

Application of the Counselor Values-Based Conflict Model: A Case Study

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Abstract

This essay centers on a counselor's ethical dilemma regarding the decision to counsel a couple, Karen and Dan, who engage in a dominant-submissive relationship. Juan, the counselor, notices bruises on Karen's neck, leading him to question whether he should alert the authorities about potential intimate partner violence. He is also uncomfortable with counseling a couple whose dynamics include physical violence. Juan's dilemma requires examination of the counseling professions' ethical process to ensure competent and informed decision-making. The American Counseling Association's foundational principles are examined within the context of the dilemma. Specific codes from the ACA Code of Ethics (2014) and the International Association of Marriage and Family Counselors are cited as potentially useful to Juan's situation. Court cases regarding ethical decisions of a similar nature are cited to provide real-life context. Finally, the Counselor Values-Based Conflict Model is used to guide Juan through steps in addressing both personal and professional sides of the dilemma, to inform his actions.

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Ethics inform every action taken in the field of mental health. In order to provide quality care, counselors must align their actions with an accepted code of ethics which acknowledge a host of client-centered principles. The American Counseling Association's (ACA) Code of Ethics (2014) is a guiding collection of professionally held expectations for practitioners in the United States. However, counselors routinely find themselves in dilemmas in their practice regarding ethical decision-making. In these situations, they may feel themselves pulled into two directions as to the actions they must take: one towards the duties of their job, and the other their personal values and beliefs. This is the dilemma in which Juan, the counselor of the provided case study, finds himself. To determine the appropriate course of action, the ACA's foundational principles will be applied to the situation as well as specific codes that relate to it. Additionally, this case study will explore foundational principles, the International Association of Marriage and Family Counselors' (IAMFC, 2017) Code of Ethics, and relevant case law to assess Juan's dilemma. Kocet and Herlihy's (2014) Counselor Values-Based Conflict Model (CVCM) will be used to guide Juan's decision-making process.

Identification of the Dilemma

The ethical dilemma centers on Juan, an experienced Licensed Professional Counselor, and his treatment of a new client couple, Dan and Karen. This is Juan's first session with the couple. During the session, all necessary consent forms were completed and billing information had been filed. The couple identifies themselves as being in a dominant submissive relationship in which Dan is dominant and Karen is submissive. Dan is a 35-year-old divorcee and self-proclaimed heterosexual sadist. Karen is 23 years old and identifies as bisexual. Although she identifies as a submissive, Karen does not identify as a masochist. The couple met eight months

ago and Karen moved in six months ago with the understanding she would serve as Dan's live-in slave. Dan is the more vocal party during the session, but Karen interjects to positively describe to Juan her living choices and affection towards Dan and their relationship.

During the session, Juan notices marks around Karen's neck despite the scarf she is wearing. As a result, Juan requests to speak with her alone. When he inquires about her safety, Karen assures him she is safe and has consented to endure physical pain as part of their relationship. At this time, Juan considers reporting intimate partner violence (IPV). Juan personally disagrees with Dan and Karen's lifestyle on the grounds that he feels men should not physically assault women. Juan realizes his ethical dilemma as he contemplates whether to continue or terminate services with Dan and Karen.

Conflicting Factors, Dimensions, and Variables

In his ethical dilemma, Juan's challenges involve many conflicting elements. These include criteria for reporting IPV, professional competencies, and his personal values. These concerns are analyzed via application of the ACA's foundational principles of ethical behavior (2014). The principles, considered the basis of ethical decision-making, are autonomy, nonmaleficence, beneficence, justice, veracity, and fidelity (ACA, 2014).

Autonomy

The professional principle of autonomy refers to the client's right to independent choice and self-determination (Remley & Herlihy, 2016). A culturally sensitive counselor approaches autonomy with respect for the client's diverse social and cultural framework from which they gain perception (Herlihy & Corey, 2015). For these reasons, approaching client autonomy with intention is paramount in developing an empathic relationship with healthy boundaries. Additionally, through the notion of autonomy, counselors not only aid their clients in current

struggles, they also increase client self-efficacy in future endeavors. However, learning to manage the ambiguity that comes with client autonomy may prove difficult. For example, counselors who have clients with histories of reckless behavior may struggle to allow them to make their own decisions.

Many counselors-in-training begin their studies with a false, and perhaps naïve, notion of the counseling profession's purpose. One of the first lessons taught in counselor education programs is the ability to refrain from attempting to fix a client and, instead, help them find their own path to self-discovery and growth. However, this trust in client autonomy may be a struggle for both experienced and inexperienced counselors as they weigh the importance of autonomy in relation to the other five moral principles. Vague reporting criteria and personal values of the counselor also factor into a counselor's ability to foster client autonomy.

In the present ethical dilemma, Juan must consider reporting IPV due to the marks around Karen's neck. In doing so, Juan would uphold the principle of beneficence. However, doing so may inhibit Karen's right to choose her own sexual lifestyle—her autonomy. As Juan weighs this decision, he must also contemplate his own values as the source of red flags. Ethical counselors are self-aware and have the ability to differentiate between their own values and those of the clients with whom they serve. As Juan weighs his decision to refer the couple, client autonomy is perhaps the principle he will have to consider most.

Nonmaleficence

Nonmaleficence is the ethical principle commonly referred to as “do no harm,” which ensures counselors assess all of their decisions and actions for potential risk (ACA, 2014). The principle may present as a seemingly simplistic definition, but it entails that counselors must search through all potential consequences of an action, even inadvertent ones. Although Juan's

belief that a man should never physically assault a woman demonstrates a wish of no harm, he has more to consider. If Juan follows through on his plan to tell Dan and Karen of his inability to work with them due to conflicts in lifestyle, though their engagement in BDSM is consensual, he could subject them to harm by shaming individuals who engage in those activities. Juan also needs to consider the possibility of harm if he ceases to explore the relationship dynamics and leaves potential abuse undiscovered. In this case, he would need to involve law enforcement.

Juan can continue to work with the couple, while also seeking greater understanding of BDSM relationships. IPV can occur in the context of a BDSM relationship, but an uninformed therapist could reinforce an intersectionality of stigmatization through ignorance on the subject (Pitagora, 2016). Juan must consider the consequences of involving law enforcement. The BDSM community, as a whole, has a longstanding history of fighting stereotypes and diagnosis of their sexual preferences (Lin, 2017). Great strides were taken in relieving this stigma in the DSM-5 (APA, 2013).

Consequently, Juan should seek consultation and reference literature on various BDSM relationships during his exploration of their relationship dynamics. The BDSM subculture is a minority group of individuals with distinct patterns of sexual preference. These patterns involve an array of letter combinations denoting pairs of physical and psychological attraction. These pairs include: bondage and discipline (BD), dominance and submission (DS), sadism and masochism (SM), and master and slave (MS; Shahbaz & Chirinos, 2017).

Beneficence

Beneficence is the act of “doing good” for individuals in order to foster general well-being. Despite its inclusion amongst the ACA’s foundational principles, the notion of doing good can perplex mental health professionals. Multiple factors, such as culture and personal

values, influence one's practice, sometimes inaccurately. Therefore, it can be difficult to parse out what doing good is in regards to ethical counseling. Juan's idea of goodness is the physical safety of his clients, particularly Karen, who arrives to the intake interview with bruises on her neck. By immediately addressing the obvious physical harm Karen has undergone, Juan demonstrates the principle of beneficence. Karen assures Juan that the bruises were produced in a consensual and safe manner. However, Juan should not end his exploration of Karen and Dan's relationship here.

To stay aligned with the principle of beneficence, it is vital for Juan to continue to explore the dynamics of Karen and Dan's relationship to truly understand whether there is a risk of abuse that transcends the realm of what is considered acceptable in BDSM relationships. He has already gathered that Karen has a specific role in her relationship with Dan, which is that they are compatible with one another, and they enjoy being together. Before there is definite reason to alert the authorities, Juan needs to continue trying to build rapport with both Karen and Dan. By not doing this, he is potentially harming his relationship with the couple by taking only Karen into his confidence and not taking her at her word.

If, after engaging in the aforementioned recommendations, Juan cannot determine the relationship to be one of happiness and fulfillment, it may be necessary to reach out to the authorities. Doing so would satisfy the principle of beneficence, because it would constitute the act of doing good on Karen's part, who has been established as the vulnerable party in her arrangement with Dan. His disagreement with their lifestyle, which he has not as yet adequately explored, is not grounds to do so.

Justice

Justice is the principle describing equal treatment to all parties involved, including nondiscrimination (Remley & Herlihy, 2016). Adherence to the principle of justice entails Juan's consideration of the impact his actions have on Dan and Karen as individuals, in addition to their relationship. Whether Juan elects to report, refer, educate the couple, or other counseling interventions, any action of his will have an impact on the individuals and the relationship. Therefore, application of an ethical decision-making model will ensure Juan upholds his commitment to ethics throughout the decision-making process.

A further consideration is that upholding justice may impair Juan's ability to adhere to the principles of autonomy, nonmaleficence, and fidelity. As Juan selects actions, he must consider his personal feelings towards protecting women and his own perception of BDSM culture that may influence his ability to treat both individuals and the relationship. Evaluating multiple perspectives will aid him in making action decisions while upholding the principle of justice as much as possible.

Veracity

The principle of veracity focuses on truthfulness and honesty as foundational to trusting relationships, both professionally and therapeutically. Juan discusses informed consent and billing information with both Karen and Dan. However, it is unknown to what extent Juan has explained confidentiality. Being concerned for Karen's safety, Juan met with Karen individually. This decision changes the counseling dynamic because he has excluded Dan from conversation. Documentation of the safety assessment also falls into the realm of veracity. Omission of information is a violation of this ethical principle; along these lines, Juan also needs to consider the fact that case notes are the property of his clients. If Dan is abusing Karen, the

private conversation Juan had with Karen could arouse his suspicions and lead to a request to view the case notes.

Juan needs to prepare for the possibility of either Karen or Dan referencing the private conversation topic in their next meeting. It is possible that Dan may feel betrayed, or Karen may feel singled out. Although Juan should not lie and violate his ethical guidelines, he needs to consider Karen's safety, as he is not yet confident the relationship is free of abuse. Juan could also disclose his lack of experience working with relationships involving BDSM as a way to discuss his professional knowledge while demonstrating a willingness to learn.

Fidelity

Finally, fidelity involves ideas related to loyalty and trust. Mental health professionals practice fidelity by adhering to protocol to which the clients are made aware, as well as honoring commitments included in the counseling relationship. One example, standard in all counseling practices, is the adherence to informed consent documentation. Hopefully, Karen and Dan discussed this notion of informed consent in the first session with Juan. If his professional judgment shows him that one of them may be in real danger, Juan must make good on the principle of fidelity and take the proper action to protect his client, even if it is at the expense of the other client's trust in him. At this point, there is potential for Juan to damage Dan's trust in him by trying to protect Karen. However, their dynamic has already been established to be outside Juan's normal understanding of relationships. Before a clear and informed decision can be made, Juan must further explore the dynamics of Karen and Dan's relationship by hearing what both clients have to say about it, rather than hearing only one client's view. They are both his clients, and he must demonstrate fidelity by giving them both the space to be heard. In

undertaking a couple as a client unit, Juan must take care to evenly balance his loyalties to retain equal trust from both of them.

Ethical Rationale

To determine whether counseling behaviors can be considered ethical, they must be aligned with specific ethical codes published by the ACA. Several of these codes add context and guidance to the ethical decision Juan needs to consider regarding Karen and Dan. By acting within the bounds of the ACA Code of Ethics, the IAMFC Code of Ethics, the laws in the state he is practicing, and relevant case law, Juan can be confident in making the right decisions as Karen and Dan's counselor. Following is a discussion of applied codes from APA, IAMFC, and case laws.

ACA Code of Ethics

In addition to the ethical principles previously discussed, the preamble of the ACA Code of Ethics (2014) offers professional values as guidelines to ethical decision making. Three of the five values are germane to Juan's case:

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;
4. safeguarding the integrity of the counselor-client relationship; and
5. practicing in a competent and ethical manner (ACA, 2014, p.3).

These values serve as overarching themes and are mirrored throughout the ACA Code of Ethics. How Juan decides to proceed will be informed by his decision to embrace multiculturalism, safeguard the counselor-client relationship, and practice with competence and an understanding of ethics. Karen and Dan belong to a culture which, to Juan's perception, differs fundamentally from his own. This incongruence leads Juan to question his willingness to counsel them. The

preamble's selected values serve to remind Juan of what his duties as a counselor entail. First, he is ethically obligated to both embrace, not reject, his clients' culture and make efforts to understand it from their perspective. He must also remain cognizant of his own actions, which either bolster the counselor-client relationship, or harm it. Finally, and perhaps most importantly, Juan is compelled to gain competence in new areas, as well as perform according to prescribed ethical guidelines, some of which are explored below.

Covering every relevant code for this ethical dilemma is beyond the bounds of this case study; however, several codes are considered of utmost importance for Juan to uphold a commitment to ethical practice.

A.1.d. Support network involvement. Code A.1.d. states the importance of a counselor's recognition of clients' support networks as positive resources to be utilized appropriately and with client consent. In this case, Juan could enlist the BDSM community to provide support and understanding if both Dan and Karen consent to the idea. Connecting with others who have an in-depth understanding of BDSM relationship dynamics could provide a network of safe resources from which Dan and Karen could benefit without the risk of greater misunderstanding or shame. For example, the Society of Janus (2018) is a San Francisco-based group which provides education and support for those in BDSM relationships or those seeking information about them. A second resource is the National Coalition for Sexual Freedom (2017), an organization dealing with multiple topics regarding relationships and sexuality.

A.4. Avoiding harm and imposing values. Codes A.4.a. asserts the importance of avoiding harm generally, while A.4.b. is specifically related to imposition of counselor values in the counseling relationship. Juan has a strong reaction to this couple's behaviors and acknowledges he needs to examine his concerns, but he seems unaware of his perception of what

occurs in a relationship involving BDSM. Juan's use of the words "physically assault" illuminates his values, as the word assault is legally defined as "a threat or attempt to inflict offensive physical contact or bodily harm on a person...that puts the person in immediate danger of or in apprehension of such harm or contact" (Assault, n.d.). Assuming Karen and Dan are truthful about their relationship, they are not engaging in assault because the physical contact is not unwanted. Juan should also consider the possibility that termination or referral could cause harm to the couple.

A.11. Termination and referral. Code A.11.a emphasizes a counselor's duty to recognize their own competence and assess whether they are able to assist clients in a therapeutic relationship. If Juan believes he does not have the competence to assist Dan and Karen, he is ethically required to make clinically and culturally appropriate referrals to the couple. However, Juan's desire to terminate with the couple appears linked to his disagreement with their "lifestyle choice," which is addressed by code A.11.b. According to this code, Juan would be acting unethically if he chooses to terminate because of his differing values. Instead, the code highlights the importance of respect for diversity and additional training to ensure Juan does not impose his values onto Dan and Karen. As Juan's desire to end the relationship is motivated by values, codes A.11.c. and A.11.d. are irrelevant now, but they outline methods for appropriate termination and transfer of services should the need arise at a later point.

A.12. Abandonment and client neglect. Code A.12 asks that counselors not abandon or neglect their clients. If there is a need for the counselor to temporarily terminate counseling with a client, the counselor should arrange for the client to continue treatment elsewhere during the interim. There is no indication of any temporary termination in Juan's dilemma. Rather, he is considering a permanent termination on the grounds of disagreement with their lifestyle, which

has already shown to be an unethical decision. If Juan merely determines himself to be unqualified to treat Dan and Karen, given their relationship dynamic, he must fulfill his ethical duty and refer them to a counselor whose training is better suited to their needs. However, he cannot ethically cite this code in a decision to deny them services because he feels uncomfortable with their lifestyle.

B.2.a. Serious and foreseeable harm and legal requirements. Code B.2.a. is a stipulation to the guideline regarding confidential information. Counselors must break confidentiality if there is serious and foreseeable harm to clients. Confidentiality also must be broken when legal requirements demand it. According to this code, if Juan determines either Dan or Karen to be in danger of serious and foreseeable harm, he is ethically obligated to protect them by reporting the danger. This obligation to protect, however, comes at the cost of his clients' trust in him.

B.4.b. Couples and family counseling. Code B.4.b. details identification of the client in couples and family counseling: Unless otherwise stated, the relationship is the client, rather than any individual member. Ideally, client designation is clarified in writing at the onset of counseling. It is not possible to discern this information in the case of Dan and Karen. In this instance, code B.4.b. declares that the relationship, as its own separate entity, is the client.

C.2.a. Boundaries of competence. Code C.2.a. requires counselors to practice within the boundaries of their competence and build upon their multicultural competency by working with a diverse client population. Juan is a Licensed Professional Counselor and has been providing therapy in private practice for seven years, which indicates he has gained experience and skills. It is unrealistic to think a counselor will have experience with each unique presenting

concern, but consultation and training can close competency gaps if potential harm is monitored and avoided during this growth.

C.2.b. New specialty areas of practice. Code C.2.b. states that counselors may practice within a specialty area of their field only when they have been appropriately educated, trained, and supervised in that area. In doing so, counselors protect their clients from the harm of being counseled in ignorance. Juan's dilemma centers partially on his ignorance of the sexual lifestyle to which Dan and Karen belong. This lifestyle takes a different perspective on such ideas as intimacy and safety than does the broader culture to which Juan belongs. Therefore, Juan needs to increase his competence on their lifestyle. Specifically, he would need to understand what standard relationships within their culture look like, and in what ways mental health shapes or is shaped by them. Juan may also consult with other practitioners who operate within this particular area of practice.

C.2.e. Consultations on ethical obligations. Code C.2.e. points out the importance of consultation between counseling professionals in situations of ethical ambiguity. Counselors need not operate in a vacuum. Rather, their understanding of therapeutic situations may benefit from the perceptions of others who have different experiences. Juan would do well to consult with a trusted professional on his feelings about Dan and Karen's relationship, as well as his own willingness to counsel them. This effort does not automatically color Juan as an unprepared or incapable mental health professional. On the contrary, it demonstrates that he cares enough for his clients that he is willing to admit when he is uncomfortable, unsure, or uninformed.

E.5.b. Cultural sensitivity. Code E.5.b. states the requirement of counselors to recognize and explore clients' cultural and socioeconomic experiences and their relation to client concerns. Presenting problems must be viewed through the client's cultural lens to be

understood, and it is the counselor's responsibility to increase their own awareness of cultural factors in order to view the interplay occurring in the client's life. Juan experiences discomfort at his perception of Dan and Karen's life. This discomfort is not informed by viewing the situation through the clients' cultural lenses. Juan's intuition regarding IPV is a thought of which he should be aware, but a diagnosis or label of IPV from a culturally uninformed viewpoint would be a violation of the ethical code. By developing a better understanding of BDSM, Juan will gain sensitivity toward their relationship and thus become a more competent counselor for them.

E.5.c. Historical and social prejudices in the diagnosis of pathology. Code E.5.c. directs counselors to consider the longstanding social prejudices in our country due to over-pathologizing particular groups. In addition, the code declares an expectation of counselors to develop self-awareness of the potential biases they hold and from which over- and misdiagnoses may stem. Although diagnosis across genders is relatively equal overall, women are more frequently diagnosed with disorders like anxiety, depression, and others (Rosenfield & Smith, 2010). This diagnostic trend may lead counselors, such as Juan, to hypothesize potential diagnosis of women incorrectly during assessment. Furthermore, Juan's singling out of Karen, as well as his strong feelings towards the protection of women, suggests his values may impact his ability to assess Karen's mental health. This is an instance when Juan may benefit from intentional self-reflection.

Individuals with non-normative sexuality, including the BDSM community, also suffer from unwarranted pathology (Lin, 2017). As in previous editions, the American Psychiatric Association (APA) addresses BDSM in the DSM-5 with paraphilic disorders, including sexual masochism disorder and sexual sadism disorder (APA, 2013). However, unlike previous

editions, the DSM-5 clarifies those in the BDSM community are not automatically considered mentally ill as a result of their non-normative sexual interests (Shahbaz & Chirinos, 2017). New diagnostic criteria include level of distress caused by sexuality and potential infringement of others (Shahbaz & Chirinos, 2017). Lastly, practitioners should recognize the difference between an individual with paraphilic disorder and a couple practicing consensual paraphilias (Wright, 2010). Juan will need to consider the history of diagnosis, associated repercussions, and the changing criteria of paraphilic disorder in the DSM-5 whether he refers the couple or continues services (APA, 2013).

I.1.b Ethical decision making. Code I.1.b. directly mirrors Juan's situation and provides specific guidelines for how to proceed. This code states that counselors may use an ethical decision-making model to reach a conclusion, all while documenting this process. A given model may include information on who the counselor decides to consult, what standards or laws they consider, how they generate possible course of action, and the associated risks and benefits, all leading to an objective decision. This code perhaps most closely illustrates what Juan should do to find a solution to his dilemma.

IAMFC Code of Ethics

The International Association of Marriage and Family Counselors (IAMFC, 2017) is an ACA division whose counselor members focus on family relationships and the healthy development of families. These counselors also advocate for their clients as unique individuals. Overall, these codes serve to broaden, not supersede, the ACA Code of Ethics. Three IAMFC code sections are particularly valid and enhance ethical decision-making related to this case.

Section A: The counseling relationship and client welfare. This section calls for couple and family counselors to treat couples and families as systems while acknowledging the

rights and needs of the individuals who compose them. Additionally, the IAMFC requires counselors to honor cultural diversity by respecting the roles within families. Code A.1. acknowledges both culture and sexual orientation as one of the multicultural facets which must not incur discrimination from practitioners. Similarly, IAMFC code A.11 expands upon ACA code A.12. by listing discriminatory reasons considered unethical cause for withholding treatment. Sexual orientation or identification is included in this list of unethical reasons for refusal to treat. One could argue that it is unethical to terminate treatment with Dan and Karen due to their non-normative sexuality on the premise that the sexuality is both an orientation and a culture. However, per code A.11., termination would be ethical if counseling the couple is not in Dan and Karen's best interest, or if services would violate ethical standards.

Section C: Competence and professional responsibilities. Code C.8. requires counselors to seek supervision or personal counseling upon the discovery that their professional objectivity is in jeopardy due to personal matters. Juan has already displayed his commitment to ethical practice by pausing before deciding how to move forward with the couple. He must continue to engage in intentional self-reflection to gain the necessary perspectives in deciding to treat or refer Dan and Karen. He can do so by seeking counseling and supervision himself.

Section J: Diversity and advocacy. Code J.3. requires couples and family counselors to refrain from imposing dominant culture or tradition when defining relationships. Per this code, clients shall be granted the autonomy and acceptance to establish their own understanding of relationship roles and boundaries. Code J.4. offers particular consideration to the application of code J.3. to sexual minorities, asking counselors to be especially sensitive to their rights. Code J.4. further expands upon the clients' right to define relationships by including their right to define and express their identities and preferences. Lastly, code J.5. calls for counselors to

develop their awareness of the aspects of sexual health. These aspects include physical, emotional, intellectual, and social. The code ascertains this holistic view of sexual health fosters client empowerment and enrichment.

Codes J.3. and J.4. protect Dan and Karen's rights to counseling despite what the dominant culture views as non-normative sexual preferences. Consideration of code J.5. demands an intricate application to Juan's case. Assuming Juan continues services, code J.5. holds him accountable for continued ethical decision-making during treatment. If Juan elects to continue counseling, he will need to judiciously assess Dan's and Karen's physical, emotional, intellectual, and social wellbeing. This ongoing assessment must occur without prejudice of the couple's BDSM lifestyle.

Court Cases

Counselors can use relevant court cases to inform their decision-making, especially when they face ethical dilemmas. In *Keeton v. Augusta State University*, 2010, counselor education student, Jennifer Keeton, was placed on a remediation plan due to her intention to impose her values upon homosexual clients because she did not approve of their lifestyle. Augusta State University counselor educators, Anderson-Wiley, Schneck, and Deaner, elected to remediate Keeton and ultimately dismissed her from the program when she refused the remediation plan. The Court of Appeals found her counseling intentions to be in violation of the ACA Code of Ethics. Similar cases, such as, *Bruff v. North Mississippi Health Services, Inc.*, 2001 and *Walden v. Centers for Disease Control and Prevention*, 2010, have raised the issue of practitioner values-based conflict and the impact values-based decision making has on an ethical counseling (Lloyd-Hazlett, Hobbs, & Honderich, 2017).

While ethical referral and termination is an ambiguous topic, these legal cases offer guidance. Court rulings consistently protect the LGBTQ+ population's right to receive counseling. As a result, these verdicts discourage counselors from using a difference in values as basis for discontinuing counseling services, or worse, imposing their values. Although a counselor's commitment to the ACA Code of Ethics is superior to their legal obligations, these court rulings offer Juan added protection as legal precedence for continuing counseling services to Dan and Karen when viewing the couple's sexual preference as part of a larger culture and orientation. This case study does not seek to examine the nuances of defining sexual orientation or its impact on culture and the creation of subculture. Rather, consideration is extended to the BDSM community by its inclusion as both a sexual orientation and culture in relation to these court rulings and in application of ACA (2014) and IAMFC (2017) Codes of Ethics.

Application of the Counselor Values-Based Conflict Model

Kocet and Herlihy's (2014) CVCM facilitates self-examination for counselors confronted with values-based ethical dilemmas. Although the hope is that movement through the model will result in the counselor internalizing collective values of the profession, the CVCM also offers tools for setting personal values aside when necessary (Francis & Dugger, 2014; Kocet & Herlihy, 2014).

Description of Model

The CVCM utilizes a two-prong structure composed of a personal prong and a professional prong (Kocet & Herlihy, 2014). Along these personal and professional prongs, counselors follow a series of five steps. These five steps begin with a prompt for the counselor to determine whether the nature of the conflict involves personal or professional values. For the remaining four steps, there are separate criteria for each of the respective prongs. The second

step asks counselors to explore issues and barriers to “providing appropriate standard of care” (Kocet & Herlihy, 2014, p. 184). Next, step three directs counselors to seek assistance or remediation to ensure delivery of appropriate care. In step four, potential courses of action are determined and considered. Finally, client welfare is employed as the ultimate criteria when selecting among the proposed actions. In the following discourse, each of the five steps will be further examined.

Step 1: Determine Nature of Value-Based Conflict

The CVCM presents two paths of exploration of values and, generally, the paths are chosen to analyze whether a value-based conflict is from the personal realm or professional realm (Kocet & Herlihy, 2014). In the description of Juan’s situation, the information provided does not adequately inform the reader of whether this is solely a personal or professional conflict. Juan’s disclosure of his disagreement with Dan and Karen’s “lifestyle” could be rooted in his personal values and biases, thus requiring exploration of the personal prong. However, his inability to recognize his bias and the resulting intended actions may also stem from a deficit in his professional skills. For example, Juan’s desire to contact the authorities is in opposition to his professional commitment to ethics and his rigid beliefs attached to BDSM activities may reflect a lack in understanding and appreciation of diversity.

Juan should implement the CVCM in his examination of his ethical concerns. Juan states his “need” to analyze his motivations for referral, and this model would allow him to gain deeper awareness by working through the process alone or, better, with a supervisor. In this first step, Juan may gain greater understanding of his value-based conflict and discover the source from which this conflict was created. Juan’s thought to call authorities regarding IPV is related to a lack in professional training, but the reason for his desire to refer the couple is not clearly

professional or personal. Given that readers are also unaware of the couples' presenting concern for therapy, the decision to process through both personal and professional appears to provide the greatest opportunity for increased awareness.

Step 2: Explore Core Issues and Potential Barriers to Providing Appropriate Standard of Care

In step two, Juan will use reflection to gain greater self-awareness and understanding related to his motivation to refer the couple. Recognition of personal motivations, the role of those motivations, and the possible barriers form the personal prong of this model, while a lack of skills and competency define the professional path (Kocet & Herlihy, 2014). The purpose of this step is to ensure completion of an exhaustive list of all possible causes for inadequate care.

Personal. Using the personal lens, Juan appears to be experiencing a personal value-based conflict because he feels strongly that "a man should never physically assault a woman" and disagrees with Dan and Karen's lifestyle. Juan will need to reflect on his reaction to Dan and Karen's reported consensual relationship and whether this reaction connects to prior experiences in his life. He also needs to identify his expectations of their relationship and how he imagines continuing a counseling relationship with them would be.

Professional. Within the professional path, Juan will need to identify whether he is experiencing countertransference in reaction to Dan and Karen's relationship. He will also need to reflect on his decision to refer the couple and the impact that may have on Dan and Karen personally as well as relationally. Juan will need to recognize his deficiency in training as he believes he has a duty to report IPV to authorities when Karen has stated it was due to consensual behavior. Finally, Juan will need to reflect on his multicultural competence and inability to view his clients within the context of their own culture.

Step 3: Seek Assistance/Remediation for Providing Appropriate Standard of Care

During step three, both the personal and professional pathways require Juan to seek consultation, training, and supervision (Kocet & Herlihy, 2014). To further resolve value conflicts, the model includes the use of *ethical bracketing* (EB), setting aside personal values, on the personal prong and for the professional prong, a remediation plan. Successful implementation of step three ensures two things: Juan understands appropriate care and Juan is able to provide care at that level.

Personal. According to Kocet and Herlihy (2017), Juan might begin step three of the CVCM personal track by consulting the ACA Code of Ethics (2014) and IAMFC Code of Ethics (2017). ACA codes A.4., E.5.b., and E.5.c., as well as, IAMFC codes A.1., A.11., J.3., and J.4. are of particular relevance to this case. Upon review of these codes, Juan will enhance his knowledge of the ethical treatment of diverse groups in counseling. Next, a review of the professional literature facilitates a better understanding of BDSM clientele. Similarly, recent court cases indicate the current climate of the counseling profession's systemic support of sexual minority populations and policy towards discrimination.

Ethical bracketing. Although it is not a requirement of the CVCM model, EB is encouraged in step three to aid counselors in the division of their personal and professional values (Kocet & Herlihy, 2014). EB is also used, when necessary, to assist counselors in the process of offering ethical and appropriate counseling without feeling they are sacrificing their own personal values. Kocet and Herlihy (2014) describe ethical bracketing as five potential steps counselors might take to bracket (i.e., set aside) their personal values to better understand and serve their clients. These steps include immersion, education, consultation, supervision, and personal counseling.

Of these steps, immersion is particularly useful when dealing with a diversity charged value conflict. Counselors seeking to develop competencies and awareness of diverse populations frequently immerse themselves in the culture of the respective population. This immersion encourages self-reflection and illuminates value conflicts (Kocet & Herlihy, 2014). Typically, immersion happens by visiting a culturally rich environment or attending a structured gathering. For Juan, immersion is possible via social media. Fetlife (2018) is a social media site exclusively for the BDSM community. Juan could explore the site in order to learn how the BDSM community relates in daily life and to normalize his perspective of the BDSM community. In the event that Juan elects to utilize social media, he must review the ACA Code of Ethics (2014) section H.6. Social Media to uphold ethical practice.

Safeguarding values and treatment. The final step of the personal track for step three requires Juan to plan ways to maintain beliefs while still offering effective counseling (Kocet & Herlihy, 2014). Concerted efforts are necessary to prevent imposing values either directly or indirectly (Perry & Dugger, 2014). Juan can remove the cognitive process of question formation through the use of the *Shahbaz-Chirinos Healthy BDSM Checklist* (Shahbaz & Chirinos, 2017, pp. 105-114). Utilization of the checklist helps counselors to assess and navigate three aspects of BDSM relationships: consensus, clarity concerning BDSM philosophies, and alignment of values (Shahbaz & Chirinos, 2017). Use of the questions presented in the checklist allows Juan to safeguard his values by creating a healthy boundary between his deeply held values and ethical practice.

Professional. Juan's application of the CVCM's professional prong is characterized by a lack of experience, training, and competency working with BDSM couples (Kocet & Herlihy, 2014). As he ponders how to move forward, review of ACA Code of Ethics codes A.11., A.12.,

B.2.a., C.2.a., C.2.b., C.2.e., and IAMFC Code of Ethics codes A.11, C.8., and J.5., present expectations of an ethical counselor in regard to termination, referral, abandonment, when to report, and how to manage competency and consultation.

ACA code B.4.b. and IAMFC (2017) section A and code J.5. merit particular consideration from Juan. ACA code B.4.b. designates the relationship as the identified client. IAMFC section A, expands upon this code by tasking the counselor to treat the couple or family unit while still caring for the unique needs of its individual members. Furthermore, IAMFC code J.5. states Juan will need to assess both Dan's and Karen's ability to successfully integrate a holistic approach to sexual health by examining their individual and joint integration of physical, emotional, intellectual, and social aspects. These are important considerations for Juan, as he needs to be able to assess Karen's sense of self while refraining from pathologizing her or neglecting the relationship as the client. Juan will also need to gauge Dan's placement along a spectrum of paraphilias. To do so, he will need to review DSM-5 diagnostic criteria in conjunction with literature relating to the historic misuse and legal repercussions of a paraphilic disorder diagnosis (APA, 2013; Wright, 2010). Overall, Juan will need to develop his assessment skills, whether he continues counseling or refers the couple in order to uphold ethical referral.

Concerning the social aspect of their sexuality, Juan must seek the education and ability to examine for himself and illuminate to Dan and Karen the implications of Dan's identity as a sadist and Karen's claim that she is not a masochist. At this step, Juan must review BDSM norms and the professional literature in order to relate and educate the couple. As Juan seeks to gauge his own competency at this stage, he will have to consider his ability to examine and integrate BDSM culture and ethical practice. This will be part of Juan's *remediation plan*, the

next portion of step three (Kocet & Herlihy, 2014, p. 184). Implementation of a remediation plan increases competencies and skills. The remediation plan will be beneficial for Juan whether he continues counseling or refers Dan and Karen. Furthermore, Juan must seek supervision related to the decision at hand and consider arranging ongoing supervision and training.

Step 4: Determine and Evaluate Possible Courses of Action

Juan has many choices available to him, so the purpose of step four is to list all options and expected outcomes before selecting the best fit (Kocet & Herlihy, 2014). Conceptualizing each path is essential to ethical practice. Personally and professionally, this requires exploration of the motivation for referral and whether a remediation plan will provide sufficient improvement (Kocet & Herlihy, 2014).

Personal. If Juan's desire to refer is derived from a personal value conflict, he has a few options to choose with this prong. Juan could refer the client and engage in additional training, consultation, and supervision to prevent him from having to refer a similar case in the future. If he chooses this option, he will need to consider Dan and Karen's reactions to this referral. As they identify as members of a marginalized group, this referral could potentially create shame related to their identity or serve as yet another instance in which they are misunderstood (Kelsey, Stiles, Spiller, & Diekhoff, 2013). Juan will need to consider if he will honestly disclose the reason for referral to the couple and he will need to consult the ACA Code of Ethics (2014) to ensure proper referral guidelines are followed.

Juan may also choose to continue to see the couple but with the commitment to resolve his involvement of personal values through consultation, training, supervision, and EB. By engaging in EB, Juan will increase his knowledge of the couple's situation and undertake opportunities for immersion. Use of the *Shahbaz-Chirinos Healthy BDSM Checklist* (Shahbaz &

Chirinos, 2017, pp. 105-114) will keep Juan's potential bias from interfering in his understanding of Dan and Karen's relationship, and Juan may also consider attending personal counseling to bring his biases to light.

Professional. If Juan finds the idea of referral was generated through a professional value-based conflict, he has options to address this challenge. Juan may choose to refer the client to a suitable therapist due to deficiencies in Juan's skills and competencies. However, it would be in his best interest to then adhere to a professional remediation plan targeting his gaps in knowledge to eliminate the need for a similar referral in the future.

Juan could choose to continue working with Dan and Karen while following a remediation plan including related training, a review of the related ACA ethical codes (2014), and close supervision for the duration of the counseling relationship. If Juan finds he needs additional assistance, Kocet and Herlihy (2014) suggest inclusion of a co-counselor who may be able to provide an objective view of the conflict occurring in the room.

As for Juan's decision to contact authorities with a report of IPV, to contact the authorities would not be within his scope of duties as a counselor, especially because of Karen's assurance the cause of the mark was a result of consensual sexual activity. It would be in Juan's best interest to continue to monitor the situation while consulting professional literature on BDSM practice.

Selecting a proposed action. In terms of selecting a proposed action for the personal prong, the hope is that through the interventions guided by the CVCM, Juan is able to either incorporate professional values or bracket his personal values to offer Dan and Karen ethical counseling. He should only consider referral if he was unable to do so. In regard to the professional prong, by working through the CVCM, Juan has gained the knowledge necessary to

make an ethical decision. He now understands reporting IPV for this couple is not ethical. Juan must now decide between counseling and referring while working through respective remediation plans for each option. Hopefully at this point, the research needed to make a decision has already begun Juan's remediation. If so, he has increased his self-efficacy in working with the couple, decreased stigma related to the BDSM population, and can offer Dan and Karen counseling while he continues his remediation plan.

Step 5: Ensure That Proposed Actions Promote Client Welfare

In the final step, the counselor evaluates the proposed action to ensure it is in the best interest of the client (Kocet & Herlihy, 2014). Confirming that the proposed action promotes client welfare is essential before implementation.

Personal. Juan's personal morals regarding IPV and relationship dynamics impedes his ability to counsel Karen and Dan objectively and with acceptance of their lifestyle. His duties as a counselor have been clouded by his own beliefs. Per the ACA Code of Ethics preamble, the uniqueness of relationships is an idea to be explored and embraced. Juan will need to examine his personal values and how they conflate with these duties. In doing so, he will determine whether he wants to refuse them counseling because their lifestyle conflicts with his personal values, or because he is not competent enough as a counselor to treat them. If it is the former, Juan would do well to review the ethical obligations written in the ACA Code of Ethics.

Professional. As a counselor, Juan has a level of responsibility to provide ethical and competent care to all clients. His decision to discontinue counseling them or to alert the authorities for suspected IPV must be informed by efforts to increase professional competence on Karen and Dan's lifestyle. His ability to promote client welfare will increase as his professional competence does, but not before then. Juan certainly cannot expect to promote

Karen and Dan's welfare by rejecting their lifestyle. If he wishes to promote a counselor-client relationship, as the ACA Code of Ethics preamble does, he must either refer them to a competent counselor, or else make efforts to become the competent and accepting counselor they need.

Conclusion

In exploring Juan's case, an emphasis was placed on three of the professional values within the preamble to the ACA Code of Ethics (2014). First, to honor and acknowledge the value of diversity and multiculturalism is a central value. Juan's personal and professional growth focused on increasing his understanding of the unique individuals entering his office and the context in which they exist. Integrity of the therapeutic relationship is the second central value. This next value is addressed by asserting the importance of Juan's understanding of the ethical code and his consideration of the impact of decisions on Dan and Karen. Finally, the third central value of competent and ethical practice is reinforced by addressing the various ACA codes and utilizing a model designed to assist in ethical dilemmas (ACA, 2014).

Juan stated he felt he could not work with Dan and Karen because he disagrees with their choice of lifestyle, but clarity was not provided on whether this existed as a personal value, a lack of professional training, or another cause. Juan has not yet acted on his instinct and recognizes this moment as the appropriate time for ethical examination. Kocet and Herlihy's (2014) Counselor Values-Based Conflict Model is suited for conflicts of both professional and personal origins, and the use of both prongs allowed for intensive exploration into Juan's case and his options.

As counselors grow in experience and self-awareness, identification of the value-based conflict's root may not require exploration of both paths. Juan's case highlights the difficulty experienced by many counselors when faced with a situation in conflict with one's values. Kocet

and Herlihy (2014) wrote, “Counselors bring their professional, personal, and cultural values into their relationships with clients and are not expected to be value-free in their counseling practice” (p. 182). Counselors are humans, but without intentional self-reflection and awareness, they have the potential to influence others because of those values.

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