values Integration**

My exploration of moral identity in the work of Kohlberg, Gilligan, and Haidt is intended to provide a foundation to explore the interplay of values in counselors’ practice. Haidt’s (2012) moral foundations theory provides the primary theoretical lens through which I approached this study. I turn to a broader exploration of professional counselors’ roles and responsibilities within the counseling relationship and move towards a more focused consideration of values integration.

### **The Counseling Relationship**

The counseling relationship is a covenantal relationship, meaning that the relationship is grounded in the practitioners’ promise to individual clients and to society as a whole. Ponton and Duba (2009) offered the reminder that to belong to a profession historically meant that one made

a public promise to act for the good of the public—*pro bono publico*. Professionals are entrusted by society to respond to human beings' deep existential needs for health, order, meaning, and security (Ponton & Duba, 2009). In its truest sense, to be part of a profession is to put the interests of others ahead of self-interest.

At the heart of the counseling profession's vision is a recognition that the counseling relationship is built upon a foundation of trust (ACA, 2014). Clients enter into this relationship with trust that their counselors are concerned first and foremost with their well-being and that they will not harm or exploit them. They may vulnerably share the most intimate parts of their lives in hope and faith that doing so may bring them clarity, healing, and a positive direction for their lives (Pope & Vasquez, 2016). According to Pope and Vasquez (2016), the counseling relationship puts to work trust, power, and caring in helping clients. Both society and clients themselves trust that counselors will prioritize their well-being and subsequently invest them with power to affect their lives. Care for clients guides how power is used within the relationship.

### **Values in the Counseling Relationship**

The ACA *Code of Ethics* (2014) provides guidance for counselors about the place of personal values within the counseling relationship. Built upon foundational moral principles, counselors “are aware of—and avoid imposing their own values, beliefs, and behaviors” (ACA, 2014, A.4.b). Implicit in this standard is the recognition that values permeate counseling practice, a recognition that contrasts with historical tendencies to minimize or deny their presence and potential influence. The earliest practitioners, for example, embraced positivistic assumptions, including the view that counseling/psychotherapy is a strictly applied science. Values, it was

presumed, are irrelevant in this strictly scientific endeavor, and the practitioner was assumed to operate with value-free objectivity (Jensen & Bergin, 1988; Richards et al., 1999).

The view of counseling/psychotherapy as values-free, however, has been challenged on both theoretical and empirical grounds. Some of the earliest and most influential practitioners (e.g., Sigmund Freud, Albert Ellis) endorsed ethical relativism and/or ethical hedonism, which are themselves strong value positions (Bergin, 1980; Richards et al., 1999). Practitioners are guided by visions of what constitutes psychological health and optimal interpersonal functioning. The counseling profession has, therefore, an inescapably ethical character and agenda (Smith, 2021; Tjeltveit, 1999).

Empirical research has demonstrated values influences in the counseling relationship. Scholars have used terms such as values convergence (Beutler et al., 1983), values assimilation (Kelly & Strupp, 1992), and values conversion (Tjeltveit, 1999; 2016) to describe how client values shift to reflect those of the practitioner in the course of treatment. As Tjeltveit (1999) noted, the term conversion may best represent the phenomenon, as the shift almost always reflects the client's adoption of the therapist's values. Beutler et al. (1983) examined relationships between values convergence and measures of treatment effectiveness among a sample of 45 outpatient clients and 22 therapists. The researchers utilized pre- and post-treatment measures such as a values inventory and measures of patient symptomatology. The researchers found that values convergence (i.e., shifts in client values to reflect those of the practitioner) is likely to occur when the practitioners and clients have an initial dissimilarity in values (Beutler et al., 1983). Moreover, values convergence is associated with therapists' ratings of clients' improvement, suggesting that therapists tend to base their judgment of client improvement on whether or not their clients have adopted their values and beliefs (Beutler et al., 1983, p. 243).

Kelly and Strupp's (1992) study of 36 therapist-patient dyads found that clients are likely to assimilate their therapist's values in relation to personal goals (e.g., living a comfortable life, social recognition, family security) and competency (e.g., being ambitious, competent, broad-minded, and capable). The researchers further found that values assimilation is related to positive therapy outcomes. Finally, the researchers found that positive outcomes are more likely to occur when the practitioner and client have a certain degree of initial values similarity, implying the considerable challenge of achieving successful outcomes when there is too great of a values-clash in the relationship. The studies cited here reflect some of the earliest empirical investigation into values exchanges in the counseling relationship. This once vital line of inquiry engaged important questions about the interplay of values in counseling practice but was not pursued in a robust way in subsequent years. Significantly, these early studies established that values permeate counseling practice, but attention to values concerns in the counseling relationship was only reinvigorated when legal cases (e.g., *Ward v. Wilbanks*) generated renewed debate. I provide a fuller discussion of these cases and their significance later in this chapter. Aforementioned empirical work engendered a paradigm shift in the recognition of values influences in counseling practice. Moorhead and Levitt (2013) characterized this shift from "maintaining therapeutic neutrality regarding values" to "counselors being encouraged to know and fully embrace their values while respecting their clients' values" (p. 20). This may be a challenge for counselors, who act as facilitators of change in their clients' lives, and must navigate the territory that lies between values neutrality and values imposition (Tjeltveit, 1999).

Counselors, entrusted with the care of their clients, must grapple with questions of what it means to respect their clients' values. In a recent book, journalist Rachel Aviv (2022) tells the stories of several individuals whose struggles with mental health reflect a considerable distance

from the dominant psychiatric models that have attempted to explain them and, subsequently, have failed to effectively treat them. As someone who was the youngest documented person to receive a diagnosis and treatment for anorexia nervosa at the age of six, Aviv (2022) is uniquely positioned to explore the experiences of individuals who receive mental health treatment. Aviv (2022) tells the story of Bapu, an Indian woman for whom the lines between mystical experience and serious mental illness (i.e., schizophrenia) are blurred.

As Bapu became increasingly unwell and isolated (and importantly, failed to fulfill the duties her family and society expected of her as an Indian woman), her family enlisted the help of practitioners who subscribed to Western models of healing and failed to integrate into treatment Bapu's beliefs and values, if not rejecting them entirely. Because of their commitment to psychiatric narratives shaped by Western values, Bapu's practitioners failed to see the ways in which her illness may have been a response to other aspects of her cultural tradition that were constraining to her as a woman. Her increasingly intense religious devotion may have represented an attempt to cope with or even resist these constraints. Bapu's illness worsened under the ostensibly superior care her family obtained for her. A powerful shift occurred only when Bapu formed a relationship with a new psychiatrist who demonstrated deep respect for her ways of knowing and encouraged her family to listen closely and openly to her stories of mystical experience rather than invalidate or pathologize them.

### **Multicultural Counseling Competency**

Bapu's story is set against a backdrop in which the Western psychoanalytic tradition penetrated India and was both presented and embraced as a superior form of client care:

India established a psychoanalytic society before France even had one—a source of pride for Sigmund Freud, who kept on his desk an ivory statue of the Hindu god

Vishnu sent to him by the founder of India's society. "It will recall to my mind the progress of Psychoanalysis, the proud conquests it has made in foreign countries" (p. 80)

Bapu's story is a powerful and painful reminder that practitioners must critically question whether their ways of treating clients reflects care or conquest. Haidt's (2012) work drew attention to the dominant WEIRD perspective in psychological research. Similarly, counseling scholars have long shed light on and critiqued the dominance of Eurocentric values within professional practice (e.g., in theories, techniques, and even ethical codes) and have documented the harm that may ensue when counselors take an etic, monocultural, or culturally encapsulated approach to helping (Consoli et al., 2009; Pedersen, 1997; Sue & Sue, 2016). Pedersen (1997) defined cultural encapsulation as occurring "when reality is defined by a unidimensional cultural perspective, cultural variations are ignored or minimalized, disconfirming cultural evidence is ignored, a technique-oriented strategy is applied across cultures, and there is no evaluation of rival cultural viewpoints as valid" (p. 25). Counselors operating from an etic or monocultural perspective may overtly or covertly convey that clients' cultural values are dysfunctional or unhealthy and/or may pressure them to adopt their values (Sue et al., 1992; Sue & Sue, 2016). The ensuing harm to clients manifests in reduced help-seeking behaviors among ethnic minority clients and/or challenges to building or maintaining a therapeutic alliance (Sue & Sue, 2016). In their training, counselors must learn to recognize themselves as cultural beings and to develop awareness of the cultural forces that shape their worldview, including their personal values, in order not to harm their clients.

The counseling profession continues to reckon with the history of Western colonization and its continued participation in this history. This reckoning entails grappling with questions of

what it means to provide culturally sensitive and competent practice. First identified as the fourth force in the history of the profession, multiculturalism is now a fundamental professional value. In recent years, the profession has made a stronger commitment to its fifth force, social justice, and scholars have made a compelling case that the decoupling of multicultural and social justice competencies is no longer tenable (Ratts et al., 2016).

Initially, factors that fueled exploration of multicultural counseling competency included demographic shifts in the United States related to changing immigration patterns and declining fertility and birthrates among White Americans (Sue et al., 1992). Welfel (2016) highlighted U.S. Census Bureau projections that by 2043, those once identified as racial and ethnic minorities will make up the majority of the U.S. population. In recent years, the recognition of the intransigence of racism in the United States, manifested in ongoing police brutality directed at persons of color as just one of many examples, has intensified the profession's self-scrutiny and ongoing reflection on multiculturalism and, by extension, antiracism within the profession. In 2021, ACA established an Antiracism Task Force, the goal of which was to create and develop an action plan for counselors to grow in cultural self-awareness and to facilitate action that addresses and combats racism within their communities (Counseling Today, 2022). These goals have yet to be fully realized. Hook et al.'s (2016) study of 2,212 adults who identified as racial/ethnic minorities (REM) and had received counseling services revealed that 81.7% had experienced at least one racial microaggression in the course of their treatment. Hook et al.'s (2016) findings bring into sharp relief that there is much more work to be done in fulfilling the profession's multicultural and antiracist aspirations. While some scholarship has begun to examine antiracist counselor identity, development, and race-based counselor competencies, (e.g., Lee & Boykins, 2022; Malott et al., 2019; Shand-Lubbers & Baden, 2023), this research is



still in its infancy. Nevertheless, the counseling profession and researchers are engaging in dialogue to bring to light the importance of multicultural and social justice work in professional counseling.

Multicultural competency is a core developmental task for counselors, and the commitment to culturally responsive practice is foundational to counselors' professional/ethical identity. The ACA (2014) *Code of Ethics* states that "Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process" (Section A, Introduction). The conceptualization of what multicultural competency entails has evolved over the course of several decades. First defined by Sue et al. (1992), multicultural competency included three domains. Culturally competent counselors 1) are actively engaged in self-awareness of their assumptions about human behavior, their values, biases, and attitudes; 2) engage in active attempts to understand the worldviews of their client; and 3) develop and utilize culturally sensitive intervention skills (Sue et al., 1992). This conceptualization was initially developed for work with ethnic minority clients (e.g., Asian American, American Indian, African American, and Hispanic/Latino) in particular. Sue et al. (1992) noted that while culture is a broad, inclusive construct, the initial focus on the needs of racial and ethnic identity groups was necessary, given the dominance in the field by White, European-American professionals.

In the decades since Sue et al. (1992) first conceptualized MCC, a more complex picture of identity has emerged, challenging the profession to think in more expansive ways about it and, subsequently, what it means to be culturally competent. First, culture is a broad construct, inclusive of age, gender, sexuality, religion, ability, and not just race and ethnicity (Ratts et al., 2016). Sue et al. (1992) acknowledged the concern that an inclusive definition of culture "dilutes

the focus on racial and ethnic concerns (a primary one being racism) and allows counseling professionals to avoid and omit” (p. 478) dealing with racial and ethnic concerns. A wealth of research has emerged, however, demonstrating mental health disparities and the unique counseling needs of multiple populations, including women (Enns, 2017), LGBTQ+ individuals (Solomon et al., 2017), and clients for whom religion/spirituality is salient (Dailey et al., 2015; Gill et al., 2010). All counseling relationships reflect cross-cultural experience, and counselors must be able to address multiple identities.

Second, experience reflects the unique intersections of people’s multiple cultural identities and the sociopolitical dynamics of power, privilege, and marginalization. Intersectionality theory (Crenshaw, 1991), for example, emerged from the recognition of the intersections of race and gender in women of color’s particular experiences of violence. Crenshaw (1991) argued that both antiracist and feminist movements, with their singular attention to race and gender respectively, inadvertently reinforced the marginalization of women of color. Attention to intersectionality has gained traction within the profession, given empirical findings that demonstrate relationships between health outcomes and complex, intersectional experience. For example, Moody and Lewis (2019) demonstrated relationships between the experience of gendered racial microaggressions and traumatic stress symptoms among Black women. Intersectionality provides an additional lens through which values, which emerge from and reflect people’s multilayered identities, may be understood in practice.

Attentive to these complexities, the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016), endorsed by ACA, provided an updated and revised conceptualization of multicultural competency. In their self-awareness, awareness and knowledge of their clients, intervention skills, and advocacy, counselors must attend to the

complexities of identity, the influence of multiple group membership, and the sociopolitical dynamics of power, privilege, and marginalization. Ratts (2017) opined that there remains a “theory-to-practice gap” in counselors’ application of the MSJCC because of the relative newness of the framework and because intersectional awareness is only beginning to gain traction within the profession. In a recent review of the MCC literature, Hays (2020) argued that counseling research has been constrained by narrow understandings of cultural identity, as well as insufficient attention to the intersections of identity. In response to these concerns, some scholars have argued that the more expansive definition of culture and the complexities of intersectionality require a shift in focus from multicultural competency to multicultural orientation. Hook et al. (2017) argued that the language of competency keeps counselors locked into thinking about cultural identity as singular entities rather than challenging them to attend to the complexities of their intersections. Furthermore, the MCC emphasis on a priori knowledge about cultural characteristics and values may “potentially devolve into drawing inappropriate generalizations about an individual or group” (Mosher et al., 2017, p. 222). Finally, the language of competency “denotes a particular end state,” suggesting that learning how to work sensitively and responsively with culturally different clients is a once-and-for-all achievement (Hook et al., 2017, p. 8). Conversely, the language of orientation speaks to an ongoing, dynamic process that engages the counselor in learning about clients in their particularity and irreducibility. Hook et al. (2017) defined multicultural orientation as referring to how counselors think about diversity and the level of importance they assign to diversity. Comprised of three pillars, the foundation of multicultural orientation is cultural humility, a spirit with which counselors approach their work that enables an “accurate perception of their own cultural values” as well as “an other-oriented perspective that involves respect, lack of superiority, and attunement regarding their own cultural

beliefs and values” (Hook et al., 2017, p. 29). From the base of cultural humility, counselors are willing to engage in exploration of culture in all facets of the counseling relationship (cultural opportunities) and develop both comfort in addressing cultural dynamics (cultural comfort) and skillfulness in managing the challenging emotions that may accompany cultural exploration (Hook et al., 2017). Van Tongeran et al. (2019) rooted the construct of cultural humility in two hypotheses that have generated empirical support. According to the social bonds hypothesis, humility facilitates the formation and maintenance of social bonds (Van Tongeran et al., 2019). According to the social oil hypothesis, humility serves to reduce relational wear and tear that accompanies disagreement and conflict (Van Tongeran et al., 2019). The concept of cultural humility presupposes that values are operative in the counseling relationship and offers counselors a way of orienting themselves towards them.

Hook et al. (2017) suggested that challenges in measuring MCC development present another reason why a focus on multicultural orientation, and cultural humility in particular, is a necessary complement to the MCC framework. There have been multiple efforts to empirically gauge counselors’ MCC and to assess their multicultural training. In a seminal study, Holcomb-McCoy and Myers (1999) surveyed 151 practicing counselors through the use of the Multicultural Counseling Competence and Training Survey (MCCTS), a 61-item survey designed to answer questions including 1) factors related to MCC, 2) participants’ self-perceived MCC, 3) differences between training in CACREP versus non-CACREP accredited institutions in self-perceived MCC, 4) perceptions of adequacy of multicultural training, and 5) relationships between demographic variables and MCC. Participants indicated strength in the areas of cultural awareness (e.g., awareness of how culture influences their thinking) and cultural definitions (e.g., ability to define concepts such as prejudice). The researchers noted that a possible limitation of

their study was the high percentage of ethnic minority participants recruited from the Association of Multicultural Counseling and Development (AMCD), a division of ACA, and were also recent graduates of training programs. In a replication study that utilized the same measures of MCC, Barden et al. (2017) found that among a sample of 171 practicing counselors, self-perceived multicultural competence was greater in the awareness domain than in the knowledge domain. The researchers suggested that the difference may be due to a disproportionate focus on building cultural self-awareness within multicultural training and deficiency in building cultural knowledge/skills. Both of the above-cited studies indicate counselors' self-perceived competency in cultural self-awareness in particular. On the other hand, Chao (2012) explored interactions between racial identity development, multicultural training, and MCC among a sample of 460 national certified counselors. The researcher found interactions between racial identity development, training, and multicultural knowledge, but not awareness. Chao (2012) surmised that awareness, in contrast to knowledge, necessitates a longer, more in-depth journey of self-reflection beyond training. Most of the studies that assess counselors' MCC rely on self-report measures. Scholars have noted this significant limitation, underlining the difference between multicultural competence and multicultural self-efficacy (Barden et al., 2017). Counselors' tendency to inflate their self-perceived MCC has also been noted. Cartwright et al. (2008) investigated differences between counselors' self-perceived MCC and ratings by independent observers and noted that counselors overestimated their competency in the areas of multicultural awareness, knowledge, and skills.

Empirical research that explores cultural humility is emergent, facilitated by the development and validation of the Cultural Humility Scale (CHS; Hook et al., 2013). In a recent review of the empirical literature that utilizes the CHS, Zhang et al. (2022) identified no less than

21 studies that examined cultural humility in counseling/psychotherapy and seven studies related to supervision. Research demonstrates that counselors' cultural humility is related to counseling constructs such as working alliance and positive outcomes. In a study of undergraduate students who had recently received counseling services, Davis et al. (2016) found that clients' experience of microaggressions (ruptures related to cultural identity and race) in the counseling relationship were related to poor working alliance and other outcomes; however, client perceptions of counselors' cultural humility mediated these relationships. The development of cultural humility may be key to working effectively with diverse clients, given the complexities of intersectionality. In a recent study, Anders et al. (2021) considered how the salience of multiple cultural identities is related to clients' perceptions of their therapists' cultural humility and cultural missed opportunities. The researchers found that clients who identified only one cultural identity as salient to them were more likely to rate their therapists as high in cultural humility and less likely to experience cultural missed opportunities (Anders et al., 2021). Clients who held two or more cultural identities that were highly salient to them tended to rate their therapists as low in cultural humility and indicated greater occurrence of cultural missed opportunities (Anders et al., 2021).

While cultural humility has been studied relative to the helping relationship, much less is known about how counselors develop it and the specific ways they embody it. The study I conducted focused on practicing counselors' orientation to values in particular and, as such, may complement the burgeoning research related to cultural humility. Mosher et al. (2017) suggested that initial challenges in its operationalization impeded efforts to illustrate its clinical application but that a consensus definition has emerged. Cultural humility involves "(a) a lifelong motivation to learn from others, (b) critical self-examination of cultural awareness, (c) interpersonal respect,

(d) developing mutual partnerships that address power imbalances, and an other-oriented stance open to new cultural information” (Mosher et al., 2017, p. 223). The development of a multicultural orientation is one component of counselors’ larger process of developing their distinctive professional/ethical identity, a process which is explored in more depth in the following section.

### **Professional/Ethical Identity Development**

In a recent memoir, novelist Amy Bloom (2022) writes that upon learning of his diagnosis of early onset Alzheimer’s Disease, her husband made the decision to end his life through accompanied suicide with the assistance of a nonprofit organization in Switzerland. An important first step in the process was for her husband to obtain a letter from his psychiatrist. Bloom (2022) writes upon hearing their request that she provide a letter verifying that her husband was of “sound mind” to make the decision, the psychiatrist could not hide her distress:

We all fall silent and she is half out of her seat, with Maria von Trapp-like enthusiasm, telling us that we should plan for good times and seek out joyful activities. She lifts her hands over her head. She mentions European vacations, trips to beautiful lakes. She says the word *joy* several times, and Brian and I stare at her. We want joy, we do. We really do. And neither of us thinks that eight years of a steady decline and complete loss of self sounds like joy (p. 125).

The psychiatrist agrees to write a letter, which is so curt that Bloom and her husband find it “not helpful enough” (Bloom, 2022, p. 126). The psychiatrist rewrites the letter, including only a sprinkle of positive adjectives, and while the letter sufficed, the author makes clear that the incident hurt the relationship. Bloom (2022) calls the psychiatrist a villain in her story, a choice that runs counter to her usual reticence to villainize the characters in her other writing. This

vignette illustrates how mental health professionals inevitably will be called upon to make clinical decisions that stir up their personal, moral values and perhaps not realize that they are enacting their personal values in their professional actions.

Professional counselors, like other mental health professionals (e.g., social workers, psychologists, marriage and family therapists) provide counseling and psychotherapy but hold a unique professional identity that has been clarified over the course of the profession's history. As part of the 20/20: A Vision for the Future of Counseling initiative, delegates from 31 participating organizations articulated a consensus definition of counseling, underscoring counselors' distinctive professional identity: "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan et al., 2014, p. 368). This consensus definition was an important step in the evolution of the profession as it provided a clear way for counselors to communicate their distinctive identity.

Professional counselors are likewise unified in their shared adherence to the *ACA Code of Ethics* (2014), which describes the manner in which counselors live out their covenantal commitment. Kaplan et al. (2017) described the *ACA Code of Ethics* (2014) as a "living document, the reflection of the combined wisdom of the profession and a reflection of its values and professional obligations to the people that we serve" (p. 111). The ultimate mission of the profession is to support counselor practice that promotes human dignity and diversity. Because standards of care are constantly evolving and because they may not always provide specific, concrete guidance for counselors when facing ethically challenging situations, the profession articulates both moral principles and professional values which are the foundation of ethical practice. The moral principles guiding professional practice include autonomy (clients' right to



self-determination), beneficence (the counselors' obligation to do good), nonmaleficence (counselors' obligation to do no harm), justice (the equal, equitable, and fair treatment of clients), fidelity (loyalty and keeping commitments to clients), and veracity (dealing truthfully with clients and in all professional dealings). Notably, the articulation of professional values, including the enhancement of human development, diversity and multiculturalism, social justice, the integrity of the counselor-client relationship, and counselor competency, was included for the first time in the 2014 revision of the *Code of Ethics*. The articulation of professional values reflects the maturing self-definition and vision of the profession.

In training, counselors begin a process of professional/ethical identity development, which has been defined as the integration of counselors' personal and professional selves or the degree to which counselors internalize the values of the profession (Anderson & Handelsman, 2021; Handelsman et al., 2005; Lloyd-Hazlett & Foster, 2017). Drawing on the work of Berry (1980), Handelsman et al. (2005) described counselor development as an acculturation process. That is, counselors bring the core of who they are, including their moral sense or orientation, to practice but must fit into or adapt to a new professional culture. Counselors may adopt several strategies in this developmental process, including integration, assimilation, separation, and marginalization. Assimilation reflects an adoption of professional ethics but without an internalized, personal commitment. A counselor who uses an assimilation strategy may follow rules and carry out ethical obligations; however, without a personal investment to the values underlying these rules, they may begin to feel hollow. Separation reflects a strategy by which counselors use their personal values only to guide their practice; they either do not have a strong knowledge of professional values and expectations, or they are unwilling to embrace them. Marginalization reflects neither a grounding in a personal moral core or in professional values—

the counselor is like a “rudderless ship on the sea—drifting along with no mechanism to guide its course” (Anderson & Handelsman, 2021, p. 51). Integration occurs when counselors’ behavior reflects both their moral core and professional values.

As part of their ethical formation, counselors must learn to recognize when and how their personal values may become activated in both their encounters with clients and in all aspects of professional decision-making, and they must ensure that their personal values do not interfere with their professional obligation to put their clients first (Ametrano, 2014; Moorhead & Levitt, 2013). Research has demonstrated that this developmental process is influenced by counselors’ levels of cognitive development and moral development. Among a sample of 59 counseling students, Lloyd-Hazlett and Foster (2017) demonstrated that both moral development and cognitive development predict professional ethical identity development. Research has further demonstrated that for some counseling students, integration may be challenging given their implicit biases and value commitments. Bevacqua and Kurpius (2014) explored 83 counseling students’ support for client autonomy in making end-of-life decisions. Participants were asked to respond to four vignettes in which two terminally ill clients (a 25-year old and a 77-year old) considered active euthanasia (through physician-assisted suicide) and passive euthanasia (through the discontinuation of life-sustaining medical intervention). The researchers found that participants were more likely to support the 77-year old’s choice for physician assisted suicide, suggesting an ageist bias. That is, participant responses suggested that they assigned greater value to protecting the life of the 25-year old client. The researchers further found that participant support for client autonomy was negatively related to religiosity. Evans et al. (2012) noted an emphasis in ethics training on the review and application of ethical decision-making models (EDMM), in addition to basic learning about the standards and expectations of the

profession. The authors argued that this may be insufficient as counselors transition from formal training to practice, given both the complexity of many real-life ethical dilemmas and their tendency to rely on gut-level instincts in addressing them (Evans et al., 2012). Research has demonstrated counselors' reliance on instinct and personal subjectivity in ethical decision-making. Levitt et al. (2015) qualitatively examined practicing counselors' ethical decision-making processes in response to a hypothetical dilemma and found that participants typically utilized a "split-second model" (p. 89) of decision-making that blended their personal values and sense of professional obligations. While counselors' use of ethical decision-making models is a professional expectation (ACA, 2014), Burkholder et al. (2020) found that practicing counselors, when describing how they work through real-life ethical dilemmas, either didn't use EDMMs or used them partially. Burkholder et al.'s (2020) findings are concerning, as EDMMs are designed to facilitate multiple considerations in decision-making, including ethical principles, professional standards and expectations, and contextual factors. Without these models, counselors may be vulnerable to relying exclusively on their personal moral values as guides, which may or may not align with professional standards.

### **Values Conflicts and Client Referral**

Several legal precedents brought into sharper focus how the strength of some counselors' values commitments may present challenges in the fulfillment of their professional obligations. Both *Bruff v. North Mississippi Health Services, Inc.* (2001) and *Walden v. Centers for Disease Control and Prevention* (2010) involved counseling practitioners, whereas *Ward v. Wilbanks* (2010) and *Keeton v. Anderson-Wiley* (2010) involved counselor trainees (Herlihy et al., 2014). In the former cases, counselors who worked in Employee Assistance Programs refused to work with LGBTQ+-identifying clients. In an effort to accommodate their religious beliefs/values,

their employers found alternative positions, but the counselors refused to take them. When they were subsequently terminated from their positions, the counselors filed suit against their employers for religious discrimination under Title VII of the Civil Rights Act of 1964. In both cases, the courts decided in favor of the employers, as they had made an effort to accommodate the counselors' religious values. The latter two cases involved counselor trainees in their practicum/internship clinical placements. In both cases, the trainees were dismissed from their graduate counselor training programs when they refused to complete remediation for refusal to work with LGBTQ+-identifying clients who sought help for their same-sex affectional relationships. In these cases, the courts decided in favor of the trainees' respective universities and their gatekeeping rights (Herlihy et al., 2014). It is important to note a distinction made by the U.S. District Court in the Keeton v. Anderson-Wiley (2010) case: the faculty of her program had not required remediation for Keeton's religious values but rather her inability to separate them from her work in accord with ACA's professional standards (Herlihy et al., 2014).

These cases are also significant in that they revealed considerable confusion and ambiguity within the profession about obligations related to client referrals when counselors experience values conflicts. The practice of values-based referrals had become somewhat commonplace and was even recommended in some counseling literature. Concerned about the treatment of clients with religious values even before these cases, Worthington (1988) advised that "If counselors are not aware of the potential impact they may have on a client's religious values, or if their therapeutic values are certain to be at odds with the client's religious values, they should consider referring the client" (p. 168). Ford and Hendrick (2003) found that 40% of their sample of 314 practitioners elected to refer clients with whom they experienced conflicts related to sexual values; however, the authors claimed that referral reflected practitioners' ability

to set aside personal values in their work. Shiles (2009), on the other hand, critically questioned the researchers' conclusion and argued that many practitioners used referrals in discriminatory ways while rationalizing these decisions as reflecting the best interests of their clients.

Confusion within the field prompted ACA to clarify its position on the ethics of client referrals. In the 2014 revision of the *Code of Ethics*, ACA included a standard prohibiting referral related to differences in values: "Counselors refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors." (A.11.b). Kaplan et al. (2014) described how values-based referrals constituted discrimination and could lead to client feelings of abandonment. In addition to the inclusion of Standard A.11.b, the ACA (2014) *Code of Ethics* removed a previous exception that allowed counselors to refer in cases of values-differences with regard to end-of-life decisions. In short, ACA (2014) made clear that referral decisions are only appropriate when related to counselor competency, not as a result of values-based differences.

While ACA (2014) took a strong position on the unacceptability of values-based referrals, the introduction of conscience clause legislation in several states has muddied the picture, in that counselors in these states have the legal permission to deny services based on their strictly held beliefs (Hancock, 2014; Rose et al., 2019). For example, Arizona House Bill 2565 was signed into law in 2011, according to which universities may not withhold a certificate or degree to a trainee on the basis of religious values, viewpoint, or expression (Hancock, 2014). A bill in Tennessee (Tenn. Code Ann. § 63-22-302, 2016) allows mental health practitioners in private practice to deny services to individuals based on sincerely held principles. These legislative efforts are significant in removing legal support for the profession's position on ethical practice and may reinforce mental health care disparities among nondominant groups.

Grzanka et al. (2020) qualitatively interviewed 20 sexual and gender minority residents of Tennessee to discover their perceptions of the law. Participants identified fears that the law would reduce clients' perceived sense of trust and safety in the counseling relationship, concern that sexual and gender minority clients would have further reduced access to mental health care, and concern that additional individuals and groups would be harmed by the law (e.g., unwed mothers, Muslims).

Aforementioned case precedents and the emergence of conscience clause legislation have generated considerable discussion about counselors' ethical navigation of values conflicts. Scholars have considered, for example, reactions to these cases and to ACA's clarification on the referral process. Burkholder and Hall (2014) conducted a qualitative study of 20 master's level counseling students' reactions to *Ward v. Wilbanks*. Many of the study participants articulated their understanding of counselors' responsibilities with regard to personal values in practice. One participant commented that "Counseling is not helping individuals to be the person that you believe they should be. It's about helping individuals become the person they want to be" (Burkholder & Hall, 2014, p. 238). Participants expressed their confusion, however, about the ethics of values-based referrals as a result of conflicting instruction. Paprocki (2014) examined the perspectives of seven psychology trainees in response to a hypothetical dilemma which raised issues similar to the *Ward v. Wilbanks* case. The dilemma involved a supervisor presented with a referral request from a non-affirming religious intern who was asked to counsel an LGBTQ+ client with concerns related to the coming-out process. Some participants questioned whether it would be possible for a non-affirming counselor to effectively bracket their personal values. Concerned that the intern's internal beliefs would "leak through" in facial and other nonverbal reactions, for example, some participants saw the potential for client harm as too

great. In a qualitative study which surveyed 71 counselor educators in response to Ward and the ACA's position, Burkholder et al. (2014) found that a substantial minority of participants felt that Ward's desire to refer her client reflected an earnest desire to behave in her client's best interest, and some participants questioned ACA's position that values and competency could be separated in counselor practice. Notably, there were no studies that examined how practicing counselors reacted to these cases or ACA's position.

Scholars have attended to questions of how counselors may ethically navigate values conflicts and have offered conceptual recommendations and models of values conflict resolution (e.g., Chodhouri & Kraus, 2014; Farnsworth & Callahan, 2013; Kocet & Herlihy, 2014). One strategy is ethical bracketing, 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" (Kocet & Herlihy, 2014, p. 182). These conceptual contributions, however, have not been validated empirically. Similarly, research has not yet addressed the kinds of strategies that practicing counselors employ when faced with values conflicts.

### **Values Integration in Professional Practice**

The resolution of values conflicts is but one component of values integration and has been an emphasis of more contemporary studies of values in counseling practice. The focus on values conflicts has overshadowed some of the more fundamental aspects of values integration, including counselors' awareness and exploration of their personal values in practice.

Furthermore, while legal cases such as *Ward v. Wilbanks* (2010), ACA's position, and the

subsequent revisions to the *Code of Ethics* (ACA, 2014) have occasioned shifts in counselor preparation, there is still little known about how these shifts translate into professional practice. Bridges et al. (2019) conducted one of the only studies in the past ten years that has explored how practicing counselors think about and manage moral values in practice. Their research questions for this qualitative study were: 1) How do counselors describe the influence of their moral values in therapy? 2) How intentional are counselors about this influence? 3) What are common moral topics and dilemmas discussed in therapy, and 4) How are questions clients ask in therapy about right and wrong typically navigated by counselors? The researchers found that while some counselors intentionally engaged in ongoing values awareness, others expressed considerable uncertainty about how personal values may inform practice. Bridges et al.'s (2019) study, however, is limited by the homogeneity of its sample: nine of the ten participants identified as marriage and family counselors who had attended the same clinical training program in a Midwestern city, and nine of the ten participants identified as White. The researchers acknowledged that a more heterogeneous sample may have yielded a richer, more nuanced picture.

Bridges et al. (2019) surmised that some of their participants' uncertainty about the potential influences of personal values in practice may signify that there is still insufficient attention to values considerations in training programs. As noted previously, scholars have called for greater attention to values integration in counselor preparation programs (Ametrano, 2014; Evans et al., 2012; Levitt & Aligo, 2012; Levitt et al., 2019). In an informal study of an ethics course she taught, Ametrano (2014) detailed the benefits of personal values exploration in supporting counselors' professional/ethical identity development. The author observed many students' deepening appreciation for the challenge of values integration as they became more



acquainted with the complexities of clinical practice and ethically challenging situations. Even if there is ample space and support for values integration within counselor preparation programs, as scholars recommend, values integration is not a once-and-for-all achievement (Moorhead & Levitt, 2014). As counselors engage in real-life clinical experience, they will be continually faced with clients and situations that stir up their personal values, necessitating active values awareness and monitoring. This study addresses a gap in the empirical literature and builds knowledge of the values integration process in professional practice.

### **Chapter Summary**

This chapter began with an exploration of moral development theory. I discussed the contributions of Kohlberg and Gilligan in order to contextualize the more contemporary work of Haidt, whose moral foundations theory is my guiding theoretical lens. I then unpacked the construct of values integration, highlighting counselors' ethical obligations with regard to personal values. I described values integration as a component of counselors' multicultural competency development and professional ethical identity development and reviewed empirical literature related to these processes. I concluded the chapter by identifying the gap in the literature that this study was designed to address: little is known of how practicing counselors describe the interplay of values in practice. Learning more from counselors about their experiences may help to illuminate the values integration process more fully.

### CHAPTER THREE: METHODOLOGY

This study explored practicing counselors' values integration. My research question is: How do practicing counselors describe the interplay of values in professional practice? As noted in previous chapters, much of the contemporary research that explores values in counseling focuses on the experiences of either counselor trainees or counselor educators and leaves unaddressed the experiences of practicing counselors. Through this study, I engaged practicing counselors in describing their experiences of values in the counseling relationship. A qualitative design, which allows for exploration, discovery, and a consideration of the nuances and complexities of experience, was appropriate given the nature of the research question and the purpose of the study. In contrast to the deductive approach that aims to either confirm or disconfirm hypotheses (Merriam & Tisdale, 2016), my approach was inductive. Participants' rich, thick descriptions of their experience provided a window into the complex interplay of values in practice.

#### **A Narrative Approach**

My qualitative study was informed by narrative research, a premise of which is that people understand, know, and communicate in storied forms (Josselson & Hammack, 2021). I accept the perspective that people have limited access to any objective referent of truth; rather, human knowing is perspectival and primarily a matter of constructing meaning (Merriam & Tisdale, 2016). In the tradition of narrative analysis, I listened deeply to my participants' stories. Clandinin (2013) described how experience is a storied phenomenon, encompassing people's living, telling, retelling, and reliving of stories. As people live and tell their stories, they are changed by and change the stories themselves (Clandinin, 2013). A narrative approach reflects my relational worldview in which relationships are the "stuff of life." Clandinin (2013) argued

that narrative analysis is a relational methodology: the stories we tell are constructed within multiple, complex webs of relationship:

the relational between the person and his/her world; a temporal understanding of the relational between past, present, and future, including the relational in the intergenerational; the relational between person and place; the relational between events and feelings; the relational between us as people; the relational between the physical world and people; the relational in our cultural, institutional, linguistic, and familial narratives; and so on (p. 23).

With narrative researchers, I believe that meaning is always constructed in relationship, including the relationship that emerges between myself as researcher and my participants.

Josselson and Hammack (2021) identified the key features of narrative analysis. First, narrative analysis is concerned with meaning-making. The conceptual question guiding my inquiry was how counselors describe the interplay of values in their work. This “Big Q” reflected my larger research puzzle but also addressed a gap in the scholarly literature (Josselson & Hammack, 2021). From this broad question, I moved to the particular, inviting my participants to share stories about the values that guide them in their lives and how they show up in their work. Narrative research aims to illuminate the particularities of human experience rather than present a generalizable picture of it. I was not interested in pursuing universal truths but rather mined the intricacies of participants’ experiences. Interpretation and discovery are central to narrative research, and as noted already, my approach was inductive and prompted exploration into the uncharted terrains of participants’ experience.

The narrative researcher attends to both explicit description and the latent implicit meanings beneath the surface. Later in this chapter, I detail my use of *The Listening Guide*

(Gilligan, 2015) as my method of analysis, which allowed me to consider the multiple voices (and silences) present in the stories that participants shared, as well as the ways in which they told their stories. Finally, narrative analysis attends to the co-construction of meaning, “between interviewer and interviewee...and between the individual and the possibilities afforded by culture as decisions are made about what cultural narratives are appropriated into the personal narrative” (Josselson & Hammack, 2021, p. 14).

### **Research Design**

This study utilized a qualitative methodology informed by narrative analysis. In this section, I describe in more detail my sampling, methods of data collection, and data analysis, as well as my efforts to ensure the trustworthiness and credibility of the study.

### **Participants**

The literature review in the previous chapter highlighted the lack of attention to practicing counselors’ values integration. I recruited a sample of independently licensed counselors (e.g., LPC, LCPC, LMHC) who currently practice in a variety of settings, including community mental health centers, agency settings, and private practice. My rationale for limiting my sample to professional counselors was based in my recognition of and interest in their distinctive professional identity. Historical case precedents occasioned ACA’s strong stance with respect to personal values and subsequent shifts in counselor preparation and supervision. These shifts support a focused exploration of professional counselors’ values integration, as opposed to an examination of mental health practitioners more generally. All participants had obtained full licensure, meaning that they completed required post-graduate supervision and the accumulated clinical experience that allows them to practice independently.

In my literature review, I described how one of the few recent studies that explores values in counselor practice (e.g., Bridges et al., 2019) was limited by the homogeneity of its sample, which consisted almost exclusively of marriage and family counselors, all of whom attended the same university and practiced in the same midwestern city. In addition, all participants with the exception of one identified as White. If we take seriously the perspective that values are forged in personal, cultural, and sociopolitical contexts, and reflect human diversity, a homogenous sample tells us very little about the complexities of values in counselor practice. Similarly, many recent studies that have examined values focus narrowly on the religious values of counselors (e.g., Bayne et al., 2020; Bayne et al., 2021; Minnix, 2018). This narrow focus made sense given historical case precedents, which suggested some counselors' struggles to bracket personal religious values when working with LGBTQ+ populations; however, this narrow focus obscures the presence and potential influence of personal values in everyday counselor practice.

I intentionally built an "information-rich" sample (Merriam & Tisdale, 2016, p. 98) and thus recruited a sample of participants who hold diverse cultural identities (e.g., race and ethnicity, gender, age, socioeconomic status, religion). Furthermore, the particular geographical contexts in which counselors work may shape how they approach values in practice. How do counselors, for example, think and talk about values in professional practice in states where there are increasingly tightened restrictions on abortion, or in states that legally sanction assisted dying, or where there are explicit conflicts between what is legally sanctioned and professionally mandated (e.g., in conscience clause states such as Tennessee or Arizona)? With these questions in mind, I sought participants who hold diverse, intersectional identities and work in varied geographical contexts.

## **Recruitment**

Following IRB approval, participant recruitment began with outreach to members of the regions of ACA through their regional and state counseling associations (e.g., the North Atlantic, South, West, and Midwest regions) and other professional associations. I learned that this approach was not as straightforward as I had imagined: only some, and not all, state counseling associations allow research requests from non-member researchers. At the time of the study, I was a member of the New York Mental Health Counselors Association (NYMCHA) and the New Jersey Counselors Association (NJCA), and therefore I appealed to members in these organizations through their social media pages and association listservs. Additionally, I posted my request for participation on two listservs for ACA divisions to which I belong: the ASERVIC Digest and the AMCD Digest. My recruitment script is included in Appendix B of this dissertation.

To extend my reach, I accessed contact information for professional counselors as available on the websites for several state licensure boards (e.g., Florida, Nebraska, Ohio, and Michigan). Additionally, I posted my recruitment script on social media sites, including LinkedIn and Facebook. Eighty percent of the sample ( $n=12$ ) responded to recruitment through Facebook member groups to which I belong (e.g., LPC Central; Mental Health Professionals; Networking for Counselors). The remainder ( $n=3$ ) were recruited through snowball sampling, a strategy by which colleagues recommended/referred participants (Merriam & Tisdell, 2016).

In order to be eligible for participation in the study, participants had to be fully licensed counselors currently working in community mental health, hospital, and/or private practice settings and must have graduated from their counseling training programs between 2016-2020. It is worth noting that more than 70 counselors responded to my recruitment request; however, many of these counselors did not meet eligibility criteria (i.e., many had completed their

graduate training prior to 2010). This demonstrated many counselors' eagerness to talk about values in practice. Initially, the majority of respondents who did meet eligibility criteria identified as White women. In order to ensure that I had a sample that included multiple counselors who held diverse identities, I ultimately expanded my sampling frame to include a professional counselor who was trained in the United States but practices in Canada and two counselors who completed their graduate training in 2011 and 2013.

Qualitative research is focused on the depth of participants' contributions. While some researchers engaged in narrative research recommend a very small sample, a determination of the appropriate number of participants is complex. In determining the final sample (n=14), I was guided by the diversity of my sample as well as the criterion of saturation, defined as the point at which "new data are producing no significant new patterns or insights" (Josselson & Hammack, 2021, p. 21).

### **Description of Participants**

I conducted interviews with 15 individuals. Participants were reminded throughout the process that their participation was voluntary and that they could decide to withdraw from the study at any point. One participant chose to withdraw from the study after the completion of our first interview; that data was not included in this study. The final data analysis represents 25 total interviews: fourteen participants completed a first interview, and 11 completed a second interview. Interviews ranged from 44 minutes to 82 minutes in length. Although I had intended to interview all participants at least twice, three participants either elected not to participate in the second interview or failed to respond to my outreach following the first interview. Table 1 provides the demographic background of each participant.

**Table 1:** *Participant Demographics*

<i>Pseudonym</i>	<i>Gender</i>	<i>Race</i>	<i>Religion</i>	<i>Training</i>	<i>License</i>	<i>Age Range</i>
<i>Anne</i>	F	White	Christian	MA Counseling, CACREP-accredited	LPC (NJ)	20-30
<i>Carrie</i>	F	White	None Identified	MA Counseling, CACREP-accredited	LPC (NJ)	20-30
<i>Claire</i>	F	White	Formerly Christian	MA, Counseling Psychology, non-CACREP	LMHC (NY)	50-60
<i>Charlie</i>	M	White	None Identified	MA, Counseling, CACREP-accredited	LPC (FL)	30-40
<i>Donna</i>	F	White	None Identified	MA, Counseling, CACREP-accredited	LPC (NJ)	20-30
<i>Elizabeth</i>	F	White	None Identified	MA, Counseling Psychology, non-CACREP	LPC (PA)	50-60
<i>Hunt</i>	M	White	Christian	MA, Clinical Psychology, non-CACREP	LPC (TN)	30-40
<i>Jim</i>	M	African-American	None Identified	MA, Counseling, CACREP-accredited	LPC (NJ)	30-40
<i>Katie</i>	F	White	None Identified	MA, Counseling, CACREP-Accredited	LPC (FL)	20-30
<i>Lauri</i>	F	Jamaican - American	Christian	MA, Counseling Psychology, non-CACREP	LPC (MD)	30-40
<i>Marcus</i>	M	Hispanic	Secular Buddhist	MA, Counseling, CACREP-accredited	LPC (TN)	30-40
<i>Rebekah</i>	F	White	Raised Orthodox Jewish	MA, Counseling Psychology, non-CACREP	LMHC (NY)	20-30
<i>Samira</i>	F	Middle Eastern	Muslim	MA, Counseling, CACREP-accredited	CCC Canada	20-30
<i>Shania</i>	Female	White	None Identified	MS, Addiction Counseling	LMHP (NE)	50-60



It was important to me to hear from counselors who represented a diverse range of cultural identities, worked in a variety of settings, and practiced in different geographic regions. Ten participants identified as female. Eight of these participants identified as White; two participants identified as persons of color who immigrated to the United States and Canada from Jamaica and the United Arab Emirates, respectively. The participants identified as Christian, Jewish, Muslim, and non-religious. Two participants identified as White men. Two additional participants identified as persons of color—one identified as African American, and one identified as biracial (Latino/White). These participants identified as Christian, non-religious, and secular Buddhist. The participants lived and practiced in diverse parts of the United States including New Jersey (n=4), Pennsylvania (n=1), New York (n=2), Maryland (n=1), Tennessee (n=2), Florida (n=2), and Nebraska (n=1). One participant was trained in Illinois and currently lives and practices in Toronto, Canada.

It was also important to me to hear from practicing counselors who were independently licensed and completed their graduate training following the significant case precedents (e.g., *Ward v. Wilbanks*) that informed the most recent revision of the *ACA Code of Ethics* (2014) and generated considerable discussion about counselors' personal values, as discussed in Chapters 1 and 2. Twelve participants were independently licensed practitioners (e.g., LPC, LMHC, LCADC) who graduated between 2016-2020; two participants were independently licensed practitioners who graduated in 2011 and 2013. Such a diverse range of identities and geographies allowed the qualitative findings presented to transcend the extrapolative tendency of previous studies to over-represent one or more participant attributes.

### **Data Collection**

The semi-structured interview was the means by which I collected data. I asked prospective participants to participate in two interviews. While I asked predetermined questions that were designed to elicit counselors' stories related to the research question, I left enough space and flexibility in the interview such that participants decided how to tell their stories. Josselson and Hammack (2021) stated that the underlying constructionist epistemology of narrative analysis allows for considerable flexibility and procedural variability, as the goal is not to establish universal truths or generalizability.

### **Interview Guide**

I utilized an interview guide to help give some structure to my interviews. Merriam and Tisdell (2016) argued that having “fewer broader questions unhooks you from the interview guide and enables you to really *listen* to what your participant has to share, which in turn enables you to better follow avenues of inquiry that will yield potentially rich contributions” (p. 126). At the beginning of each interview, I provided participants my working definition of “values,” shared my research question, and asked that they help me to answer my research question by sharing rich stories from their personal lives and professional practice.

My interview guide was less a script with exact questions and more a reminder and guide for me as a researcher to ensure that the broad areas of inquiry related to the research question were addressed. My review of the literature in Chapter 2 was organized into three key areas: moral development, multicultural counselor competency, and professional ethical identity development. Thus, the questions I asked were derived from these key areas and were few in number, given my interest in allowing participants to take the lead in narrating their experiences. My interview guide is included as Appendix A.

A second interview provided the space in which I asked additional questions that emerged as a result of the first interview and the emergent analysis. Narrative research is a recursive process, and the questions I asked in the second interview unfolded as a consequence of what emerged in the first interview (Josselson & Hammack, 2021). A second interview provided space for participants to reflect on their process, including how they experienced the first interview; enabled them to share what thoughts, feelings, and insights were generated by the first interview; and provided an opportunity for them to offer clarification and a “check” on my emergent analysis. Eleven of the 15 participants engaged in a second interview. Two participants scheduled but did not complete a second interview, given scheduling constraints. Two participants never responded to my follow-up requests.

It was my hope that following the completion of interviews, I might select a few key participants who would participate in a focus group, which would allow them to dialogue with one another about the values integration process and would allow me as the researcher to have an additional opportunity to gain participant feedback about my emerging analysis. The focus group did not take place: although a few participants indicated that they would be open to a focus group experience, others indicated that they valued the private and confidential nature of the interview.

### **Ethical Considerations**

Informed consent was ongoing throughout the research process. During a pre-interview screening, prospective participants were apprised of eligibility criteria, the number of interviews, the approximate length of interviews, and general topics that would be explored. In a written consent document that prospective participants completed prior to the first interview, I clarified the benefits of participation, including my sense of the significance of the study for the profession, as well as the possibility that the interviews would engage participants in deeper self-

reflection that may contribute to their personal and professional growth. While the risks of participation are few, I informed them that discussions about personal values may feel risky and vulnerable and may engender strong emotions.

I reiterated the key points of the signed consent form at the beginning of each interview and provided additional reassurance that I would do my best to provide a safe and confidential space in which to share their authentic perspectives. I informed participants that they would not be required to answer every question and that they could end the interview at any point. At various points throughout the interview, I checked in with participants to assess their desire to continue the interview. At the conclusion of each interview, I engaged my participants in a “check in” about their experience during the interview and to verify their consent to have the interview data included in the study.

All interviews were conducted via Zoom and were recorded. To ensure participant confidentiality, I instructed participants to change their screen names to a pseudonym before recording begins. I also requested that they mask or do not disclose identifying information of their clients when describing their experiences in professional practice. Interview recordings and my transcriptions are stored on my password protected personal computer.

### **Data Analysis**

*The Listening Guide* (Gilligan, 2015) assisted me in analyzing the data. This approach, which was developed in the 1980s, utilizes and builds upon methods of narrative analysis. Gilligan (2015) described it as a “musically informed approach” that directs attention to “the interplay of voices within a piece” (p. 70). Josselson and Hammack (2021) stated that the “language of the self is developed in a polyphonic context” (p. 42) and may reflect many voices—the voices of significant people from our life stories, the voices of ideologies and master

narratives, and even the voices of parts of ourselves in dialogue. The Listening Guide method involves three successive and distinct listenings that elicit these voices: Listening for the Plot, Listening for the I, and Listening for Contrapuntal Voices.

### **Listening for the Plot**

Gilligan (2015) described how listening for the plot intersects and overlaps with other qualitative methods, including narrative analysis. In this listening, the researcher is guided by multiple considerations, including plotlines, repeated words and themes, the emotional tenor of words, silences and what is left unsaid, and what is happening in the relationship between researcher and participant (Gilligan, 2015). Throughout this listening, I paid close attention to my thoughts and feelings as they arose in relation to the data in order to “avoid as far as possible projecting one’s feelings and thoughts onto others, or in writing up the research, ventriloquizing or speaking through others, voicing over their voices, or using them to express what the researcher wants to say” (Gilligan, 2015, p. 71).

### **Listening for the I**

Gilligan (2015) indicated that the use of an I Poem, which attends closely to the first-person voice of the participant, is a departure from other qualitative methods. The procedure entails highlighting statements in the interview that begin with the “I” and associated verbs and arranging them sequentially in the form of a poem. This approach allows the research to be more closely in touch with how participants understand themselves in relation to the topics discussed and may also help to bring to the surface the participants’ latent or implicit meanings. Gilligan (2015) cited the seminal work of Dana Jack that examined women’s experience of depression. The researcher’s focus on the “I” statements of her participants allowed her to see an agentic

voice that was often followed by a self-condemning, moralistic voice or “Over-eye” (Gilligan, 2015, p. 72).

### **Listening for Contrapuntal Voices**

Gilligan (2015) reflected on the research process that led to her groundbreaking work, *In a Different Voice*, which I discussed in Chapter 2. Her attention to “the tensions, the harmonies and dissonances between different voices” at play in women’s experiences led to the core insight that the moral language of men (e.g., Kohlberg’s ethic of justice) insufficiently represented women’s ways of knowing, choosing, and being in relation to others. Listening to contrapuntal voices entailed paying attention to nuances, to silences, and moments that resist surface or facile interpretation.

### **Trustworthiness**

I employed three key strategies to support the credibility of the study. They include 1) reflexive journaling, 2) member checking, and 3) critical friends.

### **Reflexive Journaling**

Ortlipp (2008) noted the shift within some qualitative research from attempts to bracket the researcher’s biases, values, and assumptions to the conscious acknowledgement of them. A reflexive journal is one means by which the researcher may map the “play of thoughts, feelings, fears, desires, and needs” (p. 703) throughout the entirety of the research process. I entered into this research study having been in the roles of client, counselor, educator, and supervisor—at times simultaneously. My personal experiences in each of these roles informed my decision to explore the interplay of values in the counseling relationship. In Chapter 1, I described some of these experiences in my role as a counselor and supervisor. My experiences as a client were perhaps even more impactful. I have worked with practitioners who were deeply curious about

and respectful of my most cherished values and who helped me to clarify them. I have also worked with practitioners who were insensitive or dismissive of my values or assumed the “truth” of their value stances. As a result, I have developed strong convictions about values in the counseling relationship, including my conviction that counselors must be very intentional and aware of their values and their potential influence in counseling processes. These convictions no doubt motivated me to engage in this proposed study.

Throughout the dissertation process, I reflected on my values and how they have been shaped by my personal experiences, my cultural identities, and significant relationships in my life. Even prior to conducting this study, I began to document in a journal the stories from my life that made me more aware of the core values that guide me. Reflexive journaling was a tool I used throughout the process (e.g., proposal, data collection, data analysis) to keep me mindful of these stories and to help me disentangle them from the stories my participants shared with me about their lived experience.

### **Member Checking**

Member checks are a way for researchers to share their emerging interpretation with participants in order to ensure that they recognize their experience within it (Merriam & Tisdell, 2016). As noted previously, my second interview provided an initial member check with the majority of participants. As I began to near its finalization, I reached out to each member by email and included an attachment that identified the primary themes of my narrative analysis. Under each listed theme, I included a small sample of representative quotes that illustrated each theme. Participants were invited to offer correction or other feedback as necessary.

### **Critical Friends**

A critical friend is defined as a “detached outsider who assists through asking challenging and uncomfortable questioning, provides another viewpoint, and facilitates reappraisal” (Storey & Wang, 2017, p. 107). I relied on the support of several critical friends who assisted me as I engaged in my analysis of the data. Some of these critical friends were familiar with the dissertation process and with qualitative research. Another critical friend was less familiar with the dissertation process but is a practitioner. All of my critical friends provided valuable feedback about my meaning-making process. They helped me to see “me” in my process in order to hear participants clearly and accurately. Critical friends served as an additional check, helping me to hear what I might have been unable to hear as a result of my limited perspective (e.g., my biases, assumptions, values).

### **Chapter Summary**

In this chapter, I discussed my proposed methodology in order to address my research question: How do practicing counselors describe the interplay of values in their professional practice? I described my rationale for choosing a qualitative methodology informed by narrative research, as well as the distinctive characteristics of this approach. I described my proposed sampling procedure, recruitment and data collection plan. I provided a description of *The Listening Guide* (Gilligan, 2015) as my analytic guide and detailed the ways in which I attempted to ensure the credibility and trustworthiness of my study.



## CHAPTER FOUR: FINDINGS

Values integration—the process by which counselors recognize their personal values and find ways to skillfully manage them in the service of the counseling relationship—is a professional aspiration. Counselors in practice have something to say about how values show up in their professional practice, relationships, and decision-making. I entered into this research study with the belief that by listening to the lived experiences of practicing counselors, I would gain a more grounded and richer understanding of the continuous process of values integration. With this in mind, I interviewed practicing professional counselors, guided by my research question: “How do counselors describe the interplay of values in professional practice?” In this chapter, I share my findings and analysis, composed of related themes that emerged from participant data, and tell a larger story about the values integration process in professional practice.

### **The Interplay of Values in Counselor Practice**

My analysis was built upon multiple and sequential listenings of participant interviews, guided by *The Listening Guide* (Gilligan, 2015), which cued me to the multiplicity of voices that comprise personal meaning-making. In the first listening, I attended to the plot of each participant’s story, acquainting myself with elements such as thematic content, dramatic action, and overall narrative structure. In my second listening, I paid close attention to the first-person voice of each participant and used their “I Poems” to gain a stronger sense of their uniquely subjective meaning-making. In the third listening, I identified multiple, competing voices within the text and aimed to understand their complex relationship and interplay. In my fourth listening, I focused on comparative patterns across the data, listening to participant stories in relation to one another as they related back to the research question.

A connecting through line in participants' narratives is the polyphony of voices that they bring to professional practice: the voices of their families of origin, of cultural groups, of master narratives. They wrestle with all of these voices as they make meaning of their experiences and try to figure out what is "right," "good," and "valuable." Alongside these formative voices, they must integrate the "voice of the profession" as what they understand its vision and values to be. All of these voices compete for counselors' shifting attention and allegiance, thus complexifying their professional decision-making in the moment. Participants described values integration as especially challenging and effortful. Although all participants were independently licensed professionals who had completed both their graduate training and their post-graduate, supervised clinical hours as provisionally licensed counselors, they communicated a lack of confidence and skillfulness in the values integration process. "*Am I doing the right thing?*": *Wrestling with Values in Practice* is the first theme I explore in my analysis of the data and captures participants' awareness of personal values and their efforts to monitor their potential influence in their clinical decision-making. In the second theme, "*I'm trying to figure out the best way*": *Navigating Values Conflicts in Practice*, I share participants' descriptions of their difficulties in skillfully navigating values conflicts. Precisely because participants experience values integration as challenging, they gave voice to the need for more support from the professional community. Counselors' belonging to a strong professional culture and community represents an important foundation for values integration (Cottone & Tarvydas, 2016); however, participants described feeling isolated, vulnerable to burnout, disconnected from other professionals, and sometimes unable to trust in the reliability of the professional community (e.g., colleagues, supervisors) to support them in the ongoing work of values integration. As a result of the first two themes, the third theme I explore in my analysis is "*I need more support in this*": *An*

*Infrastructure of Professional Support.* Participants described multiple manifestations of support they need, such as sufficient space and safety for reflection and dialogue about values and supervision/mentorship that models and encourages growth in values integration. Without reliable support, participants are vulnerable to professional stagnation. More importantly, their clients are vulnerable to harm that results from unethical, culturally insensitive practice. The three themes I unpack in the following analysis link together to form one unified narrative of counselors' experience of the values integration process in professional practice.

### **“Am I doing the right thing?”: Wrestling with Values in Practice**

When counselors begin their graduate training, they become acquainted with the ACA *Code of Ethics* (2014) and professional standards that address the relationship between personal values and professional practice. Standard A.4.b states that “counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors” (ACA, 2014). Participants in this study demonstrated knowledge of this professional expectation. “It’s not about me” was a frequent refrain I heard in participant interviews: no less than four participants used this exact phrase when describing their understanding of professional expectations related to personal values. Carrie, a White cisgender female counselor who practices in New Jersey, indicated that the prohibition against values imposition was “drilled into our heads” in graduate school. Furthermore, participants suggested that they see the impossibility of values-freedom in counseling practice. As discussed in earlier chapters, the once taken-for-granted assumption that counselors could act as a “blank slate” in their professional role has been replaced by the awareness that counselors bring the fullness of themselves to practice. They must learn to monitor the influence of their values in order to avoid their harmful imposition and to prioritize clients’ values in the work. However, there is a vast middle ground between values-freedom and

values-imposition, and participants in this study suggested that they feel challenged in traversing it. One participant, Samira, described managing her personal values in practice as “very tricky territory,” suggesting that values integration was a more complex and difficult process for which her training had proven insufficient. Another participant, Rebekah, powerfully shared her tentativeness:

I want to be an empty vessel...I know that's not completely possible. I'm saying that we try to be that, right? I also know that's not completely possible. I'm saying that we try to be that...coming from a place of just looking at the person in front of us. But yeah...there's....we try...but yeah...

Rebekah understood that her aspiration to be an “empty vessel” in the counseling relationship is “not completely possible;” however, her halting, faltering language speaks to the challenge that she and many participants have experienced in untangling personal and professional values in practice.

Although one participant admitted to rarely reflecting on values in everyday practice, most participants strived to be intentional in prioritizing client values. Furthermore, they spoke about their efforts to maintain awareness of the ways in which their own personal values, as well as their clients' values, reflect their unique, intersecting identities and the forces of privilege and marginalization. Participants wrestled with personal values, and they described the challenge of in-the-moment awareness when working with their clients. They were routinely surprised by the automatic value judgments that they found themselves making in their work with clients, in spite of their best intentions. For example, Donna, a White cisgender female counselor who practices in New Jersey, described how she had accepted uncritically the equation of moral goodness and lawfulness that she had learned in her family, in which her father and many members of her

extended family worked in law enforcement. When she began working with mandated clients, she listened to their stories and realized that structural injustice (e.g., poverty) played a significant role in their difficulties, demonstrating to her that her initial moral schema was too facile. She said that working with mandated clients represented “a pivotal moment” in her life “when I recognized that there are 800 shades of gray to morality.” However, Donna shared that she has been surprised by how often some moral assumptions, with which she continues to wrestle, show up in her work with clients. She described an instance when a colleague pointed out to her that she seemed to show greater compassion for clients who had been guilty of one offense (e.g., a DUI) and even rationalized it, whereas she unconsciously communicated greater judgment of clients who had violated parole. Her colleague’s comments jolted her into greater awareness of the moral biases influencing her clinical work beneath her awareness. Donna was all the more surprised, given that she has made considerable effort to critically reexamine these biases in light of her growing awareness of systemic injustice. Donna responded by asking her colleague to support her in monitoring her work going forward, as the operation of her moral bias had not been so readily apparent to her.

Similar to Donna, Marcus, a Hispanic cisgender male counselor who works in Tennessee, indicated that he aims to be intentional about values in practice, especially given his personal experience of the pressures to conform to the values of the dominant culture. He described how he internalized messages about the superiority of Whiteness throughout his childhood, as it was built into his environment: he noticed sharp lines of demarcation between the north side of town (White, affluent) and the south side of town (Hispanic, poor). Marcus said that he grew up feeling disdain for his family and community—their beliefs, customs, and values—because they were not White and was drawn to the wealth, status, and success that Whiteness represented to

him. Marcus discovered, however, that when he tried to live his life in accordance with these values, he felt alienated from himself. He said, “I wanted to act White, because White meant money. But I found I didn’t like them either, and so I felt so lost in who I was.” Marcus shared that as a result of education and personal inner work, he developed a stronger awareness of how the forces of marginalization impacted his appraisal of himself and the values of his culture of origin. However, he vulnerably acknowledged that when working with individuals who identify as Hispanic, he sometimes catches himself in the act of judging their cultural values. Caught off guard by these instinctive reactions, he worries about his competency: “I’m not really sure sometimes that I’m able to work with this population.” What struck me as particularly poignant about Marcus’ story was his demonstration that his personal values awareness continues to dynamically unfold, given his emergent critical consciousness. In spite of his growing awareness of oppression, he nevertheless still finds it difficult to resist the pull of “White values,” which sometimes seep into his professional work beneath his awareness.

Anne’s story brings into focus how participants feel challenged in differentiating their personal values, client values, and professional values and expectations, especially when called upon to make split-second clinical decisions, which in turn affects their sense of self-efficacy as professionals. Anne, a White cisgender female counselor, spoke of the challenge of in-the-moment values integration. She described her passionate personal convictions about women’s autonomy. She described the formative influence of her mother in inculcating values, such as the importance of submission to authority and the importance of non-assertiveness, as well as her rejection of these values as she moved into adulthood. Describing her self-differentiation process was very emotional for Anne, who said “And it, like, burns deep inside of me. I get angry...Because I want to be autonomous...growing up, I wasn’t allowed to say no. So me

asserting myself now, that's something that I think is really important to me...like, having my own voice, making my own decisions, being my own person." Furthermore, Anne indicated that current events, such as legal challenges to women's reproductive rights, have clarified and strengthened her commitment to women's autonomy. She often worries that these personal convictions may bleed into her professional decision-making in inappropriate ways and lacks confidence in her ability to tease apart her personal values, her client's values, and what is expected of her professionally when working in the moment. For example, she indicated that in her work with couples, she finds herself aligning with the women and has recently supported them in their decision to separate and/or end their marriages, but she questions her clinical judgment:

It makes me question. I'm asking myself, 'Am I doing the right thing? I'm recognizing a lot of times...the woman has just been going with the flow, not being authentic. Just trying to keep the peace. 'Well, I have kids... I have to...' And so I'm like, 'Look, what do you want?' So part of me is, like, 'you're really helping these women to find their voices and to embrace what it is they want and learn how to, sort of, in a healthy way uncouple... And that's very new for me... because my understanding of couples is like, well, we want them to be together. We want them to be happy. Like, you're here to save the relationship.

As I listened to Anne, I noted her shifting pronoun usage: her meaning-making shifts between "I," "you," and "we," and her words reveal her wrestling multiple, contrapuntal voices that inform her sense of "the right thing to do." She hears the presence of the voice, perhaps redolent of her mother, that says that women must "go with the flow" and "keep the peace" in their

relationships. She hears the “part of me” voice that says that women must “find their voices and embrace what it is they want.” Anne further alludes to the voice of the client who is hesitant to divorce, because of her sense of responsibility and obligation to her children. She further hears a voice that tells her that “we want them to be happy” and that she is “here to save the relationship.” I wondered who Anne meant by “we.” Did the “we” represent the voice(s) of the profession and her sense of what is expected of her professionally, or did it represent other voices from her life that have told her that marriage must be “saved”? Anne struggled to differentiate these voices in her clinical decision-making, which engendered feelings of self-doubt and a sense of shame: “It makes me feel like I’m an ineffective therapist.”

Whereas Anne gave voice to the complexity of values awareness and how her uncertainties in the moment affect her sense of self-efficacy as a counselor, other participants brought into greater focus how these challenges with values integration impact the counseling relationship. Samira, a cisgender female counselor who immigrated to the United States and later Canada in early adulthood, talked about her upbringing in the Middle East. She indicated that she rejects many of the values of her culture of origin because they conflict with her personal values of individuality, autonomy, and independence. Samira recalled a recent instance when she became aware of a disconnect between her and her client that was rooted in her assumption of shared values, based upon some cultural identities they shared in common: both she and her client identified as Middle Eastern, had both been raised in Muslim families, and had emigrated as adolescents. Samira’s client, a young adult, was experiencing friction in her relationship with her parents, which caused her a great deal of distress. She wanted Samira’s help in improving these relationships. Samira conceptualized the client’s problem as “codependency” and encouraged the client’s independence and self-differentiation. She gradually became aware of



her client's growing frustration within their sessions: this frustration became a signal to Samira that the disconnect between them was related to values differences:

The work we did together that I feel I could have done differently was... my belief in that kind of freedom and autonomy and, you know, wanting her to develop skills for herself, versus trying to repair and work on the relationships with her family...And so I think my focus on getting her to understand that, you know, she's not alone, but she's also really capable of doing this by herself. And you know, that is where I think that definitely could have been handled differently...And then I started noticing that she really doesn't want to foster that independence yet...I started noticing that she needed something different, and the impact it had was that I think she was very frustrated with me.

It was striking that Samira used the phrase, "I started noticing" twice, underscoring the very gradual awareness that her personal values were steering her clinical decision-making, a recognition that followed on the heels of her client's frustration. Attuned to the complexities of intersectional identity and within-group cultural differences, I noted the particular challenge for Samira to avoid overidentification with clients who share her cultural background and immigrant status but nevertheless embrace the cultural values that Samira rejects. Although Samira was able to repair the relationship, she expressed regret that she was slow to recognize the influence of her personal values, which created a rupture that could have been avoided.

Although Samira's story highlights how counselors' misattunement to personal values may disrupt the counseling relationship, participants also spoke to the benefits of taking more time for values exploration and reflection, which supports greater awareness. Anne, for example,

talked about struggling with feelings of judgment towards a client, whose choices conflicted with her moral values. After wrestling with these feelings for some time, Anne was able to see the influence of her personal values and worked to let go of her judgment, an effort which “opened up a new pathway” in both the relationship and her professional growth:

And then when I let that go, it almost opened up more empathy, like I had more empathy for her...it was just mind blowing. Because I made such a shift from, “that sounds terrible” to “well, it's your life, do what you want.”

I noted Anne’s indication that she needed not only to become aware that her personal values were becoming activated in the session but also to “let that go,” meaning that she needed to loosen their grip on her so that she could more fully enter into the client’s world. She experienced this movement as “mind blowing,” because she was able to see her client in a new light, feel more empathy towards her, and support her client’s goals.

More than half of the participants experienced some difficulty in answering my questions related to values integration. Although they verbalized its importance, they initially struggled in calling to mind specific, illustrative examples of values integration in professional practice. Many of these participants needed considerable cueing and probing to reflect more on how personal values may be stirred up in practice. Jim, an African-American cisgender male counselor, tellingly commented at the end of the first interview that “I thought this [interview] was cool...just to get asked these questions, because I really don’t think about them that often.” Katie, a White cisgender female counselor, admitted that such reflection had not been intentionally cultivated in her everyday practice; however, participation in the research process had reminded her of its importance. She told me that in the month-long interval between our first and second interviews, she had reflected a great deal more and was “trying to be more mindful of

values in all of my sessions.” As a result, she felt better prepared for a recent session she had with a client. Although the client had been working with her for several months, he had waited until this particular session to share that he was exploring a polyamorous lifestyle and desired Katie’s support. Katie noted his reticence and tentativeness during the session, but she also took note of her internal reaction. She admitted that polyamory is “something that I’m not personally okay with;” however, her recent reflections on personal and professional values, stimulated during the research process, were informing her way of being with and responding to him:

I think I really became aware of this...I had to give them the space to explore that and figure out how the relationship was impacting their life without me kind of jumping in and saying that monogamy is the way to go.

Making space within her practice to reflect on the interplay of personal and professional values enabled Katie, in turn, to open space for her client to trust and open himself in the session in a deeper way:

They finally felt safe to kind of be their true selves...they just really wanted to know I wasn’t going to judge them for this lifestyle, because they feel that everybody in their life condemns them...And so they took, I hope, a lot of peace in knowing that it’s not my place to judge them.

Katie described how the experience was a source of growth for her as well, as she developed a deeper appreciation for her purpose as a counseling professional: “I want them to feel validated and safe and be able to disclose the things they want rather than to feel that they have to hide their authentic self...If you can’t come in and be authentic with me, what are we really doing?” While Katie needed the reminder to be attentive to and vigilant about the potential influence of her personal values, her example points to the transformative effect that practitioner awareness

can have on the counseling relationship. Katie and other participants reminded me that values awareness is by no means a one-time accomplishment but a non-linear and ongoing process that even clinically-seasoned, independently licensed professionals may find challenging to maintain.

**“I’m trying to figure out the best way”: Navigating Values Conflicts in Practice**

I’m trying to figure out the best way  
I find really difficult  
I have this value  
I care about it  
I’m still kind of trying to figure out the best way  
I feel like he asked me directly  
I should have been more honest  
I didn’t feel that was appropriate  
I tried to explore  
I found that tricky to navigate  
I feel I didn’t handle it great  
I wonder  
I wasn’t being honest  
I wasn’t being honest...

- Elizabeth

Throughout my interviews, I reminded participants that my research focused broadly on the interplay of values in professional practice; however, I was struck by the eagerness, passion, and frequency with which participants spoke about values conflicts without further prompting. Elizabeth’s I Poem, which introduces the second theme of my analysis, offers a glimpse of the challenge participants feel specifically in navigating values conflicts in their work. As discussed earlier, the counseling profession has considered values conflicts at length, given significant case precedents (e.g., *Ward v. Wilbanks*) involving counseling students and the passage of conscience clause legislation in several states. All of the participants were familiar with shifts in the profession stimulated by these precedents, most notably the standards related to values in the *ACA Code of Ethics* (2014). Standard A.11.b represents a key standard of practice that indicates

that “Counselors refrain from referring prospective and current clients based solely on the counselor’s personally held 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” (ACA, 2014). As participants spoke of values conflicts, what struck me as most salient was not their questioning or confusion about this professional responsibility; they know that they must learn to work competently with clients whose values are different from their own. Rather, participants focused on the challenges they experience in the skillful application of this professional standard. They recognized their current repertoire of strategies for managing values conflicts as too limited or ineffective, and they subsequently desired more guidance about what the competent navigation of values conflicts could look like. Hunt’s words capture participants’ competency concerns: regarding his work with a polyamorous client, he said, “that’s hard for me. I’m...you know, I’m married. I value committed monogamous relationships, right? And so I sometimes wonder if...if I am really skillfully, you know, putting aside my values around that so that I can really be there for this client?” For multiple participants, the difficulty lies in managing the strong internal reaction they have to clients whose moral values differ, whereas for others, the challenge is in knowing how to meaningfully engage or talk about values and values-based differences in the counselor-client relationship. Beyond the question of whether they *would* work with clients whose values conflicted with their own, participants wondered about how to work with these clients optimally, worried that they were ill-equipped to do so, and yearned for more opportunities to build these skills.

A significant challenge participants noted in navigating values conflicts is managing the instinctual and physiological reactions that occur when clients challenge their moral convictions.

They recognized within these reactions a sense of threat to their deeply-held values and the importance of skillfully managing their internal reactions. As Hunt said, “the hope is that we can talk to people about difficult things and not just say, ‘I’m done’ and be able to deal with the anxiety of being with people who are different.” However, many participants felt a lack of confidence in their ability to do this effectively. Anne, for example, suggested that it feels impossible to hide or mask her strong reactions. She said, “I find sometimes, like, I get like, a tightness in my chest, or like, my face will get hot,” and she worries about the visibility of her internal reaction to her clients, whose attention may be drawn away from their own process and focused on her reaction. Other participants indicated the importance of pausing to check in with themselves or further explore when they notice a strong inner reaction; however, they sometimes feel unable to pause and have difficulty resisting the urge to react in the moment. Samira, for example, shared an instance when a client challenged her moral convictions: she felt a powerful sense of danger, as though she were threatened by a fire and urgently needed to find a way to extinguish it: “I have to fix this now!”

Participants noted the importance of self-regulation strategies in managing the anxiety that may arise in response to values conflicts, but they recognized the limitations of their current strategies. Some participants linked their difficulty in regulating anxiety to challenges in maintaining a strong therapeutic alliance and, in some cases, premature termination. Rebekah, for example, shared a story about her experience of working with a client with whom she had been meeting for phone sessions during the COVID-19 pandemic lockdown. Rebekah indicated that she felt a powerful surge of anxiety when the client, who was experiencing economic hardship, disclosed that he had engaged in stealing from some of the people with whom he worked. She felt a surge of anxiety upon hearing the client’s disclosure, as his behavior reflected

a violation of her personal moral convictions. Rebekah shared that she aspired to remain non-judgmental and to keep an exploratory stance in the session but had trouble doing so. She felt relief that they were meeting for phone sessions, because she was not confident that she could hide her disapproval in her physical presence. Rebekah reached out to her supervisor, who encouraged her to shift to Zoom sessions, as she believed that seeing the client's face would help to humanize him and give Rebekah greater ease; however, Rebekah initially demurred:

And it makes me... I feel anxious just talking to him. I had... I had trouble actually meeting with him over Zoom. I just wanted to keep it over the phone...

I had a really hard time doing that, because I just wanted to distance myself from him after hearing of him being involved in these things... I don't know why, but it makes me clamp up and not want to get closer.

Rebekah's words convey the self-protective strategies she utilized in her effort to self-regulate, but these strategies ultimately prevented her from drawing closer to the client as her supervisor had suggested. She ultimately agreed to do the Zoom session, but she felt that the shift was only a "surface level" change in her approach to the client: she still felt internally defended. Rebekah surmised that the client sensed her emotional distance and prematurely terminated the counseling relationship. She felt regret and shame, reflecting that "I don't know that I necessarily...I don't know that I did the work." What does Rebekah mean by "the work"? I interpret her words to mean that she recognized that fulfilling her professional obligation requires much more than simply showing up to the session. Effective counseling requires sustained emotional presence and engagement, but Rebekah's anxiety, and her inability to regulate it, presented obstacles to "the work" that she was unable to overcome. Although she regretted the outcome, she voiced her

determination to “get more support around this” in order to improve her professional practice and better meet the needs of her clients.

While some participants described their efforts to skillfully manage their internal reactions, others raised questions about broaching and openly addressing values-based differences in the counselor-client relationship. Participants voiced a range of attitudes about the appropriate use of self-disclosure generally: while Carrie indicated that she is “up front” with clients about her biases, a strategy that helps protect clients from the imposition of values, other participants indicated that they felt uncomfortable about any degree of self-disclosure. Rebekah, for example, recalled that a supervisor had chided her from making her Orthodox Jewish identity known, saying that she was “robbing the client of their fantasies.” In particular, participants were far more uncertain about the appropriateness of disclosing personal values in instances of values conflicts. Elizabeth, for example, described instances when she struggled to address values in a skillful way and subsequently had difficulty maintaining engagement with her clients. In one instance, Elizabeth met for several sessions with an outspoken supporter of Donald Trump and spoke in sessions about his distress related to the “stolen election.” She felt dread when she recognized that one of their appointments was scheduled to take place on January 7, 2021, the day immediately following the U.S. Capitol riot. The client canceled his next appointment, thus relieving Elizabeth of the challenge of working with him. However, I asked her how she might have navigated the session had he, in fact, returned. Her words reveal her uncertainty and confusion about how to engage the client in a meaningful way:

Probably, I would have like, really, like, sucked it up and not... I think my urge would have been to not engage with him on that. But then I think, either I would have just not been able to do that and would have told him really what I thought about it, or I



would have felt really disconnected. Like, I would have just kind of like dissociated on some level from the conversation. And, and I think probably because he was so like, deep into it...I think that would have been the end...I probably would have not engaged but it would have been really hard. I would have just like, you know, white knuckled this session.

In this passage, while Elizabeth used the word “engage” twice, she struggled to know what appropriate engagement might look like. She saw no alternative between what she senses is an inappropriate use of self-disclosure—i.e., acting on the urge to tell him “really what I thought about it”—and strategies such as “sucking it up,” “disconnecting,” “dissociating,” and “white knuckling.” I was struck by the aggressive tone of each alternative: in the first alternative, Elizabeth tells him what she really thinks in an unrestrained and defensive way; in the other, she guards herself and wards him off through “white knuckling.” What prevented Elizabeth, I wondered, from finding a better way through the session? However, her words represented her reflections on what might have occurred had the client not faded away; his abrupt termination relieved her of any need to address or work through the values conflict. In another instance, Elizabeth was faced with a dilemma when another client asked her directly about her personal values as well as her authentic response to his values and beliefs. The client belonged to an evangelical Christian community, expressed his belief in the immorality of same-sex affectional relationships, and expressed deep dismay over the rapidly changing societal norms related to sexuality. Elizabeth admitted to feeling deeply uncomfortable in their work; to her, his views represented a harmful threat to individuals who identify as LGBTQ+. Elizabeth recalled that during one session, the client shared his frustration that others might accuse him of being homophobic and asked her directly about her views. She again relied on her “white knuckle”

approach and deflected by trying to refocus his attention to his experience; however, the client persisted. He wanted her to engage with him authentically, but she felt constrained, perhaps even forbidden, to engage in any self-disclosure and responded that her personal views were irrelevant. However, she recognized her approach as ineffective: the client became deeply frustrated with her and never returned for the next scheduled session. This time, Elizabeth did not feel relief but rather sadness, confusion, and frustration that she was unable to effectively engage him. She knew that her lack of skillfulness in navigating the values conflict contributed to, if not was the cause of, the relational rupture and his abrupt termination. In our discussion about the encounter, Elizabeth recognized that the rules of engagement by which she operated, which foreclosed the possibility of open, authentic dialogue, were in need of revision. Had she known how to talk about values differences skillfully, “there might have been a little window that could open” and perhaps they could learn together “what does it mean to get through different feelings about things.”

Participants wrestled with questions about how to engage clients in open, authentic, collaborative discussions about values more generally and the challenges of doing so appropriately, as reflected further in Katie’s experience. She described a recent instance when a client with whom she had been working for a short time arrived for a session on the day that the United States Supreme Court handed down its decision to overturn *Roe vs. Wade*. Katie had not yet heard the news, and her client apprised her of the decision. Katie had an immediate reaction:

When she said what happened, I had to ask her for a minute to collect myself. I said, “I’m so sorry, I’ve been working with clients all day, and I hadn’t heard the news.” I just needed a moment to process, because I was just so flabbergasted.

Katie was struck that in this instance, her disclosure reflected her immediate personal reaction and had not been a more deliberate disclosure, and she pondered how she would feel if the pro-life-identifying clinicians with whom she worked had reacted similarly: “But I do wonder. If I had been a clinician who was pro-life, who was on that side...how would I feel if they had reacted in the moment?” Katie felt strongly that clinicians could appropriately share their concerns about significant sociopolitical events: she argued that it could be very empowering for women who have had abortions or who are engaged in reproductive justice efforts, for example, to hear that their clinician is aligned with them. What followed her disclosure was a very positive interaction with her client, who shared her deep dismay about sociopolitical trends both nationally and in their state of residence. She felt that the interaction deepened the client’s trust and strengthened their alliance. However, Katie was far more circumspect about her ability to navigate circumstances in which there may be deep differences in personal values. She shared another story in which a client shared his agitation about the government’s efforts to limit gun ownership, an issue about which Katie herself has strong beliefs. She asked the client whether he could appreciate the perspective of those whose values led them to different conclusions about the issue of gun control, an intervention that he experienced as a challenge to his personal beliefs. Katie recalled that he became very defensive in the session. “I could see it in his body,” she said, and “I felt relief that the session ended quickly afterward.” She was aware that a rupture had occurred but was unsure how to repair it. When I asked Katie what happened next, she shared that he returned for only a few more sessions, over which hung the shadow of their shared, unspoken agreement to “stick to safer topics.” The decision to do so struck me as a missed opportunity that, handled differently, might have opened up possibilities for respectful conversation and deeper connection.

In both the difficulty in managing strong internal reactions to clients in the face of values conflicts and the challenges they experienced in addressing values and values conflicts in the counselor-client relationship, participants demonstrated that they understood their professional responsibilities. However, they recognized their limitations and their yearning to become more adept at addressing values and navigating values conflicts. Rebekah, for example, spoke of her powerful longing to “do the work.” Elizabeth voiced a desire to “actively work through it harder.” They turned my attention to a central question about values integration in professional practice: to what extent and how are they supported in this process? I discuss their answers to this question in the final theme of my analysis, presented in the final section of this chapter.

### **“I need more support in this”: An Infrastructure of Professional Support**

Infrastructure refers to the basic supports foundational to the successful operation of something. Across the data, I heard participants longing for more support in the ongoing work of values integration. They suggested a fragile and sometimes broken infrastructure of professional support in this work. In this section, I describe the infrastructure they need but currently find lacking, highlighting three components: 1) values exploration and reflection, 2) dialogue within the professional community, and 3) professional leadership.

#### ***Values Exploration and Reflection***

Participants spoke of the need for more “space” and increased opportunities to “pause” in their work in order to untangle the personal and professional values that inform their decision-making and shape their reactions to clients. However, several participants underlined that this essential space is elusive in practice. Some shared the perspective that counselors working in agencies, hospitals, and community mental health settings are often overworked and underpaid, and the demands on counselors (e.g., large caseloads, paperwork) continue to grow. Carrie, for

example, said that she was often expected to complete required paperwork, which seemed to become more voluminous and complex each year, outside of her scheduled hours or during her lunch hour. Space for reflection is a privilege she cannot afford in her practice setting. Elizabeth indicated that when she worked in an agency setting, she felt overwhelmed, overworked, and undervalued. She said, “They just don’t pay people in agencies, because we as a society have decided that we’re not going to value the work. There’s probably lots of reasons for that, but I sometimes feel like the problem to solve is put on the backs of counselors.” Elizabeth wanted me to know that there can be no discussion of counselors and values without acknowledging the ways in which they often feel undervalued professionally. Charlie voiced that he found work within a community mental health setting unsustainable, given its demands, and regularly questioned his decision to enter the field; he indicated that he had recently taken a two-month sabbatical from his counseling practice after noticing signs of burnout, including less tolerance for clients whose choices conflicted with his values system. He said, “I try to be very empathetic, and I’m able to set my values at the door, but I found that they were very much coming up in a not-so-helpful way in the therapeutic relationship. That led me to see that, yeah, this is burnout.” Charlie’s words directly link his difficulty in managing his personal values to his experience of burnout. Participant perspectives bring into sharp relief the sad irony that counselors are expected to engage in a very high level of practice but are often not given the tools to do so.

### ***Professional Community***

A number of participants indicated that they look to the professional community, including colleagues, supervisors, and other professional mentors, for support in the ongoing work of values integration. In the first two sections of this chapter, I detailed their struggles as independently licensed professionals in two aspects of values integration: the recognition and

management of personal values influences in practice and the skillful navigation of values conflicts. As demonstrated in my analysis, participants carried uncertainty, regret, and even shame in response to these struggles. It was almost as though they had assumed that professional support would no longer be necessary once they became independently licensed counselors; however, they learned this is absolutely not the case. Throughout their experiences as practitioners, they recognized their dependence on the professional community to support them and nurture their growth as counselors, particularly in values integration.

As discussed previously, participants described needing more space for reflection in practice; however, they recognized that individual reflection is not enough. They also need reflection-in-dialogue. Some participants shared feelings of professional isolation, as they no longer feel connected to a larger academic support network and are no longer working with their post-graduate, clinical supervisors. Given the pressures of working in community mental health and agency settings described above, several participants have elected to work in private practice, which carries the risk of professional isolation. As a result, they experience insufficient opportunities to dialogue about values in practice. Charlie, a private practitioner, spoke wistfully that “this was such a valuable discussion. I don’t get to have these discussions with people.” However, it is precisely reflection-in-dialogue that enables practitioners to become more aware of their blind spots and potential influences of personal values in practices or enables them to learn skills that may assist them in working through values conflicts.

In addition to more opportunities to process with others and dialogue about values in practice, participants described needing to feel greater safety in disclosing their struggles. Talking with others about the ways in which they wrestle with values or struggle with navigating values conflicts is necessary but feels risky to some participants. They shared experiences of

deeply upsetting ruptures in their personal relationships in the current context of political polarization, but they also have experienced upsetting situations in professional contexts that have reinforced their sense of the precarity of these conversations. Anne, for example, shared that her shift to private practice occasioned feelings of professional loneliness and disconnection. She no longer enjoyed the connectedness and support she felt when she was part of the larger academic community or when she worked under close supervision as a new professional. She became involved in counselor social media groups because she recognized the vulnerability of her isolation. She recalled an instance when she asked for the group's support as she navigated a values conflict in practice; however, she experienced members' responses as hostile and antagonistic. Rather than finding a safe, supportive space for dialogue, Anne felt discouraged, attacked, and shamed. She experienced a dilemma: on the one hand, she depended on these relationships for professional support; on the other, she felt unsafe and unsupported within them:

And I was, like, this is why all of my posts are anonymous. So, you know, no one has to know who I am. I guess I don't mind being attacked if I'm anonymous, but having people see my name and think I'm garbage?

I'm sure if you're in any of those pages, you see people attack each other nonstop.

Anne's decision to adopt anonymity was her solution to her dilemma; however, it hardly seems a sustainable one. She was left with a sense that she may only remain connected by masking herself, leading to feelings of distrust towards the professional community.

Whereas Anne found a solution (anonymity) to the problem of safety in professional conversations about values, other participants disengaged or self-silenced. They feared the potential repercussions of speaking openly and authentically about values. However, they recognized the costs of silence: professional stagnation and client vulnerability to harm. Hunt,

for example, described the challenges he experiences in receiving the professional support he needs, given his particular context of working in a conscience clause state. Hunt described his growing commitment to professional values, such as human dignity, diversity, and social justice, but he realized that a surprising number of clinicians with whom he is networked hold prejudicial attitudes towards LGBTQ+ individuals, question the urgency and legitimacy of their concerns, and reject the profession's stance on values-based referrals. Hunt feels that the passage of conscience clause legislation reinforces their prejudicial attitudes and legally sanctions discriminatory behavior. He craved dialogue with other professionals about values in practice but found that he felt unsafe doing so within his professional network. He feared that speaking up about what he saw as his colleagues' failure to live up to professional values would result in the loss of the relationships; however, he depended upon these relationships. Paradoxically, he was surrounded by professional colleagues but felt very alone. He admitted that he often would remain silent in values-related conversations but recognized the cost of this to his professional growth. He said:

And that, again, really brings into sharp focus that if I'm going to be a leader, if I'm going to show that this is something that's important to me, I really am going to have to focus on it. Because I'm seeing more and more people around me who I thought had similar values...

Hunt's words capture his desire to grow, to even be a leader within the field. However, speaking authentically within his professional community carries considerable risk. He wants to find a way through this dilemma and resolves that "I really am going to have to focus on it."

Participants showed me the possibilities for growth when they have the space and safety to engage in open and honest dialogue about their struggles with values integration. One of the



most personally impactful interview experiences I had as a researcher was with Lauri, a Jamaican-American cisgender female counselor who immigrated to the United States in her adolescence. In our first interview, Lauri was forthcoming that she held beliefs about sexuality that were guided by “biblical values,” as interpreted and inculcated within her Pentecostal Christian community. However, she felt that her personal experiences of racism when she and her family moved to the United States taught her the importance of “seeing the human being first.” This fundamental belief enabled her to see no conflict in accepting LGBTQ+-identifying individuals as her clients:

For instance, you know, and I'm gonna be very transparent. I have clients that are gay, or homosexual, or whatever the case may be, even though that is not even... I'm Christian, right? And we go into the Bible, we don't believe that is something a person should do. I still see the human being, you know, and my purpose in their life is to help them with whatever it is that they bring to my table. I'm there with you. You know, and it's no.... There is no judgment.

However, in our second interview, Lauri shared that she was puzzling over how to handle an ethical dilemma that had emerged for her in practice: a client who identified as LGBTQ+ had become involved in a romantic relationship and desired Lauri’s support in her relationship goals. Lauri felt considerable anxiety in supporting the client in this way. Her interpretation of the Bible allowed her to separate the client as a person from her client’s sexual behavior; while she recognized the worth and dignity of the person, she felt unable to support what she understood to be sinful behavior. She acknowledged that she felt apprehensive about sharing these concerns with me and, indeed, with anyone in her professional world. Lauri feared the disapprobation of

professional colleagues, a fear that accompanied her even in her decision to become a professional counselor:

Coming into [the profession], I was a bit scared. Because I don't want to end up like some of these individuals, you know, on TV, where they're losing their license, because people are calling them bigots or homophobe. When I know I'm neither of those.

Lauri was afraid to talk about the dilemma, as she feared being dismissed as a “homophobe” and even threatened with the possible loss of licensure. However, Lauri recognized that she was unable to navigate the dilemma on her own. I reassured her that my role as a researcher was not to judge her but to allow her perspective to shape my understanding of the values integration process. She wrestled with the dilemma throughout much of the session, and allowed me to be a witness to her wrestling. She shared her concern that if she takes the step of supporting her client’s same-sex affectional relationship, she violates both her personal morality *and* the sacredness of heterosexual marital unions: “if everything is respected, nothing is honored.” At the conclusion of our second interview, she was resolute: “when it comes to the cohesion of the relationship, I think that’s where I say, ‘No, I can’t go any further than that.’”

It would have been easy for me to judge Lauri’s resolution at the end of our interview as a final resting place rather than one moment in her process of values integration. In doing so, I would validate Lauri’s concerns about being dismissed as a professional due to her religious beliefs. At the same time, I found myself worrying about how Lauri’s client would receive a conclusion that she would be unable to “go any further” in supporting her goals. However, not long after our interview, Lauri reached out to me by email. She indicated that our conversation had stimulated and troubled her. She had shared her dilemma with her supervisor, who challenged her to consider her professional responsibility of prioritizing the client’s goals and

offered support. I was astonished by Lauri's willingness to open up to her supervisor, given the fears that she elucidated in our interview, including her fear of being dismissed as a "homophobe" and other iterations of professional censure. Furthermore, I surmised that her experience of safety with me, another professional, gave her hope that she could indeed talk more openly about her struggle. When she did share her concerns with her supervisor, she was neither censured nor shamed but rather invited to reflect more deeply on how to embody professional values. Her supervisor's non-defensive and invitational stance signaled to Lauri that she need not be alone in navigating this personally difficult, uncharted territory. Lauri's email to me contained her statement that she was open to her supervisor's help in working to support her clients in *all* of their goals. She concluded her email, "I am still learning, and I'm glad to be."

### ***Professional Leadership***

Participants shared their recognition that they need the wisdom and support of senior clinicians in the work of values integration throughout the professional lifespan. Lauri's story demonstrated that once she was able to feel safe enough to talk about her struggles with values integration, her supervisor provided care, support, and appropriate challenge. However, I was struck by the number of participants who have received unreliable care or failures among their leaders to model values integration. Samira, for example, shared a story of when she struggled to manage her personal values in practice and enlisted her supervisor for support. Her client, like Samira, identified as Middle-Eastern and Muslim: she "even looked like me," she said. However, the client embraced traditional cultural attitudes towards sexuality, whereas Samira did not. In fact, Samira spoke with passion about her liberal approach to gender and sexuality and was vehemently opposed to the criminalization of same-sex relationships in her country of origin. Her client shared that she was upset by a sibling's experimentation with sexuality and was

contemplating telling her parents. Samira had an intense physiological reaction to her client's disclosure, recognized the reaction as a warning sign that her personal values were being stirred up, and called upon her supervisor to help her discern how to best support the client. Her supervisor likewise had a strong immediate reaction and immediately directed Samira how to proceed:

My supervisor... she was like, "why would we ever, ever think that she even has a right to say anything in the first place? She doesn't... she shouldn't even... she shouldn't be encouraged to think that she has that kind of authority over her sister... that she should be allowed to go and expose what happened. Because she's giving them the message that it's wrong and to be punished."

I found myself attentive again to voice in the supervisor's words. Who, exactly, is represented by the "we" when her supervisor asks emphatically, "why would we ever, ever think she has the right to say anything...?" The supervisor is right to call upon a "we": as a gatekeeper of the profession, she is charged with supporting Samira in determining how to align her responses to her client with professional values and expectations. However, in this instance, the "we" seems to assume an alignment of personal values—the supervisor's and Samira's—and while both judge the client's decision to tell her parents as a violation of her sibling's autonomous decision-making related to sexuality, they quickly deny the client's autonomy: "she should be encouraged to think..." The supervisor's words beg the question: who is the "we" that gets to act as an authority on what Samira's client should do? Mining the "we" might have brought greater light to the complex dimensions of the client's dilemma, thus contributing to a more thorough and culturally-sensitive decision-making process.

Participants described other instances when supervisors missed opportunities or outright failed to model values integration, highlighting their attendant feelings of confusion, frustration, and even professional disillusionment. Carrie indicated that she worked in an agency where she received supervision and mentorship from its owner. She was aware that she and her supervisor had different political values; however, their differences had not initially caused any tensions in the relationship and were generally not discussed. The supervisor had effectively bracketed his personal values in his counseling and supervisory practice, and Carrie benefited greatly from his expertise. However, she began to notice changes in his behavior after the COVID-19 pandemic began. He became more agitated and vocal about his political beliefs at the agency. For example, Carrie recalled that he had placed a “Thin Blue Line” flag in the window of the agency. This and other gestures demonstrated his unwillingness to bracket his personal values but also sent a powerful signal to counselors and clients about which beliefs and values are acceptable at the agency. When Carrie shared this story, I was reminded of imagery that another participant, Katie, had used to describe the military bases on which she was raised: they were “gated with armed guards and canines” that “kept the right people in and the wrong people out.” Carrie grew increasingly alarmed by her supervisor’s behavior but felt paralyzed and afraid to challenge him: she was aware of the power differences between them and her need to keep her job. She eventually mustered the courage to challenge her supervisor but felt “walled off” and perceived a gradual withdrawal of his support. Carrie said it was a traumatic relational experience, and at the time of our interview, she was still struggling with feelings of disappointment, betrayal, and some cynicism about the profession.

### Chapter Summary

In this chapter, I provided a narrative of participants' shared overarching story about the interplay of values in professional practice and the challenges they experience in their work with values. For some, recognizing personal values influences in practice is more challenging than they expected. Others recognized their limitations in skillfully managing values conflicts. Throughout the interviews, I was reminded that values integration presents challenges even for independently-licensed practitioners who have completed graduate training and received post-graduate supervision. Values integration is not a one-time achievement but an ongoing developmental process that extends into and presents challenges at various points in the professional lifespan. I was struck and even moved by participants' shared commitment to ethical practice and their sincere desire to grow in values integration. However, they need adequate support to do this work. An important piece of their collective story was their craving for more support and the disconcerting reality that they have experienced insufficient and unreliable support. At stake is their professional growth and, more importantly, the protection and well-being of their clients.

## CHAPTER FIVE: DISCUSSION

The purpose of this study was to understand how practicing counselors describe the interplay of values in professional practice. The long-held assumption of values-freedom in counseling was challenged and deconstructed over several decades, as scholars within the field detailed the ways in which inattention to values and counselors' imposition of personal values may lead to harmful, culturally insensitive practice. Field-shifting legal cases such as *Ward v. Wilbanks* (2010), which highlighted the struggles of some non-affirming, Christian counseling students' difficulty in setting aside their religious convictions when called to work with the LGBTQ+ population, reinvigorated conversation about counselors' ethical responsibilities related to personal values. However, the professional reaction focused primarily on the needs and challenges of counseling students; the limited attention paid to practicing counselors has hampered an understanding of the ongoing nature of the values integration process and reinforces the tendency to view it as a process that counselors master as students and do not need to revisit.

This dissertation reflects my effort to understand the values integration process among practicing counselors, all of whom were trained as counselors post-*Ward v. Wilbanks* and most of whom began their training following the subsequent revision of the *ACA Code of Ethics* (2014). This cohort of practitioners demonstrated that values integration is an ongoing process through which they cycle; despite their training and experience, they still find it challenging. This process and its challenges were detailed through my exploration of three themes, (1) "*Am I doing the right thing?*": *Wrestling with Values in Practice*, (2) "*I'm trying to figure out the best way*": *Navigating Values Conflicts in Practice*, and (3) "*I need more support in this*": *An Infrastructure of Professional Support*. In this chapter, I provide further discussion of these

themes in more general terms in order to draw connections with moral foundations theory and consider the implications of this study for counselors, counselor educators, and supervisors. This chapter concludes with a discussion of this study's strengths and limitations and a consideration of future research possibilities related to values integration.

### **Summary of the Findings**

Participants shared rich stories from professional experience, illustrating the values integration process in practice. *The Listening Guide* (Gilligan, 2015) provided a method that attuned me to the multiple voices and layers of communication within individual participant narratives and prompted me to listen for shared resonances across participant data as they related to my research question: How do counselors describe the interplay of values in professional practice? A key takeaway from the collective narrative is the ongoing, unfinished nature of the values integration process in professional practice. Participants described an unfolding process of managing personal values, expressing the need for support to avoid professional stagnation and potential harm to clients.

Values integration begins with an awareness of personal values as they are stimulated in counseling practice. Similar to findings from previous literature (e.g., Bridges et al., 2019), participants varied in the extent to which they reflected regularly on values in everyday practice. Although there was one participant who admitted to rarely thinking about values in practice, most participants spoke of needing reminders to keep alert to the presence and potential influence of their personal values, indicating that recognizing the need for this process may not be intuitive. In the theme "*Am I doing the right thing?*": *Wrestling with Values in Practice*, participants highlighted the rapid, intuitive value judgments that came into focus for them only gradually or that they struggled and occasionally failed to detect in the moment. After becoming



more aware, they struggled to consistently monitor the potential influence of their personal values over time and recognized the need for increased vigilance in this key area of practice. In *“I’m trying to figure out the best way”*: *Navigating Values Conflicts in Practice*, participants broadened their exploration of values integration to include values conflicts as another movement in the process. While aware of the study’s broad focus on understanding the interplay of values in practice, participants often discussed values conflicts at length, indicating it as an especially challenging part of the process. In particular, all participants recognized values-based referrals as problematic, which reflects shifts in counselor training subsequent to the ACA *Code of Ethics* (2014). As noted previously, ACA included a standard prohibiting referral as a strategy for managing values conflicts. This clarification was crucial due to prior disagreements and confusion in the field regarding its appropriateness (Burkholder et al., 2014; Burkholder & Hall, 2014). The heart of participants’ concern was not the question of *whether* they were expected to work with clients when values conflicts arise but rather *how* to do so most effectively. Their narratives reflected their difficulty in managing strong, internal reactions in the face of values conflicts, along with their uncertainties about using best practices when addressing these conflicts with clients. Participants’ stated lack of skillfulness in working through values conflicts may signal deficits in their training, but it may also demonstrate that practitioners develop an awareness of their growing edges as clinicians only as they accumulate clinical experience (e.g., Hathaway, 2014; Paprocki, 2014). On the whole, they remind us that they will continue to experience developmental challenges beyond the training years and even once they have achieved licensure to practice independently.

As the values integration process presents ongoing challenges beyond their formal training, participants described the continued support they needed; however, their stories

reflected their discouragement about insufficient support and reinforcement of their professional development. In *“I need more support in this”*: *An Infrastructure of Professional Support*, participants identified the requirements for values integration, but their narratives underscored how these needs frequently went unmet. Multiple participants opined the increasing difficulty they experienced in making space for reflective practice, given intransigent systemic challenges and ever-increasing demands on their time (e.g., Cook et al., 2021; Welfel, 2016). While participants were taught in their training that greater self-awareness through reflection is a necessary component of ethical, culturally responsive care, they often hear a different message in practice, that reflection and the space that it requires is a luxury they cannot afford.

One of the crucial tasks facing counselors as they transition from training into independent practice is establishing or nurturing links to a strong professional network. Cultivating a culture of responsibility, in which counselors continually engage in shared reflection and dialogue about ethical issues, ensures ethical practice and professional growth (Cottone & Tarvydas, 2016). Participants expressed their desire for shared dialogue related to values integration but struggled with feelings of isolation. Acute feelings of professional loneliness are not uncommon in the transition to independent practice (Skovholt & Ronnestad, 1992). However, when participants reached out to professional colleagues and supervisors, they did not receive consistent, reliable support. A particularly concerning finding was some participants’ experience of deficient supervision: some supervisors themselves had difficulties with values awareness and monitoring and thus were ill-equipped to model values integration or adequately support participants’ process. Furthermore, with both supervisors and peer colleagues, some participants felt hesitant and unsafe talking about values-related concerns,

prompting them to remain quiet about their challenges. Their silence reinforced their sense of professional isolation.

One of the more surprising findings of this study was participants' compromised sense of self-efficacy and shame stemming from ongoing difficulties in the values integration process. This suggests that they operated with the assumption that values integration is a once-and-for-all achievement that they had failed to master, versus an ongoing process and practice to which they are continually invited to explore and deepen. Several scholars have argued that the years following graduate training present some of the greatest opportunities for professional growth and development (e.g., Skovholt & Ronnestad, 1992); given the ongoing accumulation of new clinical experiences and the need to refine the application of their training, it is logical that participants would face challenges in values integration. Most participants had only recently achieved independent licensure, and their reported experiences align with literature indicating that the transition to independent practice may occasion feelings of "disquiet" and "dis-ease," as counselors must "begin functioning from a self, as opposed to other, direction base" (Skovholt & Ronnestad, 1992, p. 508). Nevertheless, their stories point to the reality that values integration is both an ongoing process and challenge throughout the professional lifespan.

### **The Lens of Moral Foundations Theory**

Moral foundations theory (Haidt, 2012) offered helpful tools that enabled me to make sense of participant experiences, particularly in its exploration of moral processes, personal values construction, and the ways they function in relationships. In the following discussion, I bring the study findings into dialogue with the tenets of moral foundations theory, focusing on two core tenets: the primacy of intuition in moral processes and the binding function of morality

in social groups. As values are intimately connected to identity, I also considered key insights from Intersectionality Theory (Crenshaw, 1991), which are woven into the discussion.

### **The Primacy of Intuition in Moral Processes**

Haidt (2012) critiqued many of Kohlberg's assumptions about morality, including his narrow focus on justice/fairness as universally normative and the primacy of logic/reasoning in the construction of moral values. Haidt (2012) expanded the menu of fundamental moral values beyond Kohlberg's perspective, highlighting a broader range. Moreover, he emphasized that cultural variations upon these fundamental values are remarkably diverse. Participants in this study underscored the unique and intersectional cultural positions that informed the ongoing construction and revision of their personal values: when they spoke about the construction of their personal values, they emphasized context and relationship (e.g., social group belonging), not logic, as central to the process.

Haidt (2012) underscored the primacy of intuition, not reasoning, in moral processes and contended that reasoning often functions to justify the value judgments that occur rapidly and instinctively. A core tenet of moral foundations theory is that fundamental moral values, the nodes upon which cultural variation builds, have an evolutionary basis and reflect biologically-based responses to questions related to human survival and adaptation. A key finding in this study, given the importance of self-awareness in counseling practice, is participants' recognition of the rapid, even automatic value judgments that they made in their work with clients, a finding explored in the theme, "*Am I doing the right thing?*": *Wrestling with Values in Practice*.

Participant stories lend credence to Haidt's (2012) contention, revealing how their personal values often snuck up on them in the course of their work. At times, they recognized the impact of their personal values in hindsight, triggered by moments of dissonance; these moments

included instances such as realizing that they were judging clients, noticing that their clients were frustrated or uncomfortable, or receiving challenging feedback from colleagues. They represented important signals that jolted participants into greater awareness and prompted them to wrestle with how to differentiate personal values from client values and prioritize the latter. Without vigilance, it was all too easy for them, however well-intentioned, to miss these important activating signals, thus allowing their automatic reactions to direct their course.

Notably, some participants were likely to automatically assume shared values when they shared salient cultural identities with their clients (e.g., ethnicity, gender), which sometimes led to disconnection and rupture in the counseling relationship. Participants acknowledged that assumptions based on shared cultural identities are a common stumbling block in the values integration process but, simultaneously, may indicate an important signal to exercise even greater vigilance. Participants thus demonstrated the importance of intersectional awareness and the potential consequences of disregarding it. Although participants described instances when they were able to repair the counseling relationship following ruptures caused by assumed shared values, it is important to note that repair is not always possible. Indeed, counseling research has demonstrated reduced trust towards mental health professionals and reduced help-seeking behaviors among minoritized clients as a result of such ruptures (Consoli et al., 2009; Hook et al., 2016; Sue & Sue, 2016). Consistent with Intersectionality theory (Crenshaw, 1991), both participants and the clients they described held values that reflected complex intersections of identity and experience; however, participants were, at times, quick to make assumptions based on shared identities that they observed, assumptions that may reinforce some clients' experience of marginalization.

Furthermore, participants acknowledged the importance of vigilance and intentionality, given the power dynamics inherent in the counseling relationship. Many, but not all, participants acknowledged the impact of privilege and marginalization in shaping their construction of personal values. In several instances, they alluded to pressures to embrace certain values (e.g., individualism, achievement) as normative and superior. They acknowledged that these forces influence relational dynamics in their work and the interplay of values in particular. For decades, scholars in the field have shed light on the ways in which the counselors may unwittingly replicate societal power dynamics within the counseling relationship. Building on the work of Jean Baker Miller (1976), Walker (2010) indicted the “power-over” culture, in which “manifest difference mutates [into] a cultural arrangement in which difference is stratified into dominant and subordinate, superior and inferior” (p. 87). A power-over culture reinforces counselors’ automatic assumptions that their personal values reflect universal norms; it makes them particularly vulnerable to values imposition in their work with clients who hold non-dominant cultural values, a challenge that has been discussed at length in the counseling literature (e.g., Sue & Sue, 2016). As participants demonstrated, the mind’s tendency to make rapid, intuitive moral judgments, coupled with the forces of the power-over culture, make values integration an especially complex process requiring deliberate effort and intention.

The finding that participants struggled with in-the-moment awareness offers an important caveat to findings from studies that have examined counselors’ multicultural competency, which typically evaluate their strengths and weaknesses in the areas of cultural awareness, knowledge, and skills. In these studies, cultural awareness has been identified as an area of counselors’ self-perceived strength (Barden et al., 2017; Holcomb-McCoy & Myers, 1999). As noted previously, studies that purport to measure counselors’ multicultural competency are de facto measures of

counselors' multicultural self-efficacy, given their reliance on self-report. Furthermore, as Cartwright et al. (2008) cautioned, counselors tend to overinflate their self-perceived multicultural competency. Participants in this study demonstrated that even counselors who acknowledge the significance of ongoing cultural awareness for competent, ethical practice found it considerably more challenging than expected in moment-to-moment interactions with clients.

### **The Binding Function of Morality in Social Groups**

A second tenet of moral foundations theory holds that moral values function as a kind of glue, binding people together in social groups. Social group cohesion has evolutionary advantages: the more cooperative a group, the more likely it is to adapt to the challenges of survival. An evolutionary perspective helps to explain the intuitive negativity and impulses to “defend a shared nest” (p. 235) that arise when confronted with moral outsiders who violate the moral norms of the social group. These dynamics were evident in participants' descriptions of their experiences navigating values conflicts, as explored in the theme *“I'm trying to figure out the best way”*: *Navigating Values Conflicts in Practice*.

Participants described the challenges they have experienced in skillfully working through values conflicts. They explained that their primary struggle lies in effectively managing powerful internal experiences characterized by “anxiety,” “clamping up,” and “significant discomfort” that occurs in the face of an “other” who violates their core, moral convictions. This internal experience makes sense when understood from an evolutionary perspective. One participant even spoke of the inner alarm she felt when a client spoke of behavior that violated her moral values. The sense of alarm preceded an urge to “fix this now,” thus echoing Haidt's (2012) description

of the “ancient alarm box in the back of [the] brain” (p. 219) that sounds when in the presence of someone who violates the moral matrices of the personal, social groups to which they belong.

Some participants suggested feeling frightened by values conflicts, approaching them as obstacles and impasses instead of natural occurrences within, and sometimes even invitations to, connection and deeper relationships. As Walker (2010) argued, “Conflict is inevitable wherever people allow themselves to be known—whenever people risk deeper and fuller representation of themselves in relationship” (p. 89). Participants had difficulty seeing that it was not the conflict that created impasse but rather the ineffective strategies they utilized in their effort to manage their internal experiences, including disconnecting, dissociating, avoiding, and pulling away. Although they recognized their strategies as self-protective, they also saw that these tactics were unproductive and even detrimental to the counseling relationship. Several participants shared instances in which their clients, sensing disconnection and impasse in the relationship, prematurely terminated the counseling relationship. In some instances, participants felt a combination of relief and regret: while their discomfort was alleviated, they tacitly acknowledged that their professional role and responsibilities call them to engage in non-intuitive behaviors and cultivate connections with clients in ways that transcend the instinctual inclinations of the mind.

Haidt (2012) argued that empathy is “an antidote to righteousness;” however, he expressed discouragement that “it’s very difficult to empathize across a moral divide” (p. 239). Such is the chasm that counselors must bridge when navigating values conflicts in practice. Although empathy, which refers to the effort to enter into the world of the other and try to understand their perspective, is central to effective counseling practice (Hook et al., 2017; Jungers & Gregoire, 2017; Neukrug, 2016), participants often struggled to sustain empathic



engagement with their clients in the face of values conflicts. Although an exploration of what may counter intuitive tribalism is not a focus of moral foundations theory, Haidt (2012) nevertheless described his own experience of stepping out of his “home morality” (p. 120) and building filial relationships with people who held significantly different moral values, which in turn occasioned his personal development and pluralistic worldview. Although their narratives focused primarily on the challenges they experience in navigating values conflicts, participants nevertheless acknowledged that their empathetic capacity may grow when they make purposeful efforts to understand the other, provided that their emotional states are sufficiently regulated.

Testament to their desire to grow as professionals, participants expressed an eagerness to develop skills and more effective strategies for working through values conflicts. The counseling literature offers a limited, and almost exclusively conceptual, exploration of strategies for working through values conflicts, and much of these strategies were developed with counseling students in mind. Kocet and Herlihy (2014), for example, recommended ethical bracketing, defined as counselors’ intentional separation of personal values from practice. The ethical bracketing process includes immersion (i.e., self-awareness and reflection), education, supervision/consultation, and personal counseling as necessary (Kocet & Herlihy, 2014). Implicit in the process, but insufficiently fleshed out, is navigating the internal experience (e.g., anxiety, fear) with which many participants struggled when face to face with clients whose decisions violated their core convictions. Hook et al. (2017) noted this limitation in the conceptualization of ethical bracketing: they argued that while valuable in providing an “initial stance” in the management of values conflicts, counselors who utilize it “may sometimes experience a lack of integrity unless they can achieve a greater level of emotional integration” (p. 174). Participants

alluded to their need to expand their capacity to deal with anxiety in order to engage in ethical bracketing in a way that felt both authentic and pragmatic.

Another potentially helpful strategy recommended in the literature is the use of open, collaborative discussions about values conflicts between the counselor and client. Kocet and Herlihy (2014), for example, argued that such discussions could be appropriate but cautioned that practitioners must utilize clinical judgment and consultation in determining its appropriateness. Hook et al. (2017) likewise recommended this strategy, providing a goal of “moving forward in a mutually agreed-on direction” (p. 172). However, participants expressed uncertainty about the appropriateness of such discussions and had received mixed and confusing messages in their training and from supervisors. They suggested the need for more assurance that such conversations are appropriate and concrete examples of what productive conversations about values conflicts could look and feel like.

Moral foundations theory provided tools for understanding dynamics evident in the counseling relationship when values come into play, as demonstrated in my exploration of the themes, “*Am I doing the right thing?*”: *Wrestling with Values in Practice* and “*I’m trying to figure out the best way*”: *Navigating Values Conflicts in Practice*. However, a significant piece of the participants’ collective story related to the support they need in this work. Because the process continues to present challenges, they rely on the professional community to support them in the work. In “*I need more support in this*”: *An Infrastructure of Professional Support*, participants recognized their growing edges in the values integration process but underscored the limited assistance available to them. Participants named some of the systemic issues that present obstacles to values integration, including limited opportunities and space for reflective practice. This was a concerning finding, given that reflective practice towards self-awareness is widely

accepted as essential to ethical practice. It is noteworthy that the reflective environment of the interviews acted as a catalyst for a number of participants, fostering heightened self-awareness and a deepened commitment to values integration.

More importantly, participants highlighted the unreliability of the professional community, including peer colleagues and supervisors, in supporting their growth in values integration. This unreliability has negative implications for both their professional growth and the counseling relationship. Their apprehensions about openly and authentically discussing the challenges they experience in the professional community were particularly evident. Many participants spoke of the professional isolation they experience. Although feelings of isolation among novice and early career counselors have been documented in the literature (e.g., Skovholt & Ronnestad, 1992), much of participants' sense of isolation stemmed less from minimal opportunities for connection and more from their sense that among peers and colleagues, it does not always feel safe to verbalize their struggles.

Moral foundations theory sheds light on participants' discouraging experiences. The professional community is a social group, knit together by a set of professional values. As Tjeltveit (1999) stated, counselors are "members of a moral community" (p. 256), and the ACA *Code of Ethics* (2014) clearly identifies professional values. Participants indicated that they wrestle with questions about the application of these values, but such questioning may stir up other professionals' anxiety related to group cohesion and may contribute to environments in which such questioning is considered suspect and/or is not tolerated. As a result, opportunities for growth-producing dialogue may be squelched.

As they alluded to such an environment, multiple participants expressed their fears and coping strategies, which encompassed self-protective measures such as self-silencing; these

actions exacerbated their sense of isolation and jeopardized their professional development. Participants highlighted the cost of strategies such as self-silencing to their growth as counselors, but their narratives also highlighted the risk to their clients. Lauri's dilemma was particularly illustrative: had she remained silent about her struggle to reconcile her religious beliefs and professional expectations, she would have been unable to provide competent care, thus reinforcing her client's marginalization as an LGBTQ+ individual.

Participants in this study underscored conditions of relational safety as foundational to growth-producing dialogue towards values integration. Building on the work of Rober (1998), Hernandez and Rankin (2008) provided a helpful definition of relational safety in supervisory contexts that may be extrapolated to the professional community as a whole: "The co-construction of a dialogical context in which students and supervisors are able to raise questions, challenge points of view, ponder issues, confront opinions, articulate ideas, and express concerns" (p. 33). The authors clarified that relational safety does not entail "blind validation and emotional support" but rather a "caring relational environment" in which critical thinking may develop (Hernandez & Rankin, 2008, p. 33).

The importance of relational safety in the values integration process is evident as a recurring theme in the literature related to values conflicts and non-affirmative conservative Christian counseling students (e.g., Bayne et al., 2021; Minnix, 2019; Paprocki, 2014). In Minnix's (2019) grounded theory study, for example, non-affirming counselors named the lack of safety related to fears of relational loss as a significant obstacle to reconciling non-affirming religious beliefs and professional expectations. On the other hand, finding safe relational spaces for questioning and dialogue proved crucial in aiding reconciliation. Bayne et al.'s study (2021) found that participants faced challenges in reconciling their religious beliefs with professional

obligations, citing the fear of persecution as an obstacle to values integration. In this study, participants who held diverse religious, political, and ideological values cautioned against the assumption that only non-affirming counselors require increased safety within the professional community to openly and authentically address their concerns related to values integration. Given the prevailing climate of polarization, they indicated that the essential conditions of relational safety necessary for counselor development in this area are constrained.

### **Implications**

This study's findings offer insights that inform recommendations for practicing counselors, counselor educators, and supervisors. These findings underscore that values integration is an ongoing process requiring intentionality and commitment beyond the training years. In the sections that follow, I provide implications stemming from the findings of my study.

#### **Counselors**

A key takeaway from this research study is the challenge that practicing counselors face in recognizing and monitoring their personal values in practice, as well as in skillfully working through values conflicts that may arise. The literature's predominant focus on students' developmental needs in the values integration process belies the reality that integration remains an ongoing part of professional practice.

Counselors benefit from greater awareness when value judgments occur automatically and often beneath awareness. To prevent these judgments from clouding their vision and interfering with their ability to work ethically with their clients, counselors must commit to deliberate and consistent reflection on the interplay of values in their practice. While regular self-reflection may not eliminate counselors' tendency to make automatic judgments, it can enhance their ability to identify and, if needed, adjust their approach to ensure respectful engagement with

clients' worldviews. Ongoing mindfulness practice, aimed at reducing counselors' reactivity and automatic judgments, may support counselors' values integration. Promising recent research (Ivers et al., 2022) showed a negative relationship between mindfulness and implicit racial bias among a sample of counselors; however, relationships between mindfulness and values integration have not yet been examined. Mindfulness practice, as well as habitual reflective opportunities, present means by which counselors may increase deliberate practice.

Furthermore, the apprehension experienced by even seasoned counselors when working through values conflicts should be acknowledged as common, yet it can be mitigated by engaging with practices designed to stretch their moral comfort zones. Building on the earlier work of Worthington (1988), Hook et al. (2017) offered the perspective that counselors must continually adopt an attitude of cultural humility and engage in regular practices that stretch their "zones of toleration" (p. 169). Research examining cultural humility has indicated that clients are more willing to repair ruptures that may occur within the counseling relationship when they perceive their counselors as culturally humble (Davis et al., 2016). The cultural dimensions of values represented an area in which some participants struggled with values integration, therefore warranting a more intentional focus on the development of cultural humility.

A key question concerns how counselors may build humility. Counselors may benefit from immersion experiences that include opportunities for meaningful and sustained contact with people who hold diverse values (Hook et al., 2017). Immersion has been recommended as an important step in the process of ethical bracketing (Kocet & Herlihy, 2014). Findings from this study offer the important caveat that immersion must move beyond the cognitive domain and address counselors' affective experiences. Immersion experiences present opportunities for counselors to experience and work through dissonance that accompanies exposure to difference

(Atkins & Lorelle, 2022); however, scholars have noted that these emotionally intensive experiences are also cost intensive and impractical given other professional demands (Kuo et al., 2023). Therefore, experiential and process-oriented professional development and continuing education offerings may provide formal and feasible immersive opportunities for counselors, who can work through the affectively challenging aspects of values integration in a context of safety and support.

### **Counselor Education and Supervision**

Legal cases such as *Ward v. Wilbanks* (2010) represent historical inflection points within the profession that prompted scholars to reflect upon how to best support values integration among counselor trainees and supervisees. Several scholars have argued that values integration is the goal of ethics education and that counseling students must be given sufficient opportunities within their training to reflect on the interplay of personal and professional values (Ametrano, 2014; Evans et al., 2012; Handelsman et al., 2005; Lloyd-Hazlett & Foster, 2017). When prompted to share how their training programs fostered values integration, participants offered a range of responses, spanning from minimal emphasis to significant prioritization. Participants' challenges with values integration reinforce the view that counselor education programs must continue to dedicate comprehensive attention to it. Ethics training should include more than familiarization of professional standards within the *Code of Ethics*, as many scholars have already noted (e.g., Ametrano, 2014; Evans et al., 2012). Counseling students need sufficient opportunities within their training programs to engage in personal values awareness and exploration. Ongoing self-interrogation, facilitated by reflection on ethical theory as it relates to their self-understanding, may challenge them to a level of rich self-understanding that extends beyond mere awareness. As Tjeltveit (1999) argued, "I can be aware of the particular values I

hold without being aware of the reasoning that lies behind them, or of alternative ways of thinking about ethical issues” (p. 52). Engagement with ethical theory deepens counselors’ self-awareness and “makes it more likely that [they] will deal respectfully and efficaciously with clients whose answers to the fundamental questions of ethical theory are different from [their] own” (Tjeltveit, 1999, p. 52). In addition to familiarity with ethical theory, counseling students will benefit from further exploration of the psychology of moral processes. Moral foundations theory, which emphasizes the social-intuitive nature of moral processes, may complement cognitive theories that have focused largely on reasoning.

In addition, both counselor educators and supervisors must give more attention to supporting students and supervisees in learning how to manage challenging countertransference and conflict in the counseling relationship. Participants in this study struggled in managing feelings such as anxiety, fear, and even disgust towards their clients when faced with significant differences and relied on a repertoire of self-protective behaviors that ultimately reinforced disconnection in the relationship. For example, under the guise of ethical bracketing, some participants engaged in avoidance and silence, strategies that actually weakened the therapeutic alliance, which is precisely what ethical bracketing ostensibly protects. Counselor educators and supervisors may normalize conflict as inevitable in any close relationship and support counselors as they learn to sit with discomfort and ambiguity in the relationship. Ethical bracketing may be presented as a means of working through conflict, not avoiding it. As Walker (2010) argued, “Perhaps the extent to which we avoid conflict is the extent to which we avoid connection” (p. 99). Counselor educators and supervisors may teach students and supervisees tools for working through conflict, such as how to collaborate with clients in the mutual investigation of conflict and how counselors may use self-disclosure in prudent, responsible ways.



The finding that supervisors unreliably supported participants' values integration is consistent with previous research. Burkard et al. (2006), for example, brought attention to supervisors' avoidance or downplaying of cultural issues, including values, in the supervisory relationship, which in turn adversely affects the supervisory relationship and impedes supervisee growth. Johns' (2017) narrative analysis highlighted supervisors' unwillingness and/or lack of skillfulness in addressing religious identity and values with their supervisees. According to participants in this study, supervisors let them down primarily in modeling values integration. Although modeling has been recommended as a primary means of supervisory support (e.g., Randall & Levitt, 2021), it was a particular way in which participants felt let down. Supervisors must engage in honest self-assessment and seek additional training as necessary. Fostering safety within the supervisory relationship, such that supervisees feel able to openly and authentically share the challenges they experience, is a key way by which supervisors model values integration.

As participants made clear, values integration is a developmental process that is not concluded upon the completion of their training programs; however, they must continue the work of integration without the rich, academic support network to which they previously had access. In many cases, supervisors serve as one of the few links counselors have to the larger professional culture and one of the few sources of mentorship. Although supervisors are foremost in supporting counselors beyond their training years, participants made clear the need for an *infrastructure* of support in the work of values integration and brought attention to significant training-to-practice gaps in available support. Participants conveyed their deepening isolation over time: from being richly supported within the academic community, to dependent primarily on a supervisor in the post-graduate, prelicensure years, to often working in isolation as

independently licensed professionals. It may be the case that individual supervision in the post-graduate, prelicensure years is insufficient for many counselors, who may benefit from additional levels of support such as peer supervision and consultation. As Cottone and Tarvydas (2016) have argued, isolation renders counselors vulnerable to ethical missteps and professional stagnation, and counselors must have a way to communicate about ethical issues within the community throughout their careers. It is noteworthy that none of the participants were engaged in such groups, nor did they communicate connection to and/or reliance upon professional organizations, even though they are designed to serve as touchstones for professional counselors throughout their careers. An outcome of this study may be the advocacy to require peer group supervision as part of both prelicensure and maintaining licensure processes.

### **Strengths and Limitations of the Study**

In this study, practicing counselors provided narratives from their work which together provided a collective narrative of the values integration process in professional practice. What little has been studied about the values integration process in the years following *Ward v. Wilbanks* has focused almost exclusively on counseling students. A strength of this study is that it widened the lens to include independently-licensed practitioners. Participants in my study included those who were trained following the 2014 revision of the *ACA Code of Ethics* and were thus exclusively early career professionals. A limitation of the study is that it does not shed light on the values integration process at developmental levels beyond the novice/early career years.

Sample sizes in qualitative studies run small, given the emphasis on the nuances and depth of participant experiences. The sample of participants in this study was robust (n=14) in the context of qualitative research. Although I was unable to recruit participants from the

Western region represented by ACA, I was successful in recruiting participants from all other regions and from many states. In addition, participants held diverse cultural identities (e.g., race, ethnicity, gender, religion). The composition of the sample was thus a strength of this study.

Gilligan and Eddy (2017) argued that “In this high-tech age, it is easy to overlook the transformative nature of relationship and the power of listening as a route to knowledge” (p. 76). My use of the *Listening Guide* (Gilligan, 2015; Gilligan & Eddy, 2017) assisted me in listening to participants in a deep, multilayered way. The use of virtual technology (i.e., Zoom) to conduct semi-structured interviews allowed me to meet with participants from various parts of the country, enabling me to engage and listen to their narratives seamlessly. Although the virtual medium may have limited my ability to capture interactional nuances (e.g., body language) that may be more apparent when meeting and interacting face-to-face, it may have allowed participants a sense of distance from me as the researcher, such that they could safely share rich, intimate details from their personal lives and professional practice. As demonstrated in the findings, a felt sense of safety to authentically disclose their struggles was of paramount importance to participants.

Finally, I aspired to conduct a focus group with a select group of participants following the semi-structured interviews in which they participated. The purpose of a focus group was to provide an opportunity for participants to engage in shared dialogue about their experiences, which may have yielded additional insights about the values integration process. Additionally, despite measures taken to ensure the credibility of the study through member-checking, conducting a focus group could have provided an additional opportunity for participants to verify that the collective narrative that emerged from my analysis accurately aligned with their

experience and understanding. I was ultimately unsuccessful in organizing a focus group, which is a limitation of this study but may serve as a direction for future research.

### **Recommendations for Future Research**

Findings from this study point to several fruitful directions for future research. The purpose of the study was to examine the values integration process among a sample of practicing counselors. I initially limited the sample frame to participants who graduated from their training programs between 2015-2020, as this cohort represented counselors trained with an understanding of the *ACA Code of Ethics* (2014), and ultimately included two participants who graduated in 2011 and 2013. Although this study provided a window into the values integration process beyond the training years, more can be known about this process at additional stages of counselor development. Research studies that qualitatively explore the experiences of mid-career and late-career counselors may allow for a comprehensive understanding of the values integration process over the course of the professional lifespan.

A key finding in this study was that even well-intentioned counselors may struggle in monitoring the automatic value judgments that occur in the moment, even when they strive to be intentionally self-aware. For some time, scholars have called for more accurate ways of assessing multicultural competence. For example, Cartwright et al.'s (2008) finding that counselors often overestimate their multicultural competency was based on a study design that compared participants' and observers' assessments of their work with clients. A replication study that focuses on values integration specifically would provide an additional look at the interplay of values in practice from both counselors' and independent observers' perspectives. Furthermore, clients themselves may provide the best lens from which to view counselors' values integration;

a qualitative exploration of the interplay of values in practice, as described by clients themselves, is a valuable research endeavor.

Finally, an additional finding in this study was that participants struggled in knowing how to openly address values with their clients, particularly when values conflicts arise. Participants may benefit from more concrete guidance about how to address values and values conflicts; therefore, qualitative research that explores counselors' experiences of addressing values with clients in ways they deemed successful may form the foundation for establishing best practices for addressing values within counseling practice.

### **Conclusion**

The purpose of this study was to examine the values integration process among a sample of practicing, professional counselors. Fifteen participants shared stories from their work, highlighting the challenges they experience in monitoring their personal values and in skillfully working through values conflicts. These challenges were explored in the themes, "*Am I doing the right thing?*": *Wrestling with Values in Practice*, and "*I'm trying to figure out the best way*": *Navigating Values Conflicts in Practice*. With a newfound recognition that values integration is an ongoing developmental process, participants described the support they need in this work. However, in the theme, "*I need more support in this*": *An Infrastructure of Professional Support*, participants shared experiences that illustrated the insufficient and unreliable support they receive. They identified structural conditions, such as the increasing demands that limit space for the personal reflection that values integration requires. However, they also spoke of relational conditions that limit their sense of safety and support in sharing the challenges they experience with openness and honesty. Without greater support in the values integration process, counselors experience the potential for professional stagnation and harm to the counseling

relationship. The findings of this study point to implications for practicing counselors and counselor educators and suggests avenues for future research related to values integration.

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## Appendix A

### Interview Guide

The following are key areas from which I will derive my interview questions, including examples of potential questions/prompts. I will begin the interview by sharing my research question, describing my perspective and positionality, and articulating the aim of the research study.

**Personal Values:** I begin with a description of what I mean by personal values and will engage my participants in sharing more about themselves and how they understand the values that are important to them.

#### Prompts:

Tell me about moments from your life or in your relationships when you became more aware of your personal values and their importance to you.

Tell me how your values have changed over time.

### **Identity, Culture, and Multiculturalism**

#### Prompts:

Tell me about the communities and groups to which you belong and your sense of their values.

Tell me about times when you have experienced significant values differences with others and what this was like for you.

### **Professional Ethical Identity Development**

Prompts:

Tell me about your understanding of professional values and how these relate to your personal values.

Tell me about times when you and your clients talked openly about values.

## Appendix B

### Recruitment Letter

Dear Participant:

I am writing to let you know about an opportunity to participate in a research study about values in the counseling relationship and counselor practice. Values refer to both our personal preferences and our deep, core beliefs about what is important, good, and right.

You are asked to participate in two-semi-structured interviews with me, both of which will last for approximately 60 minutes and in which I will ask you to share stories about how values show up in professional practice. These interviews will take place over Zoom. I plan to record these interviews with your permission.

If you are a licensed counselor in practice (e.g., LPC, LCPC, LMHC) and received your Master's degree between 2016 and 2020, you may be eligible to participate.

If you have any questions, please contact me at [randallr1@montclair.edu](mailto:randallr1@montclair.edu).

Thank you for considering participation in this study. This study has been approved by the Montclair State University Institutional Review Board, Study no. **IRB-FY22-23-2785**.

Sincerely,

Rebecca Randall, Doctoral Candidate

Counseling Department, Montclair State University