

WHEN PROFESSIONAL AND PERSONAL VALUES COLLIDE:
A THEMATIC ANALYSIS OF COUNSELING STUDENTS' DEVELOPMENTAL
JOURNEY THROUGH AN ETHICS COURSE

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By

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ABSTRACT

Ethical practice is a foundational value in the profession of counseling. Ethics education is provided throughout graduate school and considered mandatory in most states to maintain a license. Even with this emphasis on ethics education, violations continue, putting the welfare of clients, communities, the profession and the counselor in jeopardy. One complicating factor in ethics is the difficulty found in addressing values, beliefs, and attitudes during graduate programs. These student dispositions are even more complex to address when values lie at the core of ethical dilemmas. This study examines the writings of master's level counseling students at the end of an ethics course. A qualitative thematic analysis was used to identify themes related to students' experiences and what factors promoted change in perceptions during the semester. The following themes were identified: disposition modification, knowledge integration, and inhibitors to change. Implications and further research recommendations are also discussed.

Keywords: ethics, dilemma, values, counselor education.

DEDICATION

I would like to dedicate this work to my parents, Sam and Betty Kimball. Your undying belief in my ability to complete this degree has been a sustaining support and driving force for me. Thank you for teaching me at a young age the importance of education, but never basing my worth or your love on achievements, educational or otherwise.

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List of Abbreviations

American Counseling Association (ACA)

Counsel for Accreditation of Counseling and Related Educational Programs (CACREP)

Healthcare Providers Service Organization (HPSO)

Counselor Values-Based Conflict Model (CVCM)

CHAPTER ONE: INTRODUCTION

In this chapter, I present an overview of the study that examines the process used by counseling students when they are asked to integrate personal and professional values. I provide a rationale for this study in addition to the background and statement of the problem, purpose of the study, the research question, and assumptions/limitations of the study. Finally, I present the definition of terms and significance of the research.

Background of the Problem

The profession of counseling has recognized from its inception that it is essential to practice under the guidance of ethics (Adams, 1965; Mabe & Rollin, 1986; Hancock, 2014; Walden, Herlihy, & Ashton, 2003; Zibert, Engels, Kern, & Durodoye, 1998). Because of the primary overarching professional value of doing no harm, ethics of the profession center on the needs and welfare of the client, which must come before the personal values of the professional (Pack-Brown, Thomas, & Seymour, 2008). The result is a collective set of values for the counseling profession (Francis & Dugger, 2014). Additionally, each individual state specifies legal statutes, providing a minimum standard of acceptable professional behavior (Francis & Dugger, 2014). Ultimately however, states defer the responsibility of implementation and maintenance of ethical codes to professional organizations; the American Counseling Association (ACA), for example. The ACA Code of Ethics (2014) provides guiding principles for counselors when engaging with clients, students, supervisees, research participants, and other professionals (Kocet, 2005). Anyone practicing in the field of counseling is expected to abide by the overarching values and principles of the profession, which are represented in both legal statutes and codes of ethics.

Navigating ethical codes and principles can be a complicated process. The ACA Code of Ethics (2014) is designed to provide general guidelines, as opposed to specific steps or directives. The codes themselves cover a wide variety of topics within professional practice, including: specific rights that are not found in ordinary ethical codes, common ethics that need emphasis, general codes of conduct, and protection for the profession (Gibson & Pope, 1993; Mabe & Rollin, 1986).

Further complicating matters, ethical codes shift and change as the culture of the profession and legal landscapes change. In this ever-fluctuating environment, counselors are expected to work with a wide variety of gender identities, ages, family structures, ethnicities, cultures, and spiritual backgrounds, while promoting client welfare (Bashe, Anderson, Handelsman, & Klevansky, 2007; Jordan & Stevens, 2001; Kocet, 2006; Lambie, Hagedorn, & Ieva, 2010). Finally, counselors must consider several other governing sources that may not agree: legal statutes, principles of the profession, other organizational codes, and moral standards (Walden, Herlihy, & Ashton, 2003). All of these complex components contribute to the ambiguous, intricate, uncertain, and challenging nature of ethical decision-making (Dufrene & Glosoff, 2004).

Practicing in accordance with the Code of Ethics is of utmost importance, but navigating ethical dilemmas is often a difficult process (Lambie et al., 2010; Urofsky & Sowa, 2004; Walden, Herlihy, & Ashton, 2003). Due to this struggle inherent to the field of counseling, addressing ethical decision-making starts at the beginning of the counselor's career, in graduate school (Bashe et al., 2007; Cottone & Claus, 2000). All programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) are required to demonstrate competent preparation of future counselors to practice in accordance with ethical

codes (Lambie et al., 2010; Neukrug, & Milliken, 2011; Urofsky & Engels, 2003; Zibert et al., 1998). Additionally, most states and the National Board for Certified Counselors (NBCC) require licensed and certified counselors to participate in yearly continuing education, with a portion focused specifically on ethics (National Board for Certified Counselors, 2017; Neukrug, Milliken, & Walden, 2001). But even with these standards in place, ethical violations occur.

For counselors who are part of a professional organization, it has been estimated that 1% have been reported for an ethical violation (Even & Robinson, 2013). According to the Healthcare Providers Service Organization (HSPO; 2014), between the years 2003 and 2012, 1,043 ethics-based claims were paid, with counseling relationships and professional responsibility making up 79% of the claims. With every ethical violation, whether reported or not, the public's perception and confidence in the profession of counseling is shaken (Even & Robinson, 2013; Neukrug & Milliken, 2011; Welfel, 1998).

The situation becomes even more complex when values-based ethical dilemmas occur. HSPO (2014) reported paying 31 claims due to counselors imposing their personal values onto clients. In recent years, four court cases based on counselors' personal values clashing with professional values have occurred. Two cases involved practicing counselors' value differences with specific populations (*Bruff v. North Mississippi Health Services, Inc.*, 2001; *Walden v. Centers for Disease Control and Prevention*, 2010), and two cases involved students who sued their schools after removal from graduate school due to unresolved personal and professional value conflicts (*Keeton v. Anderson-Wiley*, 2010; *Ward v. Wilbanks*, 2010). These cases highlight that ethical violations not only damage clients and disillusion the community, but they also bring conflict into the profession itself (Burkholder, Hall, & Burkholder, 2014). Ethical decision-making, especially when values are involved, continues to be an area in need of

investigation (Herlihy, Hermann, & Greden, 2014; Yarhouse, & Hathaway, 2016).

Ethical Decision-Making

In many situations, the method of ethical practice is clearly laid out by the Code of Ethics (Hancock, 2014; Mabe & Rollin, 1986; Gibson & Pope, 1993). At times however, decisions are made that do not integrate legal statutes, ethical codes, professional principles, or client interests (Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005; Sileo & Kopala, 1993). Without cautious integration of these considerations, ethical violations occur.

To help provide guidance when codes are unclear and reduce the number of ethical violations, several ethical decision-making models have been developed for the counseling profession. Since Van Hoose and Paradise's (1979) original model, which highlighted the importance of conceptualizing decision-making as a developmental process, various models have been presented to help guide decision-making (Beauchamp & Childress, 1991; Kitchener, 1984; Hare, 1991; Rest, 1984). These models tend to fall into two primary categories: theoretical and practice-based models (Cottone & Claus, 2000).

Theory-Based Models

Kitchener (1984), one of the earlier authors to address ethical decision-making theoretically, proposed that decisions should be made through the lens of five moral principles. These principles of autonomy, justice, beneficence, non-maleficence, and fidelity are still found throughout current decision-making models, serving as the basis for overarching principles of the profession. In the same year, Rest (1984) published a four-component model outlining the development of moral behavior. Gutheil, Bursztajn, Brodsky, and Alexander (1991) extended the analysis approach to include five considerations. In this model, dilemmas were to be studied in relation to each consideration.

One of the first authors to address the usability of decision-making models was Chang (1994), who offered specific steps for the process. His five-step model also included three core values of the helping profession. In addition to these more general models, multiple authors developed models based on specific theories; Hill, Glaser and Harden's (1998) feminist theory-based model; Betan's (1997) hermeneutical model; Cottone's (2001) social constructivist model; and Garcia, Cartwright, Winston, and Borzuchowska's (2003) transcultural integrative model. One weakness of these theory-based models is that they tend to be more complicated and time consuming to use, which can be a disadvantage in clinical practice, where decisions may need to be made quickly (Cottone & Claus, 2000). Even though these models offered guidance on decision-making through philosophy and use of specific theories, many of them did not provide the sequence desired in clinical settings to move smoothly from dilemma to resolution.

Practice-Based Models

Because ethical decision-making can be such a convoluted process, those in clinical practice often desire more practical models to guide them through specific steps, in place of theory-based models (Tarvydas, 1998). In their review of ethical decision-making literature, Cottone and Claus (2000) identified nine practice-based models. In addition, they reviewed models that were developed for specific practices, including marriage and family counseling, rehabilitation counseling, assessment of children with special needs, and counselor education.

One primary concern that emerged in evaluating the practice-based models, is that they are not founded on philosophical or theoretical underpinnings, appearing to be a conglomeration of ideas and suggestions from various theories and practices (Cottone & Claus, 2000).

Furthermore, a review of the literature on the use of practice-based decision-making models revealed limited research, and to date, no preferred model identified (Garcia et al., 2008).

However, one area that has been identified as a target for increasing ethical decision-making skills is during graduate school (Bashe et al., 2007; Hancock, 2014).

Counselor Education and Teaching Ethics

It is generally agreed that the earlier a counselor is introduced to the importance of ethical practice and begins to develop ethical decision-making skills, the less likely they will be to make a significant ethical error (Bashe et al., 2007; Brabeck, Rogers-Serin, Satiani, & Sirin, 2003; Eberlein, 1987; Haas, Malouf, & Mayerson, 1988; Jordan & Stevens, 2001; Kitchener, 1986; Lambie et al., 2010; Neukrug, & Milliken, 2011; Robinson & Gross, 1989 as cited in Coll, 1993; Zibert et al., 1998). Therefore, graduate school is designated as the beginning of formal ethics education. In addition, CACREP (2016) requires accredited counselor education programs to address ethics throughout the education process, regardless of the student's area of training (Even & Robinson, 2013). Within CACREP guidelines, there remains ample room for programs to tailor their approach, which provides flexibility for programs. Courses in ethics generally include learning ethical codes, principles of the profession, and legal issues; developing skills to identify ethical dilemmas, and utilizing decision-making models to resolve them (Ametrano, 2014; Jordan & Stevens, 2001; Lamb, 1991).

Ethics training is generally acknowledged as a complex process that exceeds what a purely didactic learning environment can accomplish (Bashe et al., 2007; Bernard & Goodyear, 2009; Borders, 1998; Corey, Corey, & Callanan, 2005; Dufrene, 2000; Jordan & Mears, 1990; Lamb, 1991; Lambie et al., 2010; Mascari & Webber, 2006; Tarvydas, 1987; Urofsky & Sowa, 2004; Yarhouse & Hataway, 2016). This is partially due to the inadequacy of knowledge alone in preparing a counselor to make consistently sound ethical choices (Smith et al., 1991). Ethical decision-making is a developmental process that occurs over time in the context of self-

awareness, self-exploration of personal history of moral and value development, role modeling and mentoring from faculty, and activity-based experiences that challenge ethical perspectives (Bashe et al., 2007; Corey et al., 2005; Jordan & Stevens, 2001; Lamb, 1991; Tarvydas, 1987). However, many questions remain about ethics education, and research results are mixed on the impact of formal ethics education (Coll, 1993; Haas et al., 1988; Herlihy & Dufrene, 2011; Jordan & Stevens, 2001; Zibert et al., 1998).

External Factors and Ethical Decision-Making

When reviewing the research literature regarding ethical decision-making and counselor education, three studies identified specific influential external factors. Coll (1993) investigated how the completion of a graduate ethics course impacted counseling students' attitudes. He found that students increased in self-awareness, understanding of dual relationships and the consequences, and the importance of being able to work with diverse clients. Ethics education changed the way counseling students conceptualized working with clients.

Cottone, Tarvydas, and House (1994) asked counseling students to reconsider an ethical decision that had already been made, with different levels of input from others. Ethical decisions were made in the context of relationship, with the number and types of relationships influencing how the students made decisions. Additionally, they found that group dynamics were more powerful in swaying decisions than multiple individuals consulted separately. These findings supported the theory that ethical decision-making is based more on relationships and receiving input from others, and less on absolute standards.

Finally, Dinger (1997) researched how training in two specific ethical decision-making models impacted students' abilities to identify ethical dilemmas. He found that students trained in Kitchener's (1984) ethical justification model were more able to identify ethical dilemmas in

case studies than those trained in Sileo and Kopala's (1993) A-B-C-D-E Worksheet. He also found that students who had completed a graduate course in ethics were better able to identify questionable ethical situations. Formal ethics education and receiving input from those with more experience all improved the process of ethical decision-making. But along with external factors, developmental factors have been found to play a part in ethical decision-making maturation.

Developmental Factors and Ethical Decision-Making

In addition to external factors, developmental factors like cognitive complexity and ego development have been investigated in relation to ethical decision-making. Drawing on multiple early human development models, including Bandura (1977) and Kohlberg (1964), Loevinger's (1976) theory of ego development is considered an offshoot of social cognitive development theory. Ego development occurs when new experiences do not correspond to existing schemas, creating disequilibrium (Brendel, Kolbert, & Foster, 2002; Granello, 2010; Lambie et al., 2010; Lovell, 2002; O'Keefe & Sypher, 1981). To resolve the cognitive dissonance created by this experience, the new information will either be assimilated into existing schemas, or the schema will be altered, producing ego development (Brendel et al., 2002; Lambie et al., 2010). In general, higher levels of ego development result in higher levels of self-awareness, interpersonal awareness, flexibility in thinking, and cognitive complexity (Ieva, 2010; Lambie, 2007).

Cognitive complexity, a component of ego development, is attributed with counselor characteristics that relate directly to ethical decision-making, including

- increased expression of accurate empathy,
- more flexible use of counseling methods,
- greater ability to tolerate ambiguity,

- more complex problem solving,
- the ability to integrate multiple perspectives,
- more professional confidence,
- less anxiety,
- decreased stereotyping,
- and the ability integrate various pieces of information into a whole (Benack, 1988; Birk & Mahalik, 1996; Brendel et al., 2002; Buser, 2008; Granello, 2010; Jennings & Skovholt, 1999).

In addition to exposure to new experiences that challenge existing cognitive structures, increased self-awareness and reflective exploration in a supportive, non-judgmental environment has also been shown to enhance cognitive development, which increases ethical dilemma resolution (Griffith & Frieden, 2000; Welfare & Borders, 2010; Yarhouse & Hathaway, 2016).

Values-based Ethical Dilemmas

One of the more difficult ethical dilemmas to resolve occurs when conflicts between a counselor's personal values and values of the profession arise (Kocet & Herlihy, 2014). Kilmann (1981) and Horley (2012) defined values as a set of evaluative dimensions that remain stable across contexts, occurring during interpersonal interactions. If an individual behaves in a way that is counter to their values, feelings of guilt, wrongdoing, and other strong emotions are often triggered. When emotions based on the violation of strongly held core values are activated, typical decision-making strategies are not found to be effective (Kocet & Herlihy, 2014).

Professional Values

A primary set of values that counselors must consider, is professional values. These are outlined by the ACA Code of Ethics (2014), and in a more general way, through legal statutes.

Similar themes can be found across all helping professions' ethics; promoting the welfare of the client, practicing only within the scope of competence, do no harm, importance of protecting confidentiality and privacy, avoiding exploitation of clients, practicing towards aspirational ethics of the profession as opposed to bare minimal guidelines, and behaving in an ethical manner (Corey, Corey & Callahan, 2011). Overarching principles of the profession are reflected in Kitchener's (1984) five moral principles: (a) autonomy, or giving and believing in the client's freedom of choice and action; (b) non-maleficence, which directs professionals away from acting in a way that causes harm to others; (c) beneficence, which is the duty to act in a way that benefits clients; (d) justice, or treating clients equally; and (e) fidelity, which is found in acting in a way that is faithful, loyal, and honors commitments. These overarching values can be seen throughout other ethical codes and statutes.

Because values lie at the core of counseling practice, it is impossible for a counselor or counseling student to practice value-free (Dollarhide, 2013; Kocet & Herlihy, 2014; Yarhouse & Hataway, 2016). The ACA Code of Ethics (2014) directly addresses counselor values under Section A: The Counseling Relationship. According to code A.4.b., counselors are to be aware of "their own values, attitudes and beliefs, and behaviors" (p. 5) and avoid imposing them on clients, research participants, and trainees.

Personal Values

Ethical counselors are called be aware of their own values, and place the client's well-being, which often encompasses values-based goals, at the center of the counseling relationship (Kocet & Herlihy, 2014; Mattison, 2000). However, conflicts between the client's personal values and the counselor's personal values can trigger significant emotions for the counselor, making it difficult to remain objective. Regardless, if a counselor imposes their values on a

client, it can negatively impact the therapeutic relationship, stall development of client autonomy, and lead to the client feeling disrespected, resulting in harm to the client (Kocet & Herlihy, 2014). These types of interactions place the well-being of the client in jeopardy and cast the profession in a poor light.

Counselor Values-Based Conflict Model

When examining the literature, only one ethical decision-making model addresses how to proceed when values are at the core of an ethical dilemma. Presented as an add-on to any other freestanding ethical decision-making model, Kocet and Herlihy (2014) developed the Counselor Values-Based Conflict Model (CVCM). This model addresses both personal and professional values conflicts, and the process of deciding if a referral is appropriate for the situation. The five steps of the CVCM ultimately guide practitioners to a client-centered resolution of personal and professional values-based ethical dilemmas.

Step One

In the first step, the counselor determines the nature of the conflict. The practitioner must decide if the dilemma is a personal values conflict or a professional values conflict. According to Kocet and Herlihy (2014), a personal values conflict “can stem from a cultural, religious, moral, or personal belief, life experience, or a potential countertransference issue” (p. 184). These conflicts are tied to beliefs, morals, and values. A professional conflict involves “a lack of requisite skills or training to be effective in providing counseling services” (p. 184). Once the counselor has decided which type of conflict addresses their situation, they move through the rest of the model under that prong.

When using the CVCM, professional values conflicts tend to route through a well-known process that includes: (a) identifying the foundation of the conflict (countertransference, lack of

training or experience), (b) consulting the ethics codes and colleagues, (c) developing a remediation plan, and (d) seeking conflict-specific supervision and training. The professional would only then decide if a referral to another provider is appropriate, exploring the rationale for referral and possible biases that underlie the conflict, and evaluate the remediation plans' effectiveness. Finally, the counselor would ensure that the plan is in the client's best interest. Because this is a straightforward process, the remainder of this section will focus on the personal values side of the model, where situations can become complicated and not amenable to straightforward resolution.

Step Two

Step Two on the personal values prong of the CVCM requires self-awareness as the counselor focuses on exploring the core reason underlying the conflict. This includes recognizing and identifying what biases, morals, or religious beliefs might be involved in the dilemma, and personal experiences that might be contributing to the conflict. Finally, potential values-based barriers to the counseling relationship are identified. All of these underlying issues are examined together with the ethical requirement to deliver appropriate client-centered services. Once these core issues are identified, the counselor moves to the next phase.

Step Three

In Step Three, the counselor seeks assistance and remediation to assist them in providing appropriate services. Working through this step includes: consulting the Code of Ethics, immersing self in the professional literature on the topic, obtaining supervision, engaging in training, utilizing ethical bracketing, and finding ways to maintain personal values while operating under professional principles. If necessary, the counselor will create a remediation plan to increase lacking competencies or address personal biases that impede ethical services.

Step Four

At Step Four, a course of action is determined and evaluated. In this phase, the possibility of referral to another counselor is examined and determined to be ethical or not, based on the role of personal bias in the motivation to refer. The clinician will also assess the effectiveness of the remediation plan in working through any personal biases that underlie the conflict.

Step Five

In this final step, the action that has been decided upon is examined to ensure that it focuses on client welfare. Only after ensuring that client well-being is the focus, the plan is put into place.

When considering the framework provided by the CVCM, many of the steps are encompassed in other ethical decision-making models and considered standard practice for resolving ethical dilemmas (Crethar & Winterowd, 2012; Hancock, 2014). This model diverges in Step Three, at ethical bracketing and integration of personal and professional values.

Ethical Bracketing

In Step Three of the CVCM, Kocet and Herlihy (2014) recommends a counselor move from less restrictive forms of remediation (consulting Code of Ethics, supervision, and training), to more complex forms when the dilemma is not addressed by the previous interventions. Ethical bracketing, the fourth option in Step Three, occurs when a counselor sets aside their own values for the values of the profession. Ethical bracketing includes several steps: immersion in self-reflection and awareness about the conflict, self-education through literature and ethical code review, consultation and supervision throughout the ethical bracketing process, and personal counseling to address barriers and personal biases. If the conflict is significant, the

addition of a co-counselor is recommended through the bracketing process. When ethical bracketing successfully enables the counselor to set aside personal values for professional principles, the therapeutic relationship can continue forward with client-centered goals. At times however, ethical bracketing is not possible.

In some instances, the personal values of the counselor are deeply held, and the conflict triggers a strong emotional reaction, making bracketing impossible (Ametrano, 2014). If bracketing is not an option, the counselor is left in the difficult position of being unable to set aside their own values, while also being held to the professional ethical standard of not placing their values onto the client. This would move the counselor to the last component: finding ways to integrate personal and professional values. Even though many authors agree that this is the ultimate goal for counselors in values-based conflicts, little is known about the process (Ametrano, 2014; Crethar & Winterowd, 2012; Dollarhide, 2013).

Integration of Personal and Professional Values

According to Kocet and Herlihy's (2014) model, in situations where values-based conflicts cannot be resolved or bracketed, counselors are instructed to find a way to maintain personal values while providing ethical service (Mascari & Webber, 2006). An extensive review of the literature revealed that this complicated step lacks clear guidance as to what enables the professional to remain authentic to their own values, while honoring the values of the client and the profession. This unknown space leaves a gap in counselor development research.

Just as it is impossible for a counselor to practice values-free, counseling students are also not expected to exist values-free (Dollarhide, 2013; Kocet & Herlihy, 2014; Yarhouse & Hataway, 2016). Therefore, training students to develop the knowledge, skills, and disposition needed to remain authentic while working with a wide variety of clients is paramount

(Ametrano, 2014). Because of this, counseling students are expected to develop beyond knowledge and skills, and are to examine their attitudes, values, and beliefs in the pursuit of becoming a competent practitioner (Bashe et al., 2007; Coll, 1993; Corey et al., 2005; Jordan & Stevens, 2001; Lambie et al., 2010; Mattison, 2000; Tarvydas, 1987; Thompson, 2009; Tjeltveit, 2006; Yarhouse & Hataway, 2016). This requires a higher level of cognitive development that moves outside of the traditional focus of knowledge and skills, and extends into more ambiguous territory of disposition, self-awareness, and ego development (Dollarhide, 2013).

The need to expand counselor educators' understanding of what impacts a student's ability to hold personal and professional values, is underscored by the two previously mentioned court cases. In both cases, counseling students were believed to be unable to practice outside of their own values and were dismissed from their programs (Herlihy et al., 2014; Yarhouse & Hataway, 2016). These cases have raised multiple questions about the responsibility of counselor educators to balance gatekeeping roles with supporting the development of students (Burkholder et al., 2014). Understanding how to impact a student's values-based ethical decision-making becomes even more important when considering the educator's multifaceted responsibility to the student, the institution, the profession, and the community (Dollarhide, 2013; Hancock, 2014; Huprich & Rudd, 2004; Yarhouse & Hataway, 2016).

Regardless of the specialty or setting, future counselors must be prepared to undertake the challenge of making ethical decisions; training future counselors to be competent practitioners is a fundamental responsibility of counselor education programs (CACREP, 2016; Hancock, 2014). The ACA and CACREP both mandate that counselor educators provide training for the students, gatekeeping for the profession, and intervene when it becomes apparent that a student is not ready to assume the responsibilities of a professional counselor (CACREP, 2016; Foster &

McAdams, 2009; Ziomek-Daigle & Christensen, 2010). Ethics education is considered an essential focus for graduate programs; the most valuable time to be trained in ethical practice (Gibson & Pope, 1993).

Because of its importance, counselor educators design specific assignments to increase student understanding of how personal values intersect with professional principles and cognitive growth (Brendel et al., 2002; Buser, 2008; Lambie et al., 2010). Throughout their program, students participate in experiences designed to increase awareness of their values, explore who and what formed their values, what continues to inform them, and formulate ways to increase growth towards personal and professional values integration (Ametrano, 2014; Daniel, Deacon, & Kimball, 2017; Dollarhide, 2013; Jordan & Stevens, 2001). Over several years, antidotal change has been reported in the student's ability to remain consistent with their own values while functioning in line with professional values (Daniel et al., 2017). However, there has not been a systematic study of what facilitated the process of students' increased ability to integrate personal and professional values. Given the importance of graduating ethically sound counselors who can integrate their personal and professional values, it is essential to examine the processes involved in teaching counselors how to address values-based ethical decision-making.

Statement of the Problem

Counselor educators have a responsibility to promote competence by providing a high standard of education for future counselors. One area of substantial importance, but limited research, is how to effectively train future counselors in ethical decision-making, specifically when value conflicts are involved. Counselors are mandated by the ACA (2014) to work with individuals who have different values than themselves, but no research-based instructions are available on how to accomplish this when the values in question are not able to be bracketed. To

date, there is little known about what impacts values-based ethical decision-making, and even less is known about the process that would enable a counselor to authentically maintain congruence with his or her own values while practicing under the principles of the profession.

Purpose of the Study

The purpose of the study is to examine the process by which counseling students could learn to manage values-based ethical dilemmas and increase their ability to maintain personal values while practicing within the values and ethics of the counseling profession. The study will utilize student writings, with particular focus on what events they perceived had influenced the way they viewed populations they felt uncomfortable working with. Because counselor educators are responsible for facilitating student development, but also act as gatekeepers of the profession, understanding this phenomenon will enable counselor educators to tailor education in a way that produces competent, ethical counselors.

Research Question

What experiences emerge in master's level counseling students' writings when asked to integrate personal and professional values?

Assumptions and Limitations

In this study, several assumptions are made. The first assumption is that students underwent some level of cognitive development while engaged in an ethics course. The second assumption is found in the assignment being analyzed. It is assumed that this assignment directly influenced the student's development and was one of the primary factors of the effect. The third assumption is that the change in comfort levels reported in the assignment translates into students experiencing fewer values-based ethical conflicts. The final assumption is that

themes exist in the student's writing and will emerge upon analysis. These themes will prove to be valuable for counselor educators and generalizable for clinical supervisors.

The primary limitations of this study are found in where the sample will be drawn from and follow-up will not be possible. The first limitation of the study is found in using a student's writing as opposed to interviews. Because the data is limited to what has already been expressed, no additional exploration to deepen understanding is possible. Also, the assignment itself was limited in the amount of information that could be communicated by the prompts, which may or may not have captured the processes deemed meaningful by the student. Furthermore, while some individuals may be more comfortable with written disclosure, this is not always the case. Written formats also precluded the opportunity to gain information from non-verbal expressions; students underwent some level of cognitive development found in face-to-face interviews. Due to the data being taken from a convenience sample, generalizability will be limited.

For this study, the data is obtained from a graded assignment; this leads to the potential for social desirability due to its evaluative functions. It has been noted by Dollarhide (2013) that students, at times, will communicate what they think the professor wants instead of what they believe. This phenomenon could possibly skew some of the results.

The final limitation of the study is found in there being primarily a single researcher, as a team will not be utilized outside of triangulation and auditing. For qualitative research, teams are often preferred for the full process (McLeod, 2011). Due to the nature of this project, a single researcher will be conducting the primary analysis, which is acceptable in thematic analysis, but reduces outside perspectives and insights (Braun & Clarke, 2006).

Boundaries of the study

The data from this study will be drawn from assignments submitted by students in their first year of graduate school, at the same institution, with the same professor, over the past three to four years. Although using the same professor will help ensure the same type of information was delivered in the same manner in each class, it can be assumed that changes were made as time progressed, to improve the student's learning experience. Because the students are all from the same institution, the results will have low generalizability. Even though the results may be extrapolated for use in clinical supervision practices, the primary audience is specific to counselor educators.

Definition of Terms

Cognitive complexity: a developmental component of social cognitive theory. Describes an individual's ability to integrate and use multiple perspectives in regard to interpersonal interactions (Duys & Hedstrom, 2000).

Disposition: external behaviors that are driven by underlying values (Dollarhide, 2013).

Ethics: moral principles governing a group or individual to provide rules for right conduct (Dufrene & Glossoff, 2004).

Ethical decision making: the process individuals use to reason that a course of action in a particular situation is ethically right or wrong (Dufrene & Glossoff, 2004).

Ethical violation: conduct that is in direct violation of any organizations' code of ethics (Mascari & Webber, 2006).

Self-Awareness: conscious knowledge of one's own character, feelings, motives, and desires. Self-Awareness. (Merriam Webster, n.d.).

Values: an individual's or group's principles or standards of behavior; conviction of what is important or good in life. Values. (Merriam Webster, n.d.).

Significance of the Study

This study is anticipated to expand the understanding of how counseling students develop the ability to reconcile a clash between personal values and principles of the profession. When ethical violations occur in the work of counseling, these violations harm clients, the community, and the profession as a whole. Even with current educational practices in the field of counseling ethics, violations continue. When values are at the heart of the ethical dilemma, there is little known about how to train counselors to maintain personal values while honoring conflicting values.

Counselor educators have the responsibility to continue to seek ways to educate future counselors in sound ethical decision-making. The themes identified in this study will add to the knowledge about what impacts a student's values-based ethical decision-making, enabling counselor educators to be more effective in educating future counselors. These themes can also be generalized to clinical supervision and used to improve supervision practice, which will improve ethics development throughout the career span.

As counselors improve their ability to make decisions without allowing their own values to be the basis of their choices, clients will receive more ethical services, promoting dignity and worth. This will also open up less discriminatory services for those in marginalized groups. Finally, it will improve the public perception of the profession, signaling growth, and resulting in improved trust in counseling.

Organization of the Remaining Chapters

This study explores the process by which master's level students develop cognitively during an ethics course. Chapter 1 provided the statement of the problem, rationale for the study, the need, purpose, and significance of the study, the research questions, and the definition of terms. Chapter 2 presents a review of the literature on the theoretical foundations of the study, ethical decision-making, values, and the process of counselor development. Chapter 3 provides the methodology for this research. In Chapter 4, I discuss the results of the data, including the analysis, interpretation, and summary of the findings. Chapter 5 provides a discussion of the findings, including the implications, limitations, and recommendations for future research.

CHAPTER TWO: REVIEW OF THE LITERATURE

The counseling profession is founded on values (Mascari & Webber, 2006), therefore it is assumed counselors will interact with values during the normal course of practicing in counseling. At times, these interactions will result in the counselor's values clashing with professional values, causing values-based ethical dilemmas, which must be resolved (Walden et al., 2003). To make an ethical decision, the counselor must have the cognitive flexibility to weigh out the benefits and consequences of competing interests, including client goals, community safety, legal statutes, professional principles, and personal values.

These ethical decisions are complex and carry significant meaning. Subsequently, counselors are required to participate in regular continuing education focused on ethics. Additionally, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) requires all accredited graduate counseling programs to prepare students to make sound ethical decisions. In these programs, counselor educators must balance their role of coordinating student development and gatekeeping for the profession. Even with these safeguards in place, ethical violations occur. This fact encourages counselor educators to search out best practices for training students in ethical decision making, especially when values are at the root of the dilemma.

The remainder of this chapter will build a foundation for the study of student experiences during an ethics course, when challenged to integrate professional and personal values. This will be accomplished through the exploration of the history of ethics in counseling, ethical dilemmas and decision-making, overview of ethical violations, values' role in ethics, counselor educators'

roles in ethical education, and review of the one ethical decision-making model that is focused on value-based dilemmas.

Developmental History of Professional Counseling Ethics

Historically, ethics has been a concern in the profession of counseling. As early as 1965, authors were discussing the importance of a unified code of ethics for the counseling profession. Adams (1965) wrote that many of the problems occurring in the field of counseling could have been avoided if commonly occurring situations were considered in advance, and the solutions shared with the entirety of the profession. He stressed that if all counselors were educated in common ethical violations and general procedures to address them, ethical violations and their consequences could be avoided.

The profession took this need for a counseling-specific code of ethics seriously. One year after its formation, the American Personnel and Guidance Association (now the American Counseling Association; ACA) developed its first ethics committee. In less than ten years an official code of ethics was established (Gibson & Pope, 1993). By endorsing its own code of ethics, the profession of counseling signaled its willingness to regulate its membership, promote internal harmony, and protect the public (Gibson & Pope, 1993; Hoose & Kottler, 1985; Mabe & Rollin, 1986; Zibert et al., 1998). These actions established counseling as a maturing vocation and provided a unified professional identity. Almost as important as the code of ethics are the values that underlie the code and act as a foundation for professional behavior.

Development of ACA Values

Values of the profession must be taken into consideration when discussing the counseling profession's code of ethics. Kitchener (1984) identified five moral principles that have become the cornerstone of counseling ethics and are considered overarching principles of the profession.

These moral principles, as detailed by Forester-Miller and Davis (1995), are autonomy, justice, beneficence, nonmaleficence, and fidelity. A sixth value, veracity, was added to the code in 2014 (ACA, 2014).

Autonomy, according to Forester-Miller and Davis (1995), refers to the individual possessing the freedom to make their own choices. Coupled with freedom, it is the counselor's responsibility to assist the individual in understanding how their decisions might impact them in the context of their social systems. Additionally, counselors have an obligation to individuals who lack competence, to guide away from acting on decisions that might bring harm to themselves or others.

The next principle is justice. This principle is defined somewhat differently than assumed, as it does not indicate treating all individuals equally. Justice dictates that when an individual is treated differently, the treatment must be supported by a clear rationale.

Beneficence is the third principle. This value dictates the counselor's obligation to focus on the client's welfare, and when feasible, avoid harm.

The next principle is nonmaleficence, which Forester-Miller and Davis (1996) termed the most important value. This foundational value of "above all, do no harm" is common over most helping professions. It includes not only intentional harm, but also incorporates avoiding behaviors that run a risk of harming others.

The fifth principle is fidelity, which includes behaving in ways that promote trustworthiness, loyalty, and faithfulness, as well as honoring commitments. This involves creating and maintaining a productive therapeutic relationship.

In 2014, the ACA added a sixth value to the Code of Ethics, veracity (ACA, 2014). This new value involves being truthful with any individual the professional encounters in practice.

For this investigation, the original five principles are defined as the foundational principles of the profession, even though there many other principles in the profession.

Development of ACA Code

The ACA Code of Ethics (2014) is a set of general principles that guides counselors in their work. Because situations are so greatly varied, these principles are conceptualized as general guidelines that can be applied to specific situations (Gibson & Pope, 1993). The guidelines cover a wide variety of professional practice: specific rights that are not found in ordinary ethics codes, ordinary ethics that need emphasis for some reason, general codes of conduct for the profession, and codes that protect members of the profession (Mabe & Rollin, 1986). Clarity when considering whose interests are primary - client, community, counselor, or profession - is also included (Mabe & Rollin, 1986; Hancock, 2014; Walden et al., 2003; Zibert et al., 1998). Additionally, the code covers the multiple roles counselors have in their profession: practitioner, counselor educator, researcher, and supervisor (ACA, 2014).

Traditionally, the ACA Code of Ethics is revised every seven years by the Ethics Committee (Walden et al., 2003). Revisions take into consideration current topics in the profession while incorporating member input. The ACA Ethics Committee publishes a yearly report of all ethical violations that have been filed, and their respective outcomes. Two other considerations outside the Code of Ethics factor into ethical practice: professional principles, discussed above, and legal statutes.

Legal Statutes

Equally important to professional ethics and principles, are the roles legal statutes have in conjunction with the Code of Ethics. Legal statutes, according to Corey et al. (2011), are different from ethics, based on who is governed. Ethical codes govern members of the

profession, while the law governs communities, states, and countries. Legal statutes are enforced by government organizations and set a minimum behavioral standard to remain in society. Even though the Code of Ethics directs counselors to abide by all federal, state, and local laws, at times there are conflicts between ethical and legal guidelines (Knapp et al., 2007). These conflicts continue to demonstrate that navigating ethics can be challenging and, at times, confusing.

Ethical Violations

As demonstrated previously, operating flawlessly under ethical, moral, and legal standards is not a simple task. Additionally, counselors must consider these standards in every role they embody, making the process even more complicated. Bring in the variety of contexts each client adds, it is no surprise that ethical dilemmas arise. Ethical dilemmas result when legal, moral and ethical codes collide (Walden et al, 2003). When dilemmas are not resolved in accordance to professional principles, ethical violations occur.

Approximately 1% of counselors who are members of a professional organization have been reported for an ethical violation (Even & Robinson, 2013). In its first nine years of operation, the Healthcare Providers Service Organization (HSPO; 2014) reported paying 1,043 claims related to ethical violations by counselors. The highest numbers of claims were paid for a sexual or romantic relationship with a client or client's spouse, and practicing outside of the scope of education and training. Other top violations included breach of confidentiality, failure to assess, failure to release records, billing, multiple relationships, verbal abuse, and failure to obtain an informed consent prior to beginning treatment.

Pope and Bajt (1988) reported that the majority of practitioners surveyed admitted to violating ethical codes. 77% stated that ethical standards should be broken in special cases,

specifically when client welfare is more important than the code. In the literature, the top two reported ethical violations were related to working outside the scope of practice and participating in dual relationships and/or boundary violations with clients (Even & Robinson, 2013; Mascari & Webber, 2006; Neukrug et al., 1992; Neukrug, Milliken, & Walden, 2001; Phelan, 2007). When ethical violations occur, the public's trust is impacted, instigating questions about counselor competence, and criticism towards the profession in general (Even & Robinson, 2013; Neukrug & Milliken, 2011; Welfel, 1998). One way to reduce the occurrence of ethical violations, has traditionally been ethical decision-making education and training.

Ethical Decision-Making Models

The Code of Ethics was designed to act as a guideline, composed of a combination of rules and practical principles, leaving room for professional judgement. However, when the code is unclear, does not give specific guidance, or contradicts legal statutes and/or values, ethical dilemmas develop (Rosenbaum, 1982; Smith et al., 1991). To help keep dilemmas from evolving into violations, ethical decision-making is employed. This process of resolving dilemmas is considered too critical an element of practice to leave up to chance (Cottone & Claus, 2000). Therefore, multiple decision-making models have been developed to guide a clinician through the ethical decision-making process. These models are divided into theory and practice models, which have both strengths and weaknesses.

Theory-Based Models

Theory-based models, according to Cottone and Claus (2000), use a base of philosophy and a specific theoretical framework to provide guidance on decisions. Even though these models are well grounded and justified in their assertions, they do not provide a sequence for making decisions. They are considered complicated and require dedicated time to consider prior

to making a decision. In clinical settings, time to ponder a decision is often not available. As these concerns surfaced, practice models began to emerge. These models provide a step-by-step process that guide3s a practitioner from dilemma to decision in a straightforward manner. These models are easy to use, but they have no theoretical foundation and many times are a conglomeration of ideas and solutions from a variety of unrelated practices and theories. Theory-based models will be reviewed first.

In 1979, Beauchamp and Childress released the foundational article on the ethics for professionals in helping fields. It established a theoretical base and general guidelines for ethical decision-making. After its publication, a majority of the literature was focused on moral and ethical principles, and the process of making choices (Cottone & Claus, 2000). Each of the earlier models built on the theories and philosophies from the previous models. Van Hoose and Paradise (1979) developed a five-level model based on the moral developmental theory of Kohlberg (1969). This model presented the idea that ethical decision-making could be viewed as a developmental process.

The next significant contribution to ethical decision-making was by Kitchener (1984), who identified five moral principles to use as a lens for decision-making in the helping profession: autonomy, justice, beneficence, nonmaleficence, and fidelity. These are the five principles that are considered the foundation of professional principles. In 1984, Rest presented a four-component model of moral behavior, identifying the specific parts of a situation that require consideration prior to action being taken (Cottone & Claus, 2000). Gutheil et al. (1991) presented a model that focused on the process of decisional analysis. Even though this model provided multiple approaches to making a decision and suggested the use of a decision tree, it did not provide linear steps. Chang (1994) presented an ethical decision model that contained

five steps and three core values focusing on client autonomy. At this point, models moved from having a more general philosophical foundation, to being based on specific counseling philosophies and theories.

In 1998, Hill et al. formulated a model based on feminist theory, integrating personal characteristics of the counselor and full participation of the client in the decision. This model brought in the importance of counselor values, social context of the therapeutic relationship, and client collaboration throughout the process.

Betan (1997) developed the hermeneutic process of decision-making, which focused on how truth is constructed, and counselor awareness of personal values. He advocated that his process was an addition to Kitchener and Rest, as opposed to replacing their approaches.

Garfat and Ricks (1995) focused on how the counselor came to decisions. Characteristics included self-awareness, critical thinking skills, personal responsibility, openness to alternatives, and the integration of feedback.

Cottone (2001) developed a model based on social constructivism, emphasizing that ethical decision-making is a social process, and ethical decisions are based on external social interactions rather than internal process.

Garcia et al. (2003) developed the Transcultural Integrative Model, which incorporated cultural factors into the integrative model, social constructive model, and collaborative model. These models provided a rich understanding of making an ethical decision, but large numbers of practitioners desired models that enabled them to reach a conclusion step by step (Cottone & Claus, 2000). Therefore, practice models began to appear in the literature.

Practice-Based Models

One of the first practice-based models was presented by Sileo and Kopala (1993), who developed a worksheet based on existing ethical decision-making models. They utilized the mnemonic A-B-C-D-E: assessment, benefit, consequences, duty, and education. This worksheet was designed to make decision-making more comprehensible and guided. One of the first sequential models that provided specific, straightforward direction was published by Forester-Miller and Davis (1995). This seven-step model integrated previous models, including Kitchener's (1984) five moral principles, and was considered the preeminent model for several years. Davis (1997) proposed the collaborative model that focused on client-counselor cooperation and inclusion of those who are impacted by the decision. Tarvydas (1998) developed the integrative decision-making model, which contained multiple stages with detailed sections to guide the clinician. This model focused on how the counselor's thoughts, emotions, and the psychological process of decision-making impacted the entire process. Additionally, self-awareness, context of the situation, and collaboration were accentuated.

Corey et al. (2005) combined the virtue ethics of Jordan and Meara (1990) and critical-evaluation model of Kitchener (1984). Welfel (1998) stressed that all ethical decisions should be based on Kitchener's (1984) values of the counseling profession. Steinman et al. (1998) published a manual for clinicians that focused on common areas of ethical dilemmas and established a hierarchy when interests were in conflict. With this wide variety of models, a common concern is that no clear guidance has ever been established for which models to use under what circumstances (Cottone & Claus, 2000).

Research on Counselor Ethical Decision-Making

With the introduction of ethical decision-making models, research on how counselors make these important decisions began to appear. Research falls into two general categories: attitudes and perceptions of ethics, and the skills to identify ethical dilemmas and make decisions.

Attitudes and Perceptions Impact on Ethical Decision-Making

Researchers have looked at how values and attitude impacts ethics. Protinsky and Coward (2001) interviewed 12 marriage and family therapists who had practiced for anywhere between nine and 27 years. They found ethical decision-making appeared to move from being based on a rigid interpretation of ethical codes, to the more flexible and ambiguous, based on the practitioners' perception of how to provide service to best meet client needs. Jennings et al. (2005) conducted a consensual qualitative analysis to identify common ethical values of leading therapists. They found nine themes: relational connection, autonomy, beneficence, nonmaleficence, competence, humility, professional growth, openness to complexity and ambiguity, and self-awareness. Both of these studies emphasized the important role counselor values have on ethical decision making.

Neukrug and Milliken (2011) looked at the differences in how counselors perceived ethical dilemmas. They found significant differences between genders when looking at the ethics related to being direct with clients, and differences in age group when examining multicultural issues and ethics. Lauka et al. (2013) investigated outpatient and in-home counselor attitudes about common ethical dilemmas encountered by in-home counselors. No statistically significant difference was observed between the two types of counselors. These studies highlight that clinicians' views on ethics seem to change and evolve over the years of

their career and can be influenced by a multitude of variables. Another important component of ethical decision-making, the skills needed, was also researched.

Skills impact on Ethical Decision-Making

Several researchers have focused on the skills counselors use to make decisions. Ability-based research included Hinkeldey and Spokane (1985), who reported that ethical decision-making was impacted negatively by pressure. Additionally, there was little reliance on legal statutes to help guide decisions. Haas et al. (1988) found no difference in the ethical decision-making skills of those who had formal ethics education and those who did not. Smith et al. (1991) surveyed 102 mental health professionals to determine if there was a difference in what they reported they should do ethically, versus what they really would do. There was consistent feedback that when less clarity was found in the ethical codes or legal statutes, choices were impacted by personal values and reflection on the situation. Zibert et al. (1998) surveyed members of a state counseling association and found that ethical knowledge was not correlated with age, years of practice, credentials, or formal course work in ethics.

Several of these studies came to contradictory conclusions related to education and its impact on ethical decision-making. Several authors hypothesized that large numbers of those surveyed completed their education prior to the requirement that all graduate students receive ethics education, which may have skewed the results. Even with the contradictions, most authors agree that formal education in ethical decision-making is beneficial. These studies also emphasized that ethical decision-making in counseling is a multifaceted process that needs continued investigation.

Research on Ethics and Counselor Education

Even with mixed results in the research about formal education and ethical decision-making, it is generally acknowledged that counseling students must be able to demonstrate sound ethical decision-making prior to graduation (Brabeck et al., 2003; Even & Robinson, 2013; Hancock, 2014; Herlihy & Dufrene, 2011; Neukrug et al., 2001; Walden et al., 2003). Over the past 30 years, formal ethics training has become a standard part of counselor education (Bashe et al., 2007). All programs are required to demonstrate that they have prepared future counselors to practice in ethical and legal manners (CACREP, 2016; Lambie et al., 2010; Neukrug, & Milliken, 2011; Urofsky & Engels, 2003; Zibert et al., 1998). In the most recent CACREP standards, eight common core areas are identified as essential to the foundational knowledge and skills of every counseling graduate, regardless of area of specialty. The first core area is ethics, which is then infused into cores two through eight.

In addition to ethics education in graduate school, the National Board for Certified Counselors (NBCC) has established continuing education requirements that are ethics-specific. To maintain certification, counselors must complete a specific number of hours in ethics education every five years. A majority of states also require licensed counselors to participate in yearly continuing education. For example, the state of Virginia requires two of the 20 yearly continuing education hours to be ethics-specific (Virginia Board of Counseling, 2016). Even with the continuous exposure to ethics education, violations continue. This makes it even more important for counselor educators to be skilled in teaching ethical decision-making to future counselors.

Counselor Education and Teaching Ethics

Ethics education has been recognized as fundamental for future counselors, with graduate school identified as the prime place to begin (Bashe et al., 2007). For over three decades, counselor educators have had the task of training students to be ethical practitioners; however, no best practices for ethics education have been officially recognized (Even & Robinson, 2013; Urofsky & Sowa, 2004). This leaves a significant amount of room for programmatic and personal preference, which is viewed as both a strength and a drawback. Even the basic structure of how ethics is taught is determined by the individual institution's choice of ethics-specific courses or purposeful integration of ethics training over the course of the program (Corey et al., 2005; Jordan & Stevens, 2001; Pope et al., 1987). Counseling students must be trained in ethics during graduate school, yet there is only a small amount of research on the topic.

Ethics and Counselor Education Literature

Several investigations have been undertaken to provide foundational knowledge about ethics and graduate education (Cottone & Claus, 2000; Eberlein, 1987; Jordan & Stevens, 2001; Lamb, 1991). In 1980, the Hastings Center made recommendations about the goal of ethics instruction in higher education settings. They concluded that it was the educator's responsibility to prepare students to identify and articulate ethical dilemmas, develop the analytical reasoning skills needed to evaluate such situations, and determine well-reasoned conclusions. This included preparing students to tolerate the ambiguity that is inherent in ethics. Additionally, developing students' sense of moral responsibility was emphasized. Just a few years later, Wefel and Lipsitz (1983) conducted a literature review of ethics education in counseling preparation

programs. They found that stand-alone courses were just beginning to emerge, and concluded that little was known about ethics education.

Since that review, conceptual literature on ethics in counselor education has increased. Kitchener (1986) argued that ethical reasoning should be integrated into all counselor education training. Eberlein (1987) recommended the use of a problem-solving model to improve decision-making skills. Pope et al. (1987) suggested that ethics-specific courses were capable of modifying a clinician's attitude towards ethical practices. Tarvydas (1987) classified ethical decision-making as a developmental process that required self-exploration and practical experience. These publications all supported the value of ethics education and began considering how to provide ethics education that impacted students.

As research expanded, articles addressing structure and content of the classroom began to emerge. Lamb (1991) published ideas on how to effectively train undergraduate counseling students in ethics, including specific classroom activities and resources. Borders (1998) encouraged counseling programs to move away from the idea of teaching rules, and focus instead on social cognitive development. Jordan and Stevens (2001) advocated for the use of active learning. They also acknowledged the importance of student disposition and the need for exploration of personal morals and values history, linking disposition and personal history directly to ethical decision-making. Corey et al. (2005) proposed the use of faculty members as mentors and class sequencing. All of the aforementioned authors looked specifically at the role counselor educators could take to increase students' ethical development.

Bashe et al. (2007) took a different approach and looked at ethics education through the lens of cultural acculturation. In this model, a developmental approach was used to accommodate the ongoing process of change, resulting in emergence of a professional identity.

Focusing on internal then external processes, students were prompted to actively identify, examine, and challenge their personal values and ethical perspectives. This self-exploration assisted students in remaining ethically integrated, even as the profession changed around them.

The idea of experiential learning as an effective way to promote ethical decision-making was found in all the reviewed literature. The value of self-awareness, self-reflection, and challenging personal values and beliefs in ethics education was also encouraged. Additionally, the perspective of viewing ethics as a developmental process that can be positively impacted by mentoring emerged.

Teaching Ethical Decision-Making

Graduate school is the opportune time to instill integration of sound ethical decision-making into counseling students' growing competencies. Therefore, it can be highly valuable to understand what factors impact students' ethical decision-making behaviors, and implement teaching strategies to enhance growth (Even & Robinson, 2013). Ethics courses include an overview of ethical codes, principles, decision-making models, and legal issues. The challenge of ethics education, according to Dollarhide (2013), is complex due to all the variables involved. Society, codes, laws, and professional principles continuously evolve, making it critical to keep information current. However, little research has been published clarifying what activities have the most significant impact on students' ethical decision-making (Herlihy & Dufrene, 2011).

It is acknowledged that effective ethics education exceeds what a traditional didactic classroom can provide, due to the complexities in knowledge and skill that must be learned (Lamb, 1991; Lambie et al., 2010; Smith et al., 1991; Yarhouse & Hataway, 2016). However, imparting knowledge and skills training is not enough; learning to be an ethical counselor is a developmental process that requires self-awareness and exploration of personal morals, beliefs,

attitudes, and values over time (Bashe et al., 2007). This is where tackling disposition becomes imperative.

Disposition

Ethics education, according to Dollarhide (2013), can be conceptualized as three prongs that interact and effect one another: knowledge, skills, and disposition. Knowledge and skills can be successfully taught within a traditional classroom setting. However, disposition, which includes the attitudes, values, and beliefs that each student brings with them, must also be addressed. Where knowledge and skills are relatively straightforward to teach and evaluate, disposition is objective, making it an elusive target. One barrier is found in that most values assessment is based on self-report, which is highly susceptible to social desirability. Furthermore, internalizing values does not happen at the same rate as knowledge and skills acquisition. Values integration tends to be a long, slow process that can extend through the entire career of a counselor. Due to the lengthy nature of the process, it is often difficult to measure change in disposition, which makes evaluation even more problematic.

Lack of awareness proves to be another obstacle. Oftentimes, values are not conscious or thought out. The values behind beliefs and behaviors are frequently never pondered. Bringing awareness to values can be a demanding process due to competing values and the difference between what values one would like to possess, versus what values are present (Kitchener, 1986; Mattison, 2000).

Dollarhide (2013) highlights a controversy generated by universities directly undertaking values education. For some, values are considered to be highly personal and the responsibility of culture, community, and family. These groups argue that when institutions undertake values education, they are indoctrinating students to their own way of thinking. Related is when

shifting long-held cultural and family values are viewed by the student as separating themselves from family and culture. Students might classify the integration of counseling values as a betrayal of their own beliefs as well as their family, community, and cultures (Fallon et al., 2013).

All these complexities must be taken into consideration when undertaking ethics education of counseling students. Even with all its complications, disposition is central to becoming a competent clinician, therefore it cannot be overlooked during the education process (Hancock, 2014). Addressing ethics is a key responsibility counselor educators have as gatekeepers of the profession.

Gatekeeping

Training future counselors in ethical decision-making is a fundamental obligation of every counselor education program. This includes adherence to professional codes of ethics when conflicts arise (CACREP, 2016; Hancock, 2014). One primary goal in ethics education is for students to integrate both personal and professional principles and values, which is considered the highest level of development for a counselor (Dollarhide, 2013).

During the education process, personal and professional values-based conflicts transpire. Some counselor educators consider a significant values conflict between a student's personal values and professional principles as a sign of impairment, which needs to be immediately addressed through remediation and possible removal from the program (Huprich & Rudd, 2004). Other counselor educators believe it is their responsibility to guide the student through values conflicts, providing safety while honoring the slow nature of the developmental process (Dollarhide, 2013; Hancock, 2014; Yarhouse & Hataway, 2016). This tension between the roles of gatekeeper and developmental guide was reflected two court cases, *Ward v. Wilbanks* and

Keeton v. Anderson-Wiley (Herlihy et al., 2014). In both cases, counseling students were removed from education programs due to a perceived inability to resolve personal and professional values. As additional research emerged in reaction to the cases, the tension in counselor education became clear.

Burkholder et al. (2014) conducted a qualitative analysis looking at counselor educator's response to *Ward v. Wilbanks*. One primary theme that emerged was balancing the role of gatekeeper with attending to the developmental needs of counseling students. They found that there was significant disagreement as to which role was more important, even though more of the participants agreed that counselor educators have an obligation to the profession to act in the role of gatekeeper and make difficult decisions on student's competence. They also noted that addressing possible ethical clashes early in the program would serve the student, university, and profession better than waiting until practicum and internship. The second theme focused on how to address possible values clashes between student counselors and clients. The third theme was related to skills, values, and how interconnected the two are when considering student competency. They also found that those surveyed varied on the issue of skills and values being distinct or interconnected, as well as how personal values inform the overarching issue of competence. The final theme reflected the varied perspective of the instruction of students who expressed values clashes with clients, and how this interacted with the ACA Code of Ethics and CACREP standards. The authors concluded that counseling programs should articulate their standards and expectations surrounding value-based ethical dilemmas upon admission to programs, referring back to CACREP standards and the ACA Code of Ethics for guidance.

The balance between gatekeeper and developmental guidance can be difficult to achieve. However, having a deeper understanding of what improves student ethical education can be

beneficial. To accomplish this, researchers have examined both external and developmental factors impacting ethical decision-making.

External Factors in Ethical Decision-Making

Three articles were found that identified specific external factors that impacted counseling students' ethical decision-making. Coll (1993) conducted a quantitative investigation into how participation in an ethics course influenced ethical attitudes. Participants were administered the Counselor as a Person and as a Professional Inventory (Corey et al., 1988) at the beginning of the course and 16 weeks later. After analysis, it was determined that students increased understanding of self-awareness, dual relationships and the possible consequences, what impairment entailed, and flexibility when approaching culturally diverse clients. The authors suggested that the topics of boundaries, multicultural competence, and the ability to recognize impairment be infused into ethics courses.

Cottone et al. (1994) studied how input from others impacted decision-making. In their work, they asked counseling students to reconsider ethical decisions. The students were allowed different levels of input from various types of relationships. They reported that ethical considerations and decisions were made within the context of relationships. The type of relationship and number of individuals they could consult influenced decision-making. Group dynamics were found to be more powerful than multiple single interactions. This supported their hypothesis that ethical decision-making was more relational in nature and less dependent on absolute standards.

Lastly, Dinger (1997) compared two ethical decision-making models; Kitchener's (1984) ethical justification model and Sileo and Kopalas' (1993) A-B-C-D-E worksheet. Groups of student were trained in each of the models and then asked to identify ethical dilemmas in case

studies. They found that those who used Kitchner's (1984) model were more able to identify ethical dilemmas. Additionally, those who had completed a graduate course in ethics performed better on the task.

The two primary lessons from these studies were that formal ethics education improved ethical decision-making skills, and relationships influence how ethical decisions are made. In addition to external factors, developmental factors have an important role in ethical decision-making.

Developmental Factors in Ethical Decision-Making

While external factors are important, developmental factors like ego and cognitive development have been researched and emerged as a significant component in ethical decision-making, especially when values are involved.

Loevinger's (1976) theory of ego development is the primary developmental model considered when looking at values-based ethical decision-making. Ego development theory draws from multiple developmental theories including Bandura (1977) and Kohlberg (1964). An offshoot of social cognitive theory, ego development addressed the schemas that facilitate meaning in emotions and experiences (Ieva, 2010; Lambie et al., 2010; Lambie & Sias, 2009; Loevinger, 1979). The ego organizes and integrates all aspects of personality, thoughts, behaviors, and psychological maturity. As the ego develops, higher levels of impulse control, positive relationship interactions, meaning-making abilities, and intrapersonal congruence can be observed (Cohn & Westenberg, 2004; Cook-Greuter & Soulen, 2007; Lambie et al., 2010). Ego development in counselors has been reported to increase

- empathy,
- cognitive flexibility,

- counseling skills effectiveness,
- alternate perspective-taking,
- enhanced learning through practical experiences,
- ability to manage burnout,
- and successful processing of ethical and legal dilemmas (Borders, 1998; Borders et al., 1986; Carlozzi et al., 1983; Lambie, 2007; Lambie et al., 2010; Sheaffer et al., 2008; Zinn, 1995).

It is believed that as the ego matures, self-awareness, autonomy, self-regulation, and cognitive complexity increase; all desirable qualities for counselors (Ieva, 2010; Loevinger, 1979).

A more specific construct, found within ego development, is cognitive complexity. Cognitive complexity has been used in multiple ways to cover a variety of cognitive concepts in the literature. It has been defined as the number of emotional subcategories an individual is able to express (Duan & Hill, 1996), the ability to respond to social information through communication (Bieri, 1955), incorporate multidimensional information (Suit & Paradise, 1985), manage and utilize complex social communications (Johnston & Centers, 1973), interpret the behavior of others in a versatile manner (Blaas & Heck, 1978), and use a combination of rule systems in a flexible manner to make appraisals (Holloway & Wolleat, 1980). Granello et al. (2008) summarized cognitive complexity as “the ability to ask questions, admit uncertainty, examine beliefs, tolerate ambiguity, listen carefully, suspend judgments, and adjust opinions” (p. 35).

Bieri (1955) was the first to introduce the theory of cognitive complexity. He asserted that each individual has their own system of constructs that represent perceptions of the social world, and individuals utilize these systems to understand interpersonal interactions. If their

construct system is differentiated, then the system is better able to predict behaviors. The greater the degree of discrimination, the higher the level of cognitive complexity that will develop. As the system develops, the structures become more differentiated, which is observable in interpersonal functioning. Someone who is cognitively complex has clearly differentiated boundaries between self and the external world. For a cognitively simple individual, these boundaries are not clearly defined, and unsupported assumptions of similarity between the self and others occur. Complex cognitive structures arise from more simple cognitive structures, leaving both intact to be used at the appropriate time. Someone who is cognitively complex is able to move flexibly between simple and complex behavioral realms, while a cognitively simple person will only have access to the simple realm. The number of distinctive dimensions a person uses to evaluate a situation determines the level of complexity the system has obtained (O'Keefe & Sypher, 1981).

Cognitive complexity is considered a developmental concept most closely associated with Kelly's (1955) theory of personal construct (O'Keefe & Sypher, 1981). According to this theory, individuals are continually attempting to predict, understand, and affect events in their interpersonal spheres. To manage this process, personal constructs are formed in an attempt to understand the world around them. These constructs are used to judge events and utilize bipolar type dimension (yes/no, good/bad, etc.). These constructs are organized in a systematic manner and are interrelated. As these constructs develop, predictions about interpersonal interactions are enabled.

According to Lambie et al. (2010), ego development and cognitive complexity levels were believed to be set in the early stages of adulthood. It is now generally agreed that cognitive complexity can be specifically targeted for development during adulthood (Brendel et al., 2002;

Granello, 2010; Lovell, 2002; O'Keefe & Sypher, 1981). One of the better known methods of cognitive complexity development is exposure to a dynamic experience that activates existing schemas. When these schemas are challenged by information that does not fit into any existing schema, it causes disequilibrium, leading to cognitive dissonance. Equilibrium is always desired, so individuals will either integrate the new information into their existing schema, resulting in cognitive stability, or they will alter their schema, resulting in cognitive growth. When situations that prompt a reassessment of beliefs or values are undertaken with awareness, openness, and curiosity, cognitive complexity grows (Fallon et al., 2013). Counseling literature has linked increases in cognitive complexity with advanced critical thinking skills, higher tolerance for ambiguity, and the ability to shift beliefs as new information is presented (Fallon et al., 2013; Granello, 2010).

Cognitive Complexity Research in Counseling

The research on cognitive complexity and counselors has primarily focused on how experience impacts development, and how levels correlate with desired counseling abilities like empathy, case formulation, multicultural sensitivity, and information gathering.

Blaas et al. (1994) assessed 119 practicing clinicians and their ability to perceive all needed intervention when the client was intellectually disabled (ID). They found that those who were higher in cognitive complexity were less likely to demonstrate biased clinical judgement. Those with lower levels were more likely to allow ID to overshadow a co-occurring mental health need.

Duan and Hill (1996) examined how cognitive complexity correlated with self-descriptions of personal emotions and accurate empathy. The researchers had 40 clinicians listen to audiotaped client simulations and describe what they heard, as well as the emotions the

statements produced in them. The researchers found that the clinicians who were more self-aware of their own emotions also reported higher levels of accurate empathy and more advanced cognitive complexity.

Granello (2010) investigated how years of experience in the field of counseling impacted levels of cognitive complexity for 122 licensed professionals. It was reported that years of counseling experience was a predictor of cognitive complexity.

Overall, cognitive complexity is associated with several desirable counselor qualities including accurate empathy, ability to seek information, and ability to make an accurate diagnosis. Low levels of cognitive complexity were associated with rigidity in thinking. Writing on the subject also associated cognitive complexity with counselor levels of confidence, creative conceptualizations of clients and treatment progress, flexibility, greater tolerance of ambiguity, higher multicultural competence, and accurate self-awareness (Alcorn & Torney, 1982; Benack, 1988; Granello & Underfer-Babalis, 2004; Heck & Davis, 1973; Jennings & Skovholt, 1999).

Cognitive Complexity Research in Counselor Education

In addition to the research on practicing counselors, various researchers have looked at how cognitive complexity impacts counseling student characteristics. Blass and Heck (1978) investigated four counseling process variables through correlating levels of cognitive complexity and counseling tasks. Thirty-three first year counseling students were asked to participate in two simulated counseling sessions, and then scored on counselor-client congruency, empathy, verbal style, and sub-role. They found that even though cognitive complexity did not seem to distinguish the four process variables, those with low cognitive complexity did poorer in displaying accurate empathy.

Holloway and Wolleat (1980) researched cognitive complexity's correlation with how many types of information 37 first semester counseling students would seek before making a clinical formation. They found that students with higher levels of cognitive complexity would seek out more, and varied types of, information. They did not get stuck within a single dimension of client presentation, and utilized a variety of information-gathering strategies.

Other writers have identified the oversimplifications used by counseling students, and how it leads to self-based conceptual maps, which can result in rigid, one-dimensional formulations and advice-giving (Ridley et al., 2011; Skovholt & Rønnestad, 2003). Students with more advanced cognitive complexity are able to move past surface observations of clients and integrate contradictory information, enabling them to formulate a more holistic perspective of the client and increase understanding of the counseling process. This results in advanced skills development and multifaceted understanding of counseling dynamics (Borders et al., 1986; Wilkinson, 2011). Cognitive complexity has also been deemed as critical to the development of competent students (Ridley et al., 2011). Without specific intervention, counseling students make measurable gains in cognitive development through graduate school, so an intentional pursuit to increase cognitive complexity will likely enhance development (Granello, 2010; Granello & Underfer-Babalis, 2004; Ridley et al., 2011).

Several studies have looked at how education impacts cognitive development in counseling students. Fong et al. (1997) conducted a longitudinal study of 43 graduate counseling students, assessing their cognitive development at the start of the program, after first semester, at the end of practicum, and at the end of internship. The researchers did not find the significant increase in ego development that they had expected. They theorized that choosing the construct of ego development might have been the reason, as ego development is a broader construct that

encompasses cognitive complexity. For future research, they recommend focusing on the more specific construct of cognitive complexity, and choosing an instrument that is specific to this construct.

Duys and Hedstrom (2000) examined the relationship between 72 counseling students' cognitive complexity and basic skills training. They found that at the end of the basic skills course, those who completed skills training had higher cognitive complexity than the group that had yet to take the course. They concluded that experiential activities in class directly impacted the development of cognitive complexity, giving the opportunity for the student to integrate new information and skills. They also reported that cognitive development could be measured over a short period of time.

Brendel et al. (2002) assessed the level of cognitive development in 30 counseling graduate students to determine if the Deliberate Psychological Education (DPE) approach increased moral reasoning and conceptual complexity, which included cognitive complexity, over the course of the program. They found that cognitive complexity increased significantly after the second year. For almost 80% of the students, the increase came after their internship experiences. They concluded that use of the DPE approach was an effective intervention to address cognitive complexity development, which would be observed after supervised experiences.

Granello (2002) assessed the cognitive developmental level of 205 counseling students at the beginning and end of their graduate programs. An overall difference in cognitive development was found, but it was relatively small. It was hypothesized that this was due to how slowly cognitive development occurs.

Little et al. (2005) evaluated the Skilled Counselor Training Model (SCTM) and its effectiveness in promoting cognitive complexity development. Fifty-nine counseling students' levels of cognitive complexity were assessed before and after either a SCTM basic skills course or an introduction to counseling course. The students who completed SCTM showed higher levels of cognitive complexity and demonstrated a more accurate self-assessment of their counseling skills. It was hypothesized that supervised experiential activities were a contributor to the development of cognitive complexity.

Those studies that did not show increases in cognitive complexity over the education process hypothesized that problems with measurement may be involved. Questions arose often about the way cognitive complexity is measured, citing that the various instruments available seemed to measure different aspects of the construct (O'Keefe & Sypher, 1981; Wendler & Nilsson, 2009). Unfortunately, there are no specific experiences promoting cognitive complexity that have been identified to integrate into curriculum.

What is known about cognitive complexity development in counseling students, from conceptual writing, is that placing a student in an environment that is slightly higher developmentally, and then providing supervised experiences, new concepts, and broader perspectives can result in increased development (Brendel et al., 2002; Eriksen & McAuliffe, 2006).

Another concept that is directly linked to student cognitive development is self-awareness (Granello, 2010; Ieva, 2010; Loevinger, 1979). By the end of their program, counseling students are expected to demonstrate ongoing self-awareness and understand their own emotions and needs (Jennings et al., 2005; Hansen, 2009; Ridley et al., 2011). Finally, supervised experiential activities have been hypothesized to impact the development observed in research (Brendel et al.,

2002; Duys & Hedstrom; 2000; Little et al., 2005). More research is needed to investigate effective strategies to enhance cognitive complexity development in counseling students (Wilkinson, 2011). What is known is that enhancing cognitive development in students can impact their abilities to make values-based ethical decisions.

Values-based Ethics

When discussing ethics, values have to be considered. Even though a counselor cannot be expected to practice values-free, there are specific restrictions on the role personal values have in counseling relationships (ACA, 2014; Dollarhide, 2013). To understand how personal values impact ethical decision-making, it is beneficial to understand personal values.

Personal Values

Kilmann (1981) and Horley (2012) defined values as a set of evaluative dimensions that remain stable across contexts, occurring during interpersonal interactions. Individuals are thought to have a limited numbers of values. These values act as powerful determinants of attitudes, beliefs, behaviors, needs, desires, interests, preferences, and goals (Rokeach, 1971). Interpersonal values help guide individuals before, during, and after real or imagined human interactions, providing a sense of who they (and others) are and what they (and others) represent. Individuals often come to view themselves (and others) through the lens of values, becoming the way people perceive themselves and others. Interpersonal values are referred to as the most powerful human values, and allow individuals to function socially. It is wrongly assumed that these internal guides would prompt individuals to act in ways that are congruent with their values. When an individual behaves in a way that is counter to their values, feelings of guilt, wrongdoing, and other strong emotions can be triggered.

Even though the counselor is never expected to be values-free, according to Kocet and Herlihy (2014), they are expected to be aware of their personal values (Ametrano, 2014). When counselors lack self-awareness, they can fall into the trap of assuming the client has the same values, beliefs, or needs that they do. This leads to imposing personal values onto the client (Crethar & Winterowd, 2012), which can negatively impact the therapeutic relationship, stall development of client autonomy, and lead the client to feeling disrespected. Regardless of intentionality, this is directly the opposite of professional values. Values-based ethical dilemmas happen when personal values come into conflict with professional principals.

Values-based Ethical Dilemmas

Because the counseling profession is built on values, conflicts between the clinician and profession's values are inevitable (Dollarhide, 2013; Kocet & Herlihy, 2014; Mascari & Webber, 2006). The ACA Code of Ethics (2014) is explicit that professional counselors are to not impose their values onto clients, or discriminate based on values (Bevacqua & Kurpius, 2013; Herlihy et al., 2014; Mascari & Webber, 2006). Additionally, the ACA Code of Ethics specifically prohibits a counselor from referring a client elsewhere due to a difference in values between the client and counselor.

At times, this basic principle of the profession puts clinicians in a difficult situation, as values are a part of every human and cannot be divorced based on role. Values guide how individuals perceive and evaluate themselves, as well as the world around them, accentuating what is important in life and guiding interpersonal interactions (Crethar & Winterowd, 2012). If an individual is going to be an ethical counselor, personal beliefs will inform the professional life, but cannot supersede professional ethics or principles (Hancock, 2014). When the counselor

is unable to resolve the differences in their personal and professional values, a values-based ethical violation arises.

Values-based Ethical Violations

Personal values, while in the role of counselor, are to make way for professional values. When this does not occur, a values-based ethical dilemma occurs. Unresolved dilemmas then result in values-based ethical violations. HSPO (2014) reported that in nine years, they paid claims for 31 cases involving counselors imposing their personal values on clients. Even though the number of claims is relatively small, several incidents involving values-based ethical violations have ended in removal from jobs and universities, eventually resulting in legal action.

To date there have been four court cases stemming from the conflict between counselors' values and professional values, according to Herlihy et al. (2014), who reviewed all four cases. Two of the cases involved practicing counselors: *Bruff v. North Mississippi Health Services, Inc.* (2001) and *Walden v. Centers for Disease Control and Prevention* (2010). In *Bruff*, a previous client returned for services and revealed personal values that were counter to Bruff's religious beliefs. Bruff refused to work with the client and told her employer that she would be unwilling to work with anyone who had similar values. She was eventually terminated and filed a lawsuit based on religious discrimination. The case was decided in the employer's favor, with the court stating Bruff's rigid position placed undue hardship on the employer. Even though ethics were not directly addressed by the court, this case brought the issue of referring clients based on personal values, to the attention of the counseling profession.

In *Walden v. Centers for Disease Control and Prevention* (2010), during an intake appointment, a client voiced goals that were counter to Walden's values. Walden then referred the client to another counselor. Later the client filed a complaint against Walden stating she had

felt judged. Walden was instructed to not vocalize her personal objections to clients about their values, which she refused to do. Eventually she was terminated and also filed a lawsuit claiming religious discrimination. The court ruled in favor of the employer, based on Walden not complying with reasonable requests by her employer. For both of these cases, it was affirmed that companies needed to make reasonable accommodations for workers' religious beliefs, but employees were also expected to be flexible when accommodations were offered.

In the next two cases, student counselors and their universities were the subjects of legal action. In *Ward v. Wilbanks* (2010), Ward, a counseling student in her practicum placement, refused to counsel a client, stating that affirming the client's values would contradict her own values. An informal review was conducted, and concerns about Ward's refusal to work within school policies and the ACA Code of Ethics were verbalized. A remediation plan was offered to Ward, who refused to participate. A formal review was held and Ward was terminated from the program. She then filed a lawsuit based on religious discrimination. In Ward's case, the court responded that the student was not required to change her personal values or beliefs, but she was required to set them aside while functioning as a professional counselor. Ward was eventually awarded a monetary settlement, but not readmitted into the program (Hancock, 2014).

In *Keeton v. Anderson-Wiley* (2010), Keeton was placed on a remediation plan due to her continued vocalization and writings that maintained she would not counsel someone who had values that were counter to her own. Keeton was eventually dismissed from the program due to her refusal to participate in a portion of her remediation plan. Keeton also filed a lawsuit against the school for discrimination based on religious beliefs. In Keeton's case, the court stated that students did not have the authority to make their own rules and were obligated to abide by the standards set by the university. In both court cases, the school was found to be operating within

its rights. Even though the institutions were not found liable, these cases raised awareness of the difficult balance between gatekeeping and promotion of development of students.

These cases demonstrate that values-based ethical dilemmas can have a significant impact on clients and counselors, as well as for the employers or universities involved. Values-based ethical conflicts can have significant implications for counselor educators, who are given the responsibility to be both gatekeeper for the profession while simultaneously supporting student development.

To help reduce the unintentional imposition of values, counselors are encouraged to increase their awareness and understanding of their own values, beliefs, and assumptions, along with the possible impact on clients through self-reflective practices (Crethar & Winterowd, 2012; Mattison, 2000). Remaining aware and insightful about personal values becomes a particularly difficult task when the clash of values triggers a significant emotional reaction in the counselor, making objectivity and placing values to the side exceptionally difficult (Kocet & Herlihy, 2014). In these situations, practitioners need clear guidance on how to resolve the conflicts. There was little available about the best way to make values-based ethical decisions until Kocet and Herlihy (2014) published the Counselor Values-Based Conflict Model (CVCM).

Counselor Values-Based Conflict Model

Developed by Kocet and Herlihy (2014) to directly address values-based dilemmas, the Counselor Values-Based Conflict Model (CVCM), is an addition to any preferred pre-existing ethical decision-making model. This model is utilized when the question of referring a client due to a values clash is at the core of an ethical dilemma. This five-step process, reviewed in detail in Chapter 1, guides clinicians through values-based ethical dilemmas. In Step One, the clinician determines the nature of the conflict. At Step Two, the counselor explores the core issues and

potential barriers to the therapeutic relationship. Seeking assistance and/or remediation is Step Three. In this step, four additional steps are provided: consult Code of Ethics, consult colleagues/supervisor, seek additional training, use ethical bracketing and identify ways to maintain personal values while still providing effective counseling. At Step Four, a course of action is chosen and evaluated. In the final step, the action is examined and confirmed to promote client welfare. Only after client welfare is assured is the plan put into place. Two suggestions in Step Three are the primary focus for this research: ethical bracketing, and identifying ways to integrate personal and professional values.

Ethical bracketing, according to Kocet and Herlihy (2014), has been adopted from qualitative research traditions. It is unique in that the counselor, while in the professional role, is encouraged, if possible, to set aside personal values for professional values. Self-exploration, increased self-awareness, and understanding of personal values is required prior to bracketing. Through self-reflective immersion in the Code of Ethics and related literature, engaging in formal supervision, and personal counseling when needed, the awareness and understanding to bracket can be achieved. In most circumstances, ethical bracketing is successful and an ethical violation is averted. However, in some instances personal values are so deep that they cannot be set aside. In situations like these, the counselor must find a way to maintain personal values while providing ethical, effective services (Mascari & Webber, 2006).

This final step is without clear guidance. At this time, little is known about what enables the professional to remain authentic in their own values while honoring the principles of the profession. When emotions based on the violation of strongly held core values are activated, typical decision-making strategies are not effective (Kocet & Herlihy, 2014). This unknown space leaves a gap when considering the development of student counselors' ethical decision-

making. Since these complex and ambiguous dilemmas are bound to occur, the ability to equip counseling students to navigate such situations successfully is an important goal of counselor educators (Kitchener, 1986). This gap in knowledge validates the use of a qualitative thematic analysis to explore counseling students' experiences when faced with a values-based dilemma during their ethics course. Analyzing students' written accounts of what they believe helped them move closer to integrating personal and professional values will reveal illuminating themes; these themes will increase counselor educators' abilities to effectively train future counselors in values-based ethical dilemma resolution.

Research Method

After an extensive review of the literature, it was determined that the investigation of students' experiences when challenged to integrate personal and professional values has never been published. Because this is a topic that has never been investigated, a qualitative method is appropriate, according to McLeod (2011). Before choosing the specific qualitative method, it is necessary to consider what methods would not meet the goals of the exploration.

The phenomenological design was not chosen because the data being examined requires a more general overview of events, rather than an in-depth exploration of specific personal experience. For a similar reason, a case study was also not appropriate, as the question required more than one participant. The ethnographic method was not chosen, due to the focus not being based on cultural characteristics. The last method that was considered was grounded theory. However, the goal of this analysis is not theory development, but exploration of experiences, so this method was ruled out.

The one qualitative tradition that meets all the desired outcomes of this study was thematic analysis as presented by Braun and Clarke (2006). Thematic analysis is found as a

component of most qualitative methods, but can also be used as a stand-alone process. This method is flexible, straightforward in analysis, and can reveal more than a single central concept. Thematic analysis unearths patterns of meaning through the analysis of multiple individual experiences. These patterns can then be analyzed and used to communicate meaningful information for counselor educators. These themes can then inform educators about the process students undergo when encouraged to integrate personal and professional values. Chapter Three provides a detailed review of thematic analysis design, procedure, data analysis, and verification.

Conclusion

Through the use of thematic analysis, master's level students' writings about their experiences in an ethics course will be analyzed, and themes will be identified. This research will increase counselor educators' knowledge about the most effective ways to address values-based ethical dilemmas, as well as what processes occur when students begin to integrate personal and professional values. Counselor educators have a responsibility to the profession of counseling and the community to train future clinicians in making responsible ethical decisions. This is a complex process that little is known about, especially when values are involved. Counselors are required to practice in ethical manners, abiding by the ACA Code of Ethics, legal statutes, and professional principles. This is a complex undertaking, and at times, ethical dilemmas will arise, forcing clinicians to make a decision that does not result in an ethics violation. The field of counseling acknowledges this is an important process, and although the field provides various means to support ethics education, ethical violations continue. This indicates that the current methods of counselor education in ethical decision-making may benefit from the findings of this research.

CHAPTER THREE: METHODS

In this chapter, I provide the qualitative methodological foundation for examining the experiences of graduate level counseling students during an ethics course, including participant selection, sample size, rationale and procedures for data analysis, the role of the researcher, and verification procedures assessing trustworthiness.

Research Purpose

The purpose of this research is to identify the primary themes that emerge from the students' narratives about their personal experiences when asked to examine their own deeply-held values in light of the overarching values of the counseling profession.

Research Question

The primary research question for this qualitative study is: What experiences emerge in master's level counseling students' writings when asked to integrate personal and professional values?

Research Design

The research design used for this study is a qualitative thematic analysis; a variant of grounded theory. I chose this approach due to its ability to uncover patterns of meaning through the analysis of individual accounts of specific experiences (McLeod, 2011). This method will help me identify recurrent patterns, linking them to one another. I will then use these interlinked themes to gain insight about the underlying processes that occurred during students' educational experiences while enrolled in an ethics course. Even though thematic analysis is a part of the process for most qualitative research approaches, it can also be utilized as a stand-alone methodology (Braun & Clarke, 2006).

When examining the choice of a qualitative design, it is important to note and discuss the other methods that I considered and why thematic analysis was the best fit (McLeod, 2011). Since no research of this type exists, the purpose of the study was to expand the knowledge in an area previously unexplored. Therefore, my main criterion for selecting an approach was its ability to analyze the written artifacts used in the study. Because I did not intend to develop a new theory, I eliminated grounded theory methodology. Additionally, I excluded the phenomenological approach because my research question was best answered using a more general overview of a specific event, as opposed to an in-depth exploration of an experience. Because I was not focusing on cultural characteristics, I ruled out an ethnographic approach. Finally, I excluded a case study approach because I wanted multiple participants' voices as opposed to a single participant's experiences. Given the limitations of the previously mentioned methods, I felt these approaches would not be optimal to answer the research question.

Given the exploratory nature of this research, I found that thematic analysis provided the flexibility to develop multiple core categories in a straightforward manner (Braun & Clarke, 2006). The data that was the subject of this investigation was ideal for a thematic analysis. There was a large enough pool of subjects to reach saturation, potentially provide depth of understanding, and enough detail to reveal rich insights. Because thematic analysis is flexible (Braun & Clarke, 2006), it was best suited for me to develop themes from the data and make interpretations of the processes that occurred.

I conducted this research using a written assignment completed by master's level clinical mental health counseling students at the end of their ethics course. I focused on content related to the resolution of values-based ethical conflicts and integration of personal and professional values. This enabled me to investigate a wide variety of emergent themes in an inductive

manner. I then interpreted the themes on a semantic data-driven level, where interpretation was focused on the significance found in patterns and the broader meanings associated with those patterns (Braun & Clarke, 2006). In addition, I used an essential/realist paradigm for this study, where meaning was theorized to be apparent and straightforward, found in the relationship between experiences and the language used to express those experiences (Braun & Clarke, 2006; Madill, Jordan, & Shirley, 2000). Because I used archival data, the overall number of participants was restricted. One of the benefits of thematic analysis is the ability to examine a relatively large set of data and produce a thick description of that data, with the possibilities of unexpected insights emerging (Braun & Clarke, 2006). Due to a desire to uncover these insights, I analyzed a larger number of data sets than research indicated was needed, reducing the number of sets systematically to assure saturation (Ando, Cousins & Young, 2014).

I coded the written assignments from a single CACREP accredited clinical mental health counseling program, identifying themes and subthemes. I randomly chose the data sets that were analyzed from a larger pool of assignments that were generated in a single professor's section. This two-part assignment was added to the ethics course in 2013. The first part of the assignment had students complete an abbreviated version of Corey, Corey, and Callanan's (2011) Attitudes and Beliefs Inventory. The students reviewed the top three populations that caused the strongest values-based reaction, classifying the reaction as discomfort in working with the population or problem. They then wrote a paper identifying what personal values or beliefs were contradicted or caused personal incongruence. They also explored where and how they learned the values/beliefs that were involved, and what professional work was needed to resolve the conflicts. The assignment was submitted in week three of the 16 week course, and written feedback from the professor was provided.

At the end of the semester, the student re-took the Attitudes and Beliefs Inventory without referring to the first paper, and a second paper addressing the top three populations that generated the most discomfort was later submitted. The students identified if the populations in this paper were different than in the first paper. Next, they explored what they believed prompted the change in their perspectives of the earlier identified populations. Lastly, they discussed what specific activities in the ethics course impacted their thoughts and feelings about these values-based conflicts. Both assignments were graded and these scores contributed to the students' overall grade for the course. The assignments were electronically stored in the university's Blackboard system.

Over the course of time, the professor who originally developed and instituted this assignment observed that a large percentage of students reported developing a greater understanding of their own values. The increased self-awareness changed how they saw populations they once identified as producing a significant amount of discomfort. This face-value observation motivated the professor to request a more in-depth analysis of the assignment to discover what themes emerged from the student's experiences, and how that information might improve ethics education. In anticipation of a possible future study, the professor obtained an informed consent from the students.

Target Population and Sample

The target population from which the sample of written assignments was taken, was master's level clinical mental health counseling students at the end of their ethics course. All data was from a single professor's class over a four year period. I chose to use a single professor to decrease the variability that would have occurred due to the difference in feedback, content, and teaching style. I randomly selected the original participant pool from all students who

signed an informed consent in the specified sections, regardless of reported change or grade on the assignment. I included divergent samples in the sequential analysis of data, which increased the richness of the description and provided new insights (McLeod, 2011). Utilizing this course helped me ensure that the participants had similar educational experiences, due to the requirement that ethics must be completed in the first year of the program. Even though participants in this program were varied in age, gender, race, and ethnicity, this data was not collected with the assignment, and I was not able to include it as part of the analysis.

Procedure

Sampling

For this study I employed a purposeful sampling by identifying a population that was knowledgeable and had the richest insights about the phenomenon of interest (Creswell & Clark, 2011; Marshall, 1996). Criterion sampling was used, and I chose participants based on essential criteria: participation in the ethics course and completion of the written assignment (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2015; Suri, 2011).

The data I analyzed was retrieved from the electronic archives of the chosen university by a member of my auditing team. Prior to my receiving the data, names and all identifying information was removed. I pooled all possible subjects from the target population and I assigned each data set a number. I then used a random number generator to choose the sample for analysis. This helped me decrease researcher bias and increased my ability to apply the knowledge gained to a more general population (Shenton, 2004). I continued to choose participants randomly from the larger pool until saturation was exceeded. Once the participants were selected, I assigned pseudonyms to each data set by use of a random name generator. The

exclusion criteria I used included assignments that did not address the research question, and students that did not sign the informed consent.

Sample Size

In qualitative design, according to Mason (2010), a larger sample sizes does not mean more useful information. An important factor I had to consider was the point of diminishing return, when additional data did not lead to more insight into the research question.

Additionally, frequency of data occurrence does not change the usefulness or inclusion of data into the interpretation of findings. I needed a large enough sample to uncover the majority of experiences until saturation was achieved, but not so large that the focus of the study was lost. Therefore, I had to determine the sample size based on the purpose and design of the study.

According to the literature, for a qualitative thematic analysis, a sample size of no more than 60 is generally estimated to achieve the depth of experience across the population while also producing unbiased, credible, valid, and significant data (Charmaz, 2006; Mason, 2011; Morse, 1994; Creswell, 1998). Additionally, very few qualitative studies have over 60 participants, with the average number of participants in published PhD studies ranging between 30 and 50 (Charmaz, 2006; Mason, 2011). For this study, I originally estimated that between 10 and 50 samples were required to achieve saturation for the analysis. Because of the impossibility for me to know the exact numbers of participants that were needed, saturation sufficed as my guide, regardless of my estimation (Creswell & Miller, 2000; Fereday & Muir-Cochrane, 2006; Fusch & Ness, 2015).

Even though there are estimates of how many samples it takes to achieve saturation, each study is unique and will require different amounts of data, depending on the richness and thickness of the data (Fusch & Ness, 2015). To help ensure saturation has occurred, I followed

the recommendations of Brod, Tesler, and Christiansen (2009), utilizing a saturation grid which listed the major topics on the vertical axis, and each data extract on the horizontal axis. I coded the data until there was no new topic documented on the grid. Additionally, I employed a triangulation research team to assure saturation had been achieved.

Data Analysis

For data analysis, I used Braun and Clarke's (2006) six phases of thematic analysis to analyze the data and identify themes. Additionally, at each stage I wrote a reflective journal; specific analysis procedures were submitted to my auditing team for analysis and to increase trustworthiness (McLeod, 2011; Shenton, 2004). My auditing team consisted of two members of my dissertation committee, my methodologist, and a subject matter expert. I electronically submitted the reflective journals either for weekly review or at the end of an analysis stage; whichever occurred first. Both auditors responded with feedback that I integrated into the analysis process.

The first stage of Braun and Clarke's (2006) analysis required me to familiarize myself with the data by reading it twice prior to coding, taking notes on what was observed, and later gathered into more formal coding. I evaluated each data set separately at this stage, and then considered the entire data set as a whole in the second step. After I immersed myself in the data, I highlighted each participant's text that was relevant to the research question.

In Braun and Clark's (2006) second step, I coded individual data, then the entire data set with the ideas generated from Step One. Next, I reviewed the data that I highlighted in Stage One, and non-related data was moved into a different file for possible analysis later. In this stage, I documented interesting features and gathered text relevant for generating codes. I recorded commonly used words and phrases in a table, as well as significant phrases and

narrative data for sorting and organization. After initial coding and data extraction was completed, I created a code book, and the original data sets were distributed to the triangulation team. This team used the code book to check my accuracy in what was relevant, what needed extraction, and what code was the best fit for the data. The triangulation team were also encouraged to add additional codes where needed. They returned their coding, and I checked it against my own work and made the appropriate modification prior to moving to the next step.

In Braun and Clarke's (2006) third step, I placed codes into potential themes across the entire data set and formulated an initial thematic map. In this map, I observed the relationship between emerging themes while overarching, sub, and miscellaneous themes began to take shape. I then extracted statements that provided support for the themes and recorded them across the entire data set. I then placed all the extracted text into their corresponding code and reviewed them to assure the existence of the overarching theme. I then clustered all codes into their related themes and subthemes.

In the fourth stage of Braun and Clarke (2006), I revised, refined, and reviewed the initial set of themes. Some initial themes were removed due to lack of support, and separate themes were merged into larger, more comprehensive themes. I took care to assure that themes correspond together meaningfully while also were clearly distinguishable from one another. Once I established the themes, I generated a thematic map by considering the validity of each individual theme in relation to the entire data set. In addition, I re-read the entire data set to determine if the themes comprehensively represented all the data. I then coded additional data within the established themes that was initially overlooked.

In Braun and Clarke's (2006) fifth phase, I defined and named the themes. The essence of each theme was refined and each aspect of the captured data was determined, with

accompanying verbatim narratives. I described the scope of each theme and provided a detailed analysis of each theme as well as a general identification of the story it told. Lastly, I examined the individual themes in relation to all other themes and assured minimal overlap and clear definition.

In the final stage, I generated a report, telling the story of the data across all the themes. To check the analysis, I engaged Braun and Clarke's (2006) 15-point checklist for a thorough and accurate thematic analysis.

Role of the Researcher

In qualitative research, the role I played as the researcher was important to articulate to help reduce unrecognized biasing of research (McLeod, 2011). I have been a member of the faculty at the identified university for ten years as an adjunct instructor, working with online master's students during their week-long intensives, and evaluating their post-intensive work. Additionally, I have been a licensed counselor for over 17 years and have provided clinical supervision for over 15 years.

I have a professional relationship with the professor who developed the assignment that was researched, and I presented at a professional conference with her once on the antidotal findings of the assignment. I have been exposed to 10 individual quotes from the assignments and had no known interactions with any of the participants. Since the data being utilized was archival data, I was not present in the course where the assignments were completed. I had no influence on how the raw data was gathered. Additionally, since the assignments were written, I had no transcription biases or errors associated with the data. I had several conversations about hypothesized processes that have been present, but had no direct access to the data. Due to discussion with the professor and immersing myself in the literature that was used to develop the

assignment, I know that the initial intended target of the assignment was to enhance cognitive complexity. I purposely bracketed the expectation that cognitive complexity was a part of the findings.

I also spent time throughout the course of my doctoral program researching and writing about the importance of developing self-awareness in counseling students, specifically in relation to multicultural competence. Self-awareness practices are also important in ethical practice with those who have different values. Because I had a foundational knowledge base in the literature about counselor self-awareness, believe it is highly important, and integrated it into my teaching, I had to be aware of and bracket my pre-existing bias.

Finally, I had expectations of this data analysis being unique and valuable to counselor educators and supervisors. Because I was invested in the data revealing useful information, I was aware of not overlooking the mundane in the data. I continuously processed my expectation with peers who held me accountable for being self-aware and unbiased, and I kept a journal of my thoughts and feelings throughout the analysis process to decrease the impact I had on the data analysis and findings.

Verification Procedures

In qualitative research, trustworthiness must be addressed in four areas: credibility, transferability, dependability, and confirmability (McLeod, 2011; Shenton, 2004). According to Creswell and Miller (2000), Johnson (1997), McLeod (2011), and Shenton (2004), several methods can be utilized to increase these areas of trustworthiness.

I addressed credibility in multiple ways. First, by using critical self-reflection on biases and predispositions, reflexivity, I was able to become self-aware and monitor and control my personal biases. Additionally, I analyzed disconfirming evidence. I achieved this by analyzing

and considering cases that did not conform to expected outcomes. I investigated negative case samples and was less able to ignore important information, which led to a higher number of credible and defensible results. I used an auditing team to add credibility and rigor to the study. The methodologist and subject matter expert on my dissertation team served as auditors for the method procedure by reviewing my reflective journals and my detailed documentation of the analysis process. I used participants' verbatims, which provided an accurate portrayal of the meaning attached by the participant and the lowest level of inference. Through the use of the participant's direct quotes of experiences, I maintained interpretive validity. Finally, I utilized pattern-matching to make accurate predictions and helped develop a theoretical explanation for the phenomena.

I addressed dependability by providing a thorough discussion of the research design, how it was to be implemented, how the data was gathered, and an in-depth description of the analysis (Shenton, 2004). I addressed confirmability through researcher triangulation. I used five research coders that ensured the codes and themes I had identified were consistent with the codes and themes they observed (Shenton, 2004). This also helped ensure that saturation was achieved (Fusch & Ness, 2015).

Finally, I addressed transferability through a detailed explanation of the context of the study and the phenomena being investigated (Shenton, 2004). This included how the environment of the study compared to other environments, restrictions on who was able to contribute data, number of participants, the method used to collect data, and the time period in which the data was collected. I also acknowledged that this single study provided only a baseline understanding, and that more studies are needed to gain a more comprehensive representation of the phenomena (Shenton, 2004).

Ethical Considerations

When conducting research, of any kind, with human subjects, I must always consider ethics. For this study, one of the primary ethical considerations I found was assessing if the benefits of the study outweighed the risk to the participants. Since this study utilized archival data, no direct interaction with the subjects occurred, removing the risk that the process of gathering data would have impacted the subject. Additionally, each of the participants in the sample had equal opportunity to be selected through the use of random selection. One consideration I had to address was the use of verbatim data. I used every method possible to conceal the identity of the subject, including random assignment of names that did not reflect the participant's demographic information. I also removed any specific mention of circumstances that could lead to the identification of the participant.

Summary

In this chapter I reviewed the thematic analysis methodology used to examine the research question. This included participant selection, sample size and saturation, the six steps of thematic analysis, role of the researcher, and the process of establishing trustworthiness. In the next chapter I will provide a detailed description of the specifics of the analysis and themes that emerged.

CHAPTER FOUR: RESULTS

This chapter will provide a detailed exploration of the thematic analysis that was employed to arrive at themes and subthemes for the data. The focus of research, the researcher's role, type of study, a description of the sample, an overview of the procedure and data analysis, and a presentation of data and results of analysis, will all be reviewed. The four themes, associated subthemes, disconfirming data, and change activities will be provided with supporting verbatim extracts from the data.

Research Purpose

This research study was undertaken to answer the question "What experiences emerge in master's level counseling students' writings when asked to integrate personal and professional values?" The primary goal was to identify themes and subthemes that addressed what, during an ethics class, impacted the student's level of discomfort when asked to consider specific populations and their presenting problems. It is believed that analyzing these themes will increase counselor educators' ability to more effectively educate students in resolving values-based ethical dilemmas, while supporting the process of personal and professional values integration. The purpose of this research study is detailed in Chapter Three.

Role of Researcher

While engaged in qualitative research, it was imperative for me to continually evaluate how my role impacted the analysis of data, and ultimately, how I impacted the research findings. My role in this research was somewhat limited in comparison to other qualitative methods, due to the data being archival and my having had no interactions with the research participants. There are no interpretation or transcription errors since the data was based on written assignments. In this study, some of my roles required me to participate in self-reflection during

the process. These included my role as a teacher in the program and my professional relationship with the professor whose course was used for data collection. Additionally, my move from educator, where I have long-term experience and comfort, to the role of researcher, where I have less experience and comfort, also had to be considered and monitored throughout the research process. As detailed in Chapter Three, some of the other biases I had to be aware of were (a) my belief in the importance of the role self-awareness has in student development, (b) my assumptions about possible results, and (c) my belief in the effectiveness of the assignment due to conversations about past observations. All of these, and the additional details in Chapter Three, must be considered throughout the analysis process and the reporting of results.

Sample

As discussed in detail in Chapter Three, the population for this research consisted of the written assignments of master's level counseling students, in a CACREP program, at the end of their ethics course. This was a purposefully selected sample with all participants in their first year of the program. The Institutional Review Board at Liberty University approved the use of the archival data through an exemption: IRB Exemption 3219.032318. A sample of 40 was drawn from a single professor's sections after the assignment being analyzed became a standard assignment in the course. All identifying information was removed from the assignments, and participants were randomly selected from the larger pool of assignments. The data was then analyzed in four sets of ten until saturation was achieved. After saturation was determined, the data sets all underwent the same six-step analysis procedure as recommended by Braun and Clarke (2006).

Discomfort level changes

Prior to delving into the process of analysis, I believe it is important to review the participants' reports of how the ethics course influenced their individual comfort levels when considering specific populations of clients and the associated problems presented. At the beginning of each semester, all participants completed the first part of the assignment detailed in Chapter Three. In summary, the assignment required the participants to complete an assessment that identified the top three populations that generated the most discomfort for the student, if they were required to engage in a counseling relationship. Then, participants wrote a reflective paper connecting discomfort and personal values. At the end of the semester, the participants completed the second part of the assignment. They completed the same assessment and reflected on how their level of discomfort had changed. When interacting with the data, extracted only from the second part of the assignment, care was taken to note the levels of discomfort change.

There was no specific measure used to report change, so taking a quantitative approach to measuring the amount of change, was not beneficial. However, the way participants' discomfort levels transformed gives important context for the subsequent themes and subthemes. Therefore, the amount of change in discomfort levels will be reported in the manner the participants communicated. Three participants reported some change in discomfort, while almost all their top three populations stayed the same. Ten participants reported choosing the same top three populations, but their attitudes and/or responses to the population had changed, resulting in lower perceived distress. One participant reported some change in discomfort, while two reported an overall reduction. Three participants reported that the greatest discomfort population remained the same, but the other two answers changed. Three participants reported one population had dropped out of the top three, and six reported two populations had moved out of the top three.

Lastly, three participants reported a significant decrease overall, resulting in a complete change in assessment results.

When considering the data analysis, it is important to keep in mind that participants were addressing their experiences and what they believe impacted potential levels of discomfort over the course of the semester, specifically when forced to imagine working with populations that triggered a values clash. With this in mind, the process of coding and theme and subthemes development is now presented.

Research Methodology Applied to Data Analysis

The thematic analysis of this data was guided by the procedure developed by Braun and Clarke (2006). Data was gathered from a written assignment completed by master's level counseling students, during the first semester of their program. After the random selection of the data, each individual data set was reviewed, and initial codes were identified, refined, and paired with extracted data. The codes and data extracts were analyzed to generate multiple thematic maps that were reviewed and revised several times. After the development of each theme and subtheme, a thorough review to establish accuracy was conducted, leading to a complete thematic analysis of students' experiences during an ethics course.

Presentation of the Data and Results of Analysis

Overview

The original data, a written assignment from master's level counseling students, was coded and analyzed. This analysis revealed themes and subthemes that were reviewed, analyzed, and synthesized to address the research question.

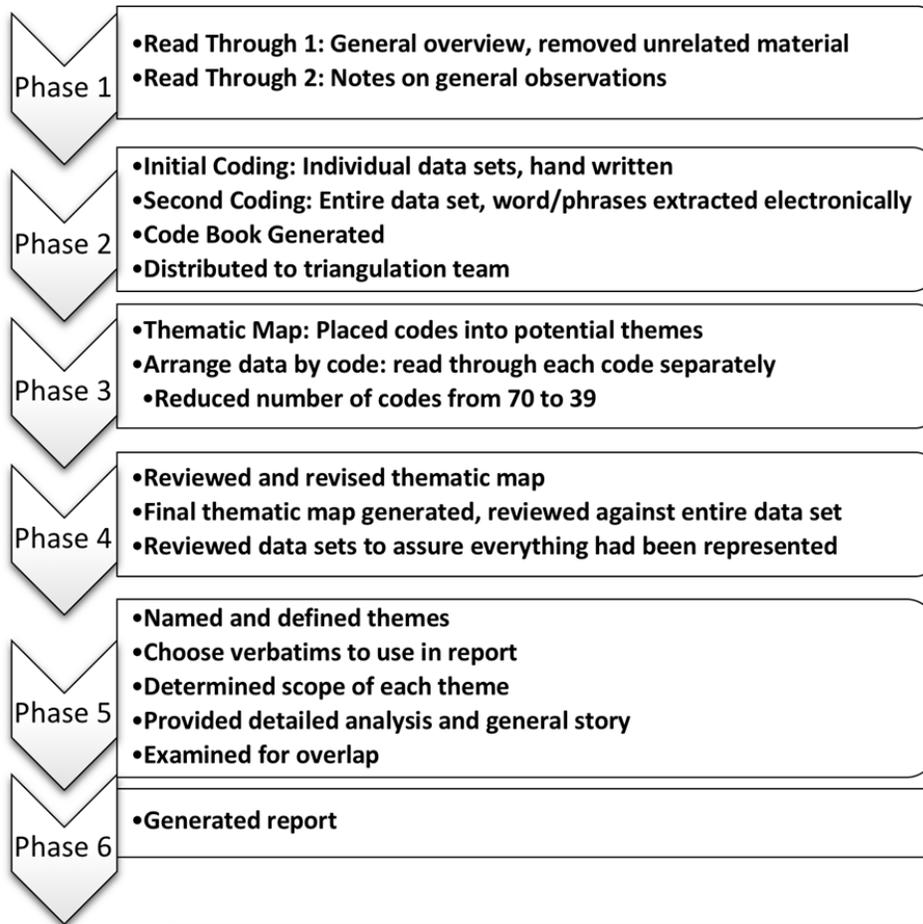


Figure 4.1. Six phases of thematic data analysis (Braun & Clark, 2006, p. 87).

Initial Codes

In accordance with the guidelines provided by Braun and Clarke (2006), I used the six phases they recommended to analyze the data. I conducted multiple readings of the data sets to generate the initial codes. The first reading was to get a general overview of the data and to familiarize myself with the general content. During this first reading, I removed all information that was not directly related to the research question, saving the modified data sets in a separate folder from the original sets. These unmodified sets were kept for future review when needed. During the second reading, I printed the data sets and took general notes in the margin. Initially,

I reviewed, edited, and coded 40 data sets. At the end of this reading, it appeared that no more than 39 sets would be required, given that no new information was present in sets 37-40. I selected the original number of data sets, based on research reporting that the average number of data sets required to achieve saturation was between 20 and 50; I opted to start at the upper end of this range (Charmaz, 2006; Mason, 2011).

In the third reading, I began highlighting the data that was of interest and meaningful in reference to participants' experiences. These highlighted segments were categorized based on general content related specifically to the research question. In the initial coding, I identified several types of codes for thematization, including: change or no change in comfort, reason for change in comfort, class activities that promoted change, and other meaningful data.

Additionally, I recorded the amount of change reported by the participants, in a table. At this point it became apparent that 1-2 of the data sets would fall into the disconfirming category. All other participants reported change in a positive direction, while these reported negative or no movement. The data was initially highlighted by hand on printed copies of the data, utilizing multiple colors of highlighters; handwritten notes and codes were captured in a separate notebook.

During this step, I continued to pay close attention to saturation. In order to maintain focused attention, I coded the data in sets of ten, taking a break to refresh after each set. In reading sets 11-20, I found little new information and generated a few new codes. All of the new information that was coded appeared to be significant and meaningful, so I continued to sets 21-30. At the end of set 30, unique and meaningful codes continued to emerge, so I continued to sets 31-39. When I reached the end of the set, no new codes had been documented since data set 34, so I established potential saturation at data set 34. There was one disconfirming participant

in the data that fell outside of saturation, but no new codes were generated from this data set. Additionally, there was one participant that appeared to struggle answering the research question. I considered removing this set, but chose to keep it due the generation of one unique code.

At the beginning of phase two, I transferred the highlighted data to an electronic document and placed it in a table, organized by participant. After the data was organized, I read each segment of the data and identified an initial code that reflected the semantic content. Once I linked the code to the data extract, the code was numbered and entered into the table. As I utilized each code, it was entered into the coding book. The original coding process generated 67 codes. Again, saturation was an area of focus during this stage. At the end of this round of coding, no new codes were observed after participant 31. The saturation point was set at 32. After saturation was achieved, I used a random name generator to assign participants a pseudonym for the final report.

One item worth mentioning is disconfirming data. For overall disconfirming cases, only one emerged, but several other participants reported experiences that were more negative in nature and in line with the disconfirmation case. These participants were included in the change set, even though their experiences were a mix of positive and negative.

Once the data extracts and codes were electronically documented, the originally modified data sets were sent to the triangulation team with specific instructions, tables, a sample of the coding procedure, and the code book. The team was encouraged to generate new codes with a brief rationale if desired. The triangulation team consisted of five doctoral students who all successfully completed their qualitative research course. I assigned each member a specific number of data sets (between six and eight each) and gave them access to the data via a secure Dropbox for Business account. Once the coding was complete, I aggregated all of the

triangulation team's analysis with my original table, using specific colors to denote a code that I alone identified, the team member alone identified, or that we both identified.

Upon review, I noted some differences between the triangulation team and myself. The primary difference was in the team finding examples of codes where I had not observed the code. These differences were considered and modifications were made. After I finalized the table that integrated the triangulations team's feedback, I divided the table into equal portions. I then sent one of these portions to each team member to double-check code agreement. I specifically sent the team portions of the data they had not originally coded.

All sets were again reviewed, and modifications were made. At the end of this stage, there were a total of 70 codes, which included additions from the triangulation team. At this stage, an initial list of codes and my research notes were sent to the auditing team for review.

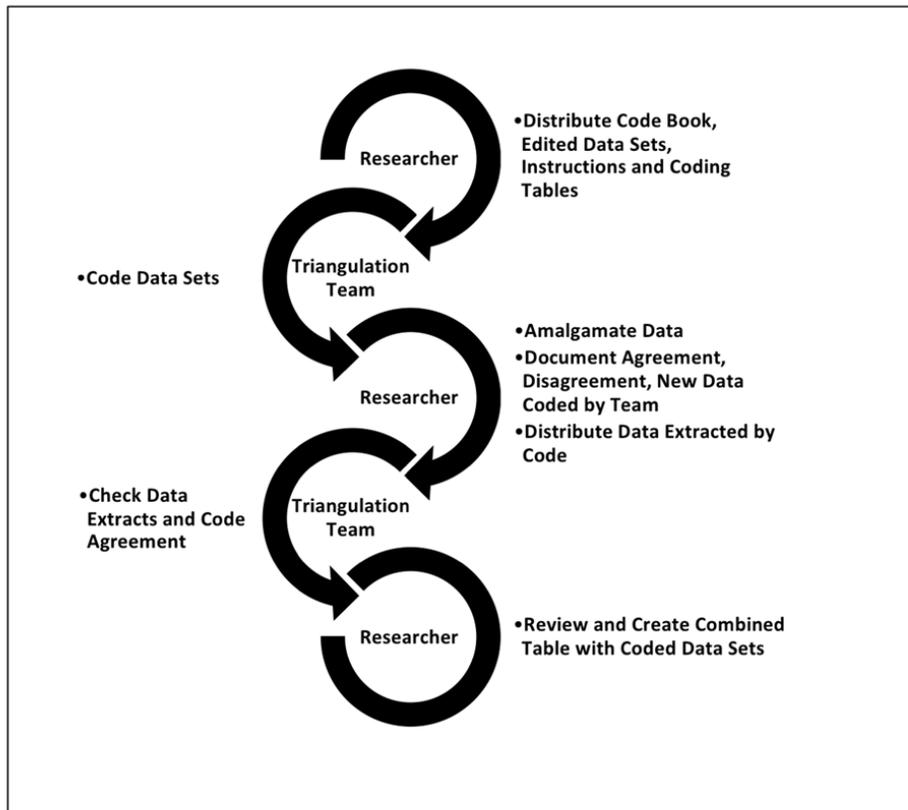


Figure 4.2. Triangulation team process.

In the next stage, data extracts were arranged by code in a second table. This table was then reviewed by code and as a whole. During this stage, several codes were discovered to be more specific parts of a larger code. These data extracts were combined under the more general code and the subcode was eliminated. At the end of this stage, the number of codes was reduced from 70 to 39, including the disconfirming participants. As review continued, several themes began to emerge.

The next step of Braun and Clarke's (2006) analysis was the generation of general, overarching themes. After examining and categorizing the revised code list, 11 general themes were identified. For example, participants' written statements, such as "reevaluate my attitudes,"

“revisiting what I value,” “improvement in attitude,” and “my framework of evaluation has changed” were coded as “reevaluation of personal attitudes” and then combined into a theme that represented the impact reevaluation had on the participants’ experiences. Other examples of codes used to develop the themes included “increases in self-awareness,” “awareness was judging,” “increased understanding of counselor role,” “reflection on personal values,” “outside research on populations,” “increased ability to tolerate ambiguity,” “awareness of expectations set forth by the Code of Ethics,” and “no change due to short time period.”

Results of Analysis

What follows is a detailed review of the results of the analysis process.

Themes

Themes were generated across the data set to establish patterns that included all participants and topics. The final code list was used to establish the themes. The original thematic map was generated from the codes and contained 11 separate themes. After revisiting the codes and contemplating the large number of themes, connections were made across several themes, and a new map was formulated with five themes and eight subthemes. These themes were based on the researchers’ understanding of the counseling profession and professional development. Both thematic maps, plus a table representing the themes, subthemes, and codes associated with each, was created and sent to the auditing team for feedback, along with updated researcher notes. Once feedback was received and integrated, the second thematic map was verbally processed with one of the auditors who specializes in qualitative analysis.

As the second map was discussed, a variation of themes emerged, and a new map was constructed. The third map focused less on professional counselor development and more on the participants’ reported processes. The third map focused on three themes: internal process

integration that led to change, external knowledge integration that led to change, and no change. This map was constructed with nine subthemes; a table representing the themes, subthemes, and associated codes was created. After examining and contemplating the third map, a fourth map emerged, focused more specifically within the framework of student counselor development, discussed in detail in Chapter Two. The number of themes remained the same, but instead of internal and external process, the more holistic three-prong process of addressing counseling students' knowledge, skills, and disposition emerged as prominent (Dollarhide, 2013). A fifth map was constructed with three primary themes and seven subthemes. This final map was translated into a table and sent to the auditing team for review and feedback. An analysis of this final map revealed findings that address the research question.

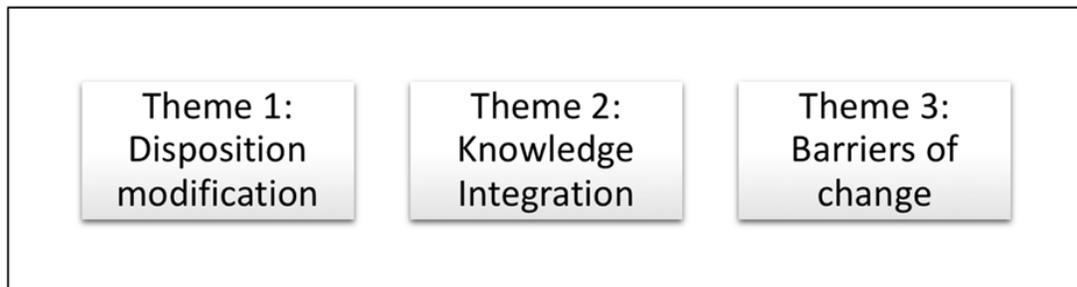


Figure 4.3. Final thematic map.

Three final themes emerged: modifications in disposition increased comfort levels, exposure and integration of knowledge increased comfort levels, and no change or reduction in comfort levels. Justification for the themes was found in commonalities in language extracted as codes from the participants' written work. Within the first two themes, multiple subthemes were identified as supporting the primary themes. These themes are comprised of the participants' experiences, which were synthesized into a predominant meaning across the data sets, answering the research question. What follows is a summary of the themes and subthemes.

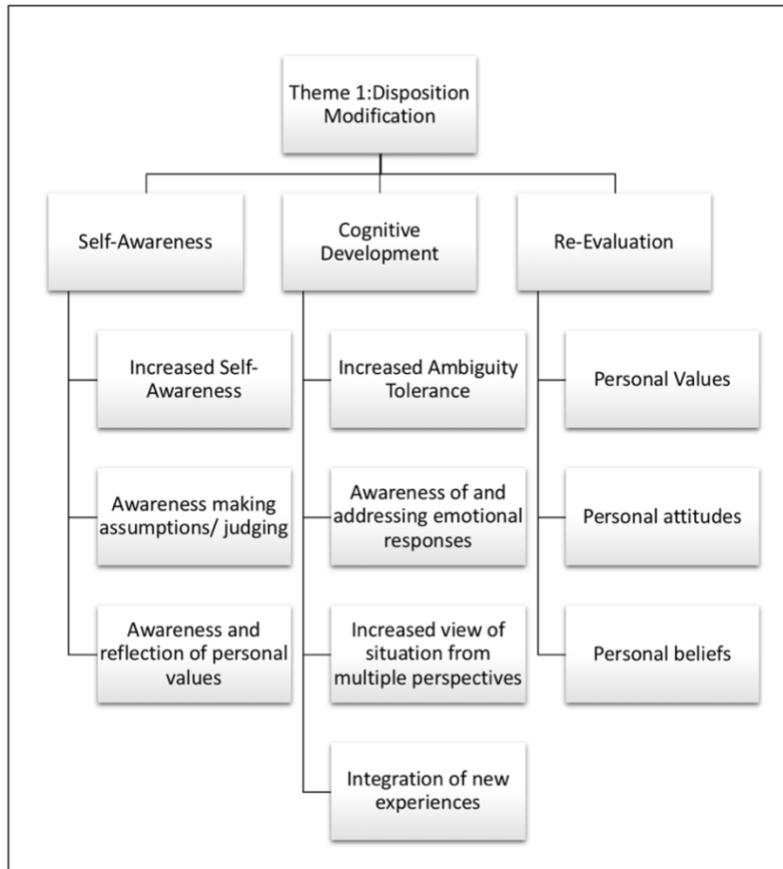


Figure 4.4. Theme 1 map with subthemes.

Theme 1: Modifications in disposition. This theme emerged from references to changing dispositions through internal processes that increased participant comfort levels with individuals and problems that were once rated as highly uncomfortable. Internal processes included increased self-awareness and reflection; reevaluation of values, beliefs and attitudes; emotional regulation; ambiguity tolerance; and the ability to perceive a situation from multiple perspectives. After organizing the subthemes, I recognized that a majority of the processes reported were in some way associated with cognitive complexity development (Fallon et al., 2013; Granello, 2010). The disposition modifications that occur in this theme are triggered by the presentation of new information through various forms. However, this theme goes beyond basic knowledge acquisition, to a more significant dispositional change. All the subthemes

focused on internal cognitive and emotional processes that occurred through time, after the participants interacted with new information that challenged existing schemas. The content of this theme included references to the impact of self-awareness, reevaluation, emotional regulation, and the ability to operate cognitively in a more complex manner. Participants related that this change in disposition allowed them to be less reactive when faced with values clashes and more accepting of those who were different. This change moved them to being more in line with overarching values of the counseling profession; a primary goal of counselor education.

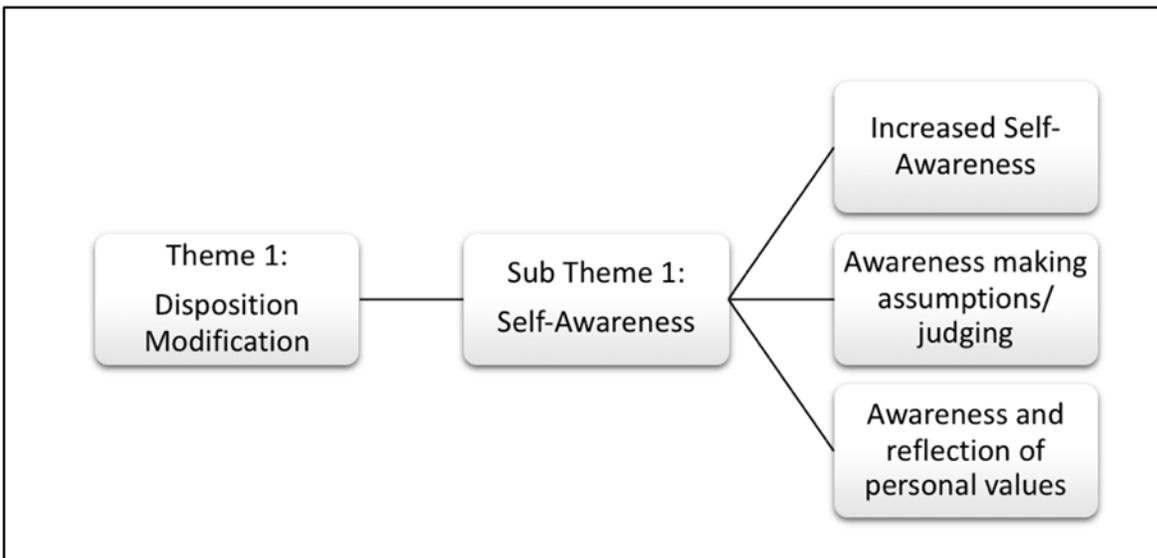


Figure 4.5. Theme 1, Subtheme 1.

Subtheme 1. Participants who endorsed the importance of disposition modification through self-awareness wrote about “*exploring why something makes me uncomfortable*” as well as “*reflect on these personal dilemmas.*” In an overview of the process of becoming more self-aware and how it impacted his future profession, Stuart commented: “*Exploring why something makes me uncomfortable opens up room to become a more effective counselor as it increases my self-awareness.*” Jennifer wrote about the benefits of becoming more self-aware and reflective: “*This class brought a lot of things to my attention that I have never thought of, which was good*

because now I can work through those things that are new to me.” Not only did her reflections result in increased comfort levels, but it motivated her to identify and address personal areas that might impede her from becoming a competent counselor. Barbara also gleaned a similar insight:

I have found myself revisiting what I value and what I think is right or wrong. This is a call-to-action for me to work on personal issues and to make sure that this does not become a limitation during my counseling practice.

Likewise, Martha related how becoming more self-aware allowed her to see the underlying reasons for her perceptions:

This class has really helped me see just how much my beliefs and life experience really shape the way that I view/treat clients. I must be aware of these tendencies, as I do not want to impose my beliefs on a client.

Clara was able to link self-awareness and her ability to practice counseling within the values of the profession: *“This reminds me of how important self-awareness and monitoring for impairment is to keep ourselves healthy so we can efficiently handle the demands of our clients.”*

All of these participants identified increased self-awareness as helping them reduce discomfort, and all participants expressed a desire to address underlying values in order to become effective counselors.

The second content area under self-awareness was the realization that the participant was judging based on assumptions. Once this realization was processed, the participant experienced a decrease in discomfort and moved more in line with the professional value of developing a nonjudgmental stance. Faith communicated: *“I now realize I was judging these potential clients off of the situations they were in. I defined them before knowing them or thinking about how to help them move forward.”* Martha had a similar insight into her own life: *“This class has also*

really challenged the often negative, stigmatizing view that I can hold with people. I have no right to judge my clients for having different views than I do...” When Jane became aware of her judgments, she experienced an uncomfortable emotional reaction that led to a desire to reevaluate her values: *“This made me feel somewhat guilty of judging and condemning them without giving them a chance to get to know them and work with them. This really made me think and reevaluate my personal values and beliefs.”*

Jennifer reflected back on her experiences over the semester and how her focus has shifted from a generalized assumption to the needs of a specific individual: *“It has made me think about the different populations in a new light realizing that it is not just a name, but rather an individual that needs help.”* Doris reported that she held assumptions about the connection between occupation and self-worth. These assumptions had led to an unjustified judgment, before meeting the individual. At the end of the semester, Doris wrote: *“I just would want to be very cautious that I do not impose my beliefs on her or make assumptions about how she views herself.”* This shows the developing ability to evaluate an assumption and then work towards understanding the situation outside of personal beliefs in order to facilitate empathy, as opposed to judgement.

The final category under self-awareness was how increased awareness and reflection on personal values impacted levels of discomfort. Jane wrote: *“I think the change of my comfortableness around these issues is due to self-evaluation and reflection on my own personal values and beliefs.”* John also recognized how his values impacted his conceptualization of the counseling process:

The more that I think through each scenario, I see how my values and beliefs affect how I respond and what I say or do. I think the challenge with the attitudes and beliefs

inventory is understanding the balance between believing in something and imposing it on someone else.

Overall, this subtheme demonstrates how an increase in self-awareness encouraged participants to explore the root of their reactions. The act of self-aware reflection and exploration led to a deeper understanding of how their values impacted their views. The participants were then able to begin addressing their responses.

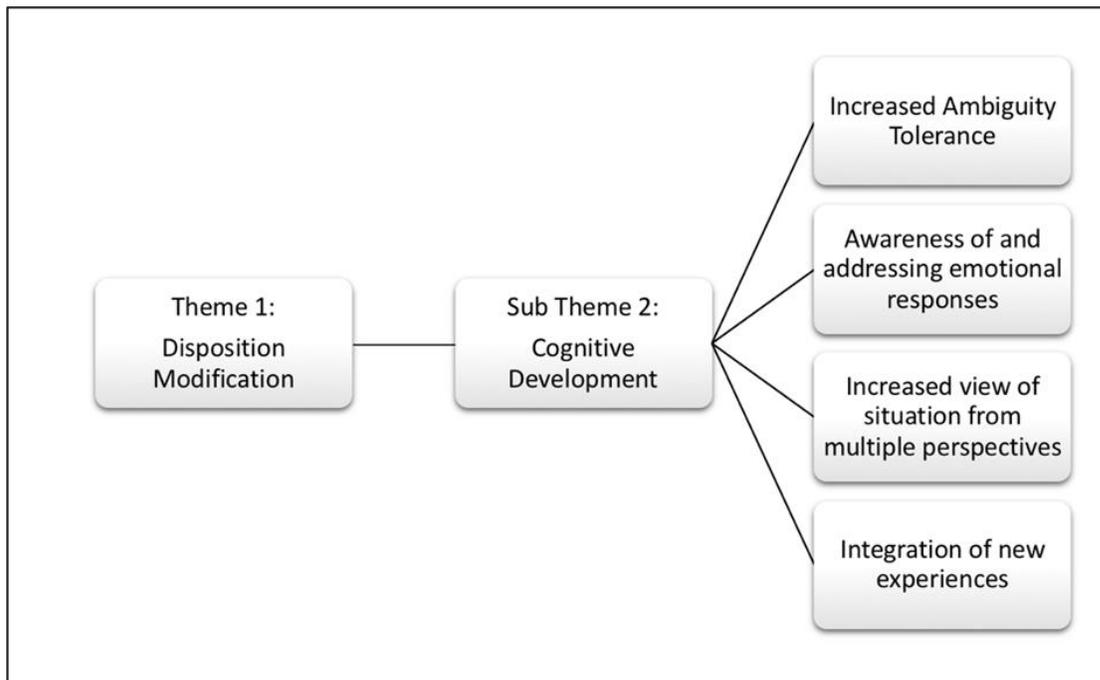


Figure 4.6. Theme 1, Subtheme 2.

Subtheme 2. The next subtheme under disposition is cognitive development. This subtheme focused on changes in the participant’s cognitions and emotional reactions, which led to less discomfort. Within this subtheme, participants reported increases in being able to tolerate ambiguity. Doris wrote about how this course “*led to the shift in my thinking to tolerate ambiguity a little bit more.*” Likewise, Alvin expressed that having more information on the role of counselor had impacted his emotional reaction to uncertain situations: “*Ambiguity does not*

frighten me in the same ways it once did.” Sarah saw facing ambiguity as an opportunity for growth: *“It gave me a real perspective of ambiguity and got me thinking of how I can work myself into becoming comfortable with it.”* For all the participants, they were able to identify the unavoidable discomfort caused by ambiguity, and become more open to developing acceptance of uncertainty while in the counselor role.

In the same manner, the participant’s ability to be aware of, and manage emotional reactions while in the counselor role, was discussed by multiple participants. Faith and Alvin expressed similar experiences in being able to identify situations that might trigger strong emotional reactions: *“I am glad I can start to recognize how I view myself as a future counselor and how to process the emotions I feel from different people and scenarios,”* and *“this class has helped me to see what kind of situations have a higher chance of causing emotions to be triggered.”* Logan wrote that through the course of the semester, he had started to figure out *“...how I will be able to work with clients whose stories trigger strong reactions within me...”* For these participants, awareness of possible emotional triggers helped them explore those situations and emotions, resulting in less distress.

Two participants indicated that their reactions were possibly the result of countertransference. Alvin revealed that he had identified certain situations for which he may need to pursue counseling for himself: *“I see myself more susceptible to countertransference and to experiencing negative emotions as a result.”* Bethany echoed Alvin’s sentiment; *“I have learned valuable information from this course that prepares me to pursue counseling for my own personal issues. I have also learned that counselors sometimes experience countertransference when providing services to clients.”* These participants voiced understanding the role countertransference can have in their perceptions of clients. They also communicated a need to

address the root causes underlying countertransference. Christine concluded, *“This semester has shown me that personal issues can arise in the profession and it’s best to be aware and open to dealing with your own personal matters before counseling others.”* For all of these participants, awareness of emotional triggers and addressing personal issues affected their willingness to work with populations they earlier identified as triggers.

Similarly, two participants related how a reduction in their emotional responses through processing underlying causes had increased their willingness to work with uncomfortable populations. Christine wrote: *“While reflecting on this inventory for the second time, I feel less judgmental and angry towards these issues, and more so looking at it from new angles.”* Her reduction in the emotions enabled her to develop cognitively, using more than her own perspective to evaluate the situation. Doris explained:

So I think that I picked three different items the second time because I worked through some of the issues I had with the first three items. I was more comfortable with the idea of counseling someone with beliefs different from my own...

Both participants demonstrated that addressing emotional responses can lead to fewer value clashes. This enabled them to view clients in a more complex manner, leading to greater openness to differences.

Another component was the ability to take a scenario that initially could only be seen from a single perspective, and progressing to engaging with multiple perspectives. Phyliss reflected on a situation that she saw as hopeless and therefore highly uncomfortable. She concluded that class discussions had *“played a tremendous role in confronting me with the issue and prodding me to self-evaluate and look at the situation from a different perspective.”*

Through the interactions with her peers and professor, Phyliss was able to start formulating

various possibilities for the individuals' situation. Being able to examine these viewpoints increased her willingness to engage with this population. Doris also found that investigating multiple perspectives reduced discomfort:

My way of thinking has become more complex and less black and white. Instead of simply having a hard time with an item because I disagreed with it, I began to wonder how I would approach that situation in a counseling setting.

She was able to redirect her focus from her own values and took the opportunity to explore other viewpoints. By the end of the semester, John "*noticed that everything was not so black and white. Some of the scenarios had multiple sides to consider...*" For all of these participants, being able to release one rigid perspective and examine a variety of perspectives, decreased discomfort.

The final consideration for this subtheme was only coded once, but after multiple reviews and contemplation, I deemed it meaningful. This code represented the ability to change an attitude when additional information is presented; another sign of cognitive development. When reflecting on how she began valuing diversity Bethany wrote:

I am also more comfortable because I have learned how my values differ from those of my classmates, and it has caused me to grow. I suddenly look forward to learning more from those who are different than myself.

Without knowing the participants' environment, this seems like an uninteresting statement.

Although, when I took into account the general assumptions that are found at the faith-based institution, specifically that everyone has the same beliefs and values, this statement took on new life. Bethany might have originally expected all her classmates to have the same values and beliefs, but during class discussions she realized that even in what was assumed to be a

homogeneous population, her classmates were different than herself. She was likely more able to manage the discomfort of small differences, which then would enable her to gradually manage larger differences.

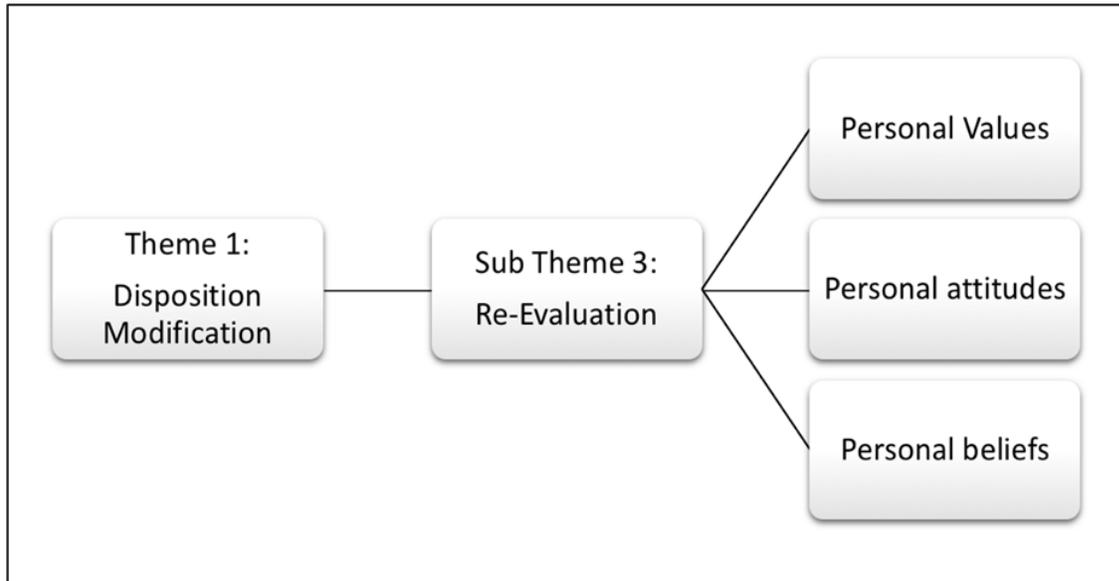


Figure 4.7. Theme 1, Subtheme 3.

Subtheme 3. The final subtheme can be expressed in the process participants underwent as they reevaluated their personal values, attitudes, and beliefs. For several participants, the reexamination of values led to the discovery that professional values were in harmony with personal values. Phyliss related: *“I began to see how following the ACA Code of Ethics and upholding my values were yet again in sync more often than butting heads...”* After realizing she was judgmental towards identified populations, Jane was able to see a change as she addressed her personal attitudes: *“I was able to reflect on these personal dilemmas and reevaluate my attitudes toward working with these specific populations.”* Even though none of the participants went into detail about the reevaluation process, being aware and intentionally reflecting on values and attitudes helped them become more in tune with professional values.

The final portion of this subtheme reflects participants' reevaluation of their beliefs as a meaningful factor in decreasing discomfort during a values clash. Doris claimed to *"realize that the desire for others to know the truth is good but the best way to do that is not by forcing my beliefs on someone."* She was able to reconceptualize one of her foundational beliefs. Martha added: *"I hope to never be a counselor who is so close-minded in my own beliefs, that I am not able to meet people where they are at and help them."* This demonstrated that she was able to see the problem in holding too tightly to her own beliefs, especially in the role of helper. Carter reevaluated how his beliefs guided interaction with those who are different than him:

It is important for me to realize that, whether or not I am a professional counselor, I will always come into contact with people from whom I differ in values and morality.

Ultimately, it is my job as a Christian to learn how to love people with whom my values may differ greatly...

He emphasized that being able to think from a professional standpoint increased his ability to reexamine his beliefs. For all the above participants, self-aware reflection that resulted in a reevaluation of beliefs enabled them to be more open to working in an ethical manner with populations who held distinctive values.

For this theme, overall, participants demonstrated a change in their disposition through self-awareness, reflection, reevaluation, and integrating new information into existing cognitive structures. When these changes were made, participants were able to become open to engaging in situations that they had once considered distressing.

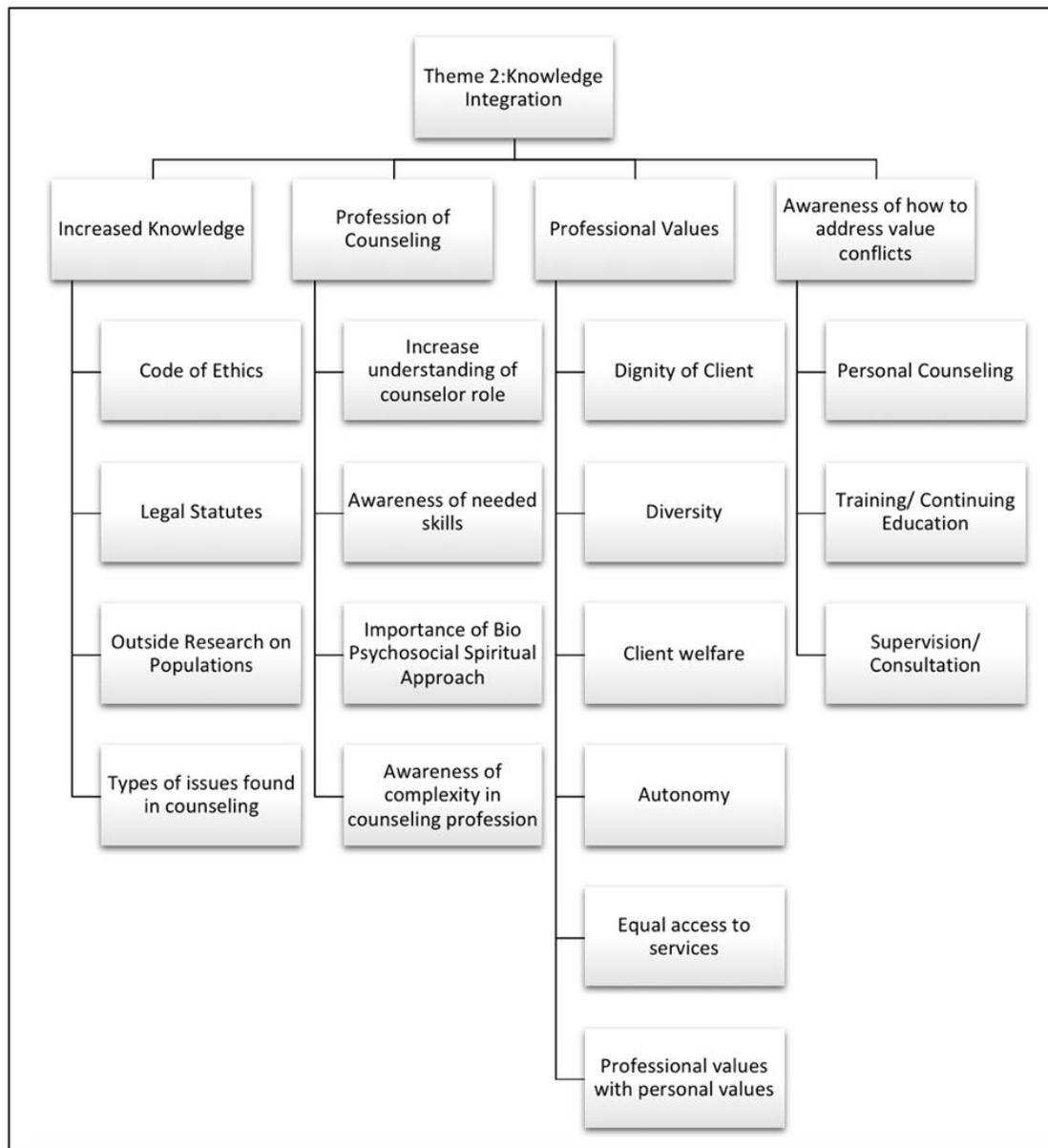


Figure 4.8. Theme 2 map with subthemes.

Theme 2: Integration of knowledge. These themes emerged through references to various categories of knowledge the participants were exposed to over the semester. Through exposure to and integration of information specific to the counseling profession, participants were able to contemplate working with a wider variety of populations. Most participants wrote about how the information helped them understand the parameters and expectations of the

counseling profession in a way they previously had not. Many of the participants also referenced a relief when they learned that there were specific systems set in place to address difficulties practicing counselors might experience as they developed. It appeared that having a better understanding of the profession they had chosen and the support that was available for the entire span of their career, reduced discomfort based on anxieties concerning the unknown. Four subthemes emerged: information specifically about the profession of counseling, interaction with the overarching values of the counseling profession, increased knowledge, and awareness of how to address value conflicts as they arise.

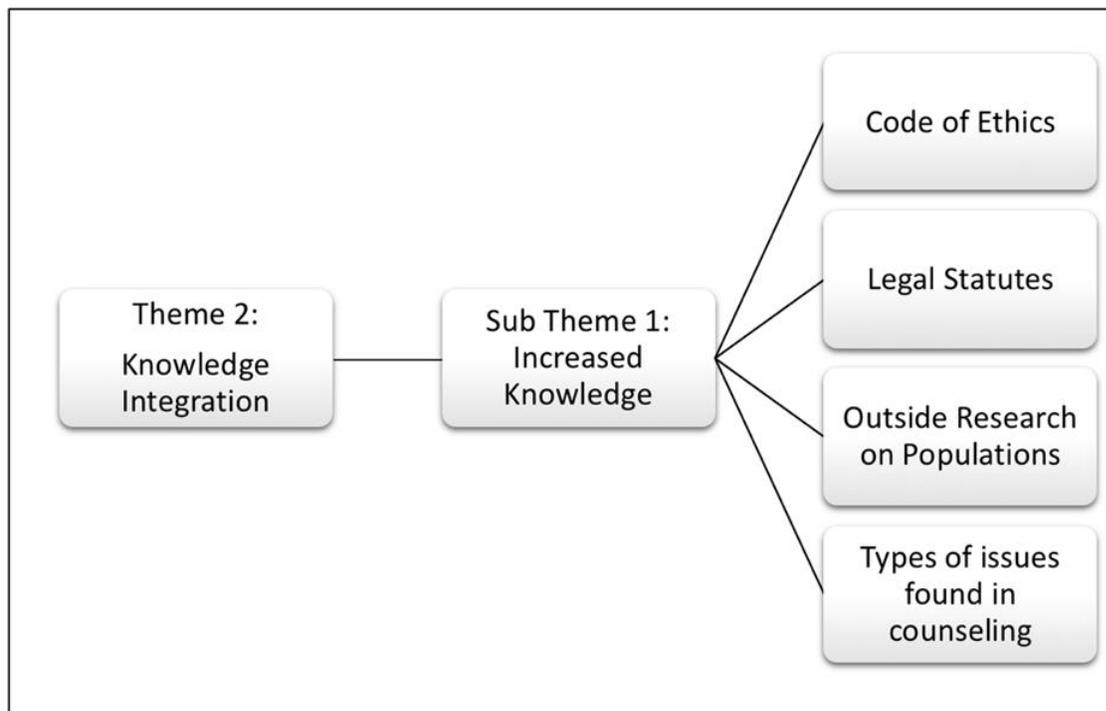


Figure 4.9. Theme 2, Subtheme 1.

Subtheme 1. The first subtheme, increased knowledge, emerged quickly and was clearly communicated through very concrete references. Participants acknowledged that exposure to the ACA Code of Ethics and the specific expectations set forth, aided their understanding of the role values played in the profession. Nicole clearly linked reduced discomfort with her increased

understanding of ethics: *“These code of ethics has really broaden my knowledge and helped me in understanding my role as a therapist/counselor.”* Alvin not only credited increased knowledge of the Code of Ethics with motivating change, but also the interaction and practice of using ethical decision-making models: *“(I) attribute increased comfort levels with increased knowledge due to reading the text for this class, gaining an understanding of the ACA Code of Ethics, and practicing ethical decision-making in scenarios similar to those found in the inventory.”* He went on to explain that if negative emotions were the result of a values clash with a client, this situation: *“would then lead me to heed the Code of Ethics...”*

Included in the ethics course was the exposure and understanding of legal statutes that govern counseling practice. Jane demonstrated an increased understanding of how unethical behavior and legal statutes are linked: *“there are legal consequences of denying or refusing to provide counseling to client based on their gender identity, sexual orientation, or any other basis that would constitute discrimination.”* Several participants, such as Luke, cited both ethical codes and legal statutes as part of their reasons for change: *“I believe this change in concern has occurred because of the legal aspects of the profession I have encountered in my ethics course. Handling these matters properly by observing ethical and legal codes will be of paramount importance.”* Cordelia similarly voiced that ethics plus legal knowledge impacted her comfort level: *“Overall I believe that my newly found knowledge in counseling, ethics, and the legality of both have helped me realize the impact and complications that many of the situations listed in the inventory embody.”*

In a closely related topic, two participants experienced a reduction in discomfort when they learned more about systems connected to the legal system. After completing the training on the child abuse laws, Ruth commented:

When I learned about informed consent forms, there were some exceptions to keeping confidentiality. Child abuse was one of these exceptions, and this means people really care about children and try to protect them above all in the U.S. This was very impressive to me because I grew up in a different background.

Likewise, Chloe reported a reduction in discomfort based on an increased understanding of how the Department of Social Services worked: *“However, this student has learned this semester that, if a parent makes improvement in the home, they may regain custody of their children.”* She found hope that counseling would be able to meet client goals when she understood the system.

Also related to knowledge, several participants experienced a decrease in discomfort when they conducted their own research on specific populations and integrated the new information, changing their perspective. Bethany related:

My thoughts on rapists have also altered because I have become more educated on those who rape. I spoke out in class about my fear of being raped by a client who is a known rapist, and the response I received motivated me to do research on the topic. Rape is rarely a random act. There are actual reasons for the deviant behavior and I currently understand the different motivations that lead to the act of rape. After studying rape, I am less afraid than before.

This increased understanding reduced her emotional response and enabled her to imagine herself working with a population which once caused her significant discomfort. When Tracy researched the populations she had rated as causing a high level of discomfort, she discovered that *“through the study, she realized that the belief she had was just her assumption without proper evidences, and such a misconception could deepen conflicts in a counseling*

relationship.” All of these participants experienced a decrease in distress when they learned about the populations they had identified. This objective information helped correct assumptions they had held as true, but discovered to be inaccurate.

The last component of increased knowledge focused on how learning that certain types of problems will be encountered in counseling practice. This is represented by Jennifer:

Another thing that has changed the way I view what would be uncomfortable, has been learning how common things occur. This has helped me because I know that I have to work on it because I will most likely see it in my profession.

Knowing she would be faced with individuals from the populations she had identified, forced her to consider the need to address discomfort on a personal level. Lastly, Christine discussed the universality of personal pain and how that realization helped her change her perceptions: *“I am realizing that everyone in some shape or form is battling internally with issues in their life.”* This prompted her to change how she viewed clients whose battles clashed with her values.

For all of these participants, knowledge was more than something to memorize and regurgitate. These individuals were able to integrate the knowledge into their cognitive systems and change how they viewed clients. Even though this was one of the more readily observed subthemes, it places importance on delivering information in a way that can be internalized and integrated.

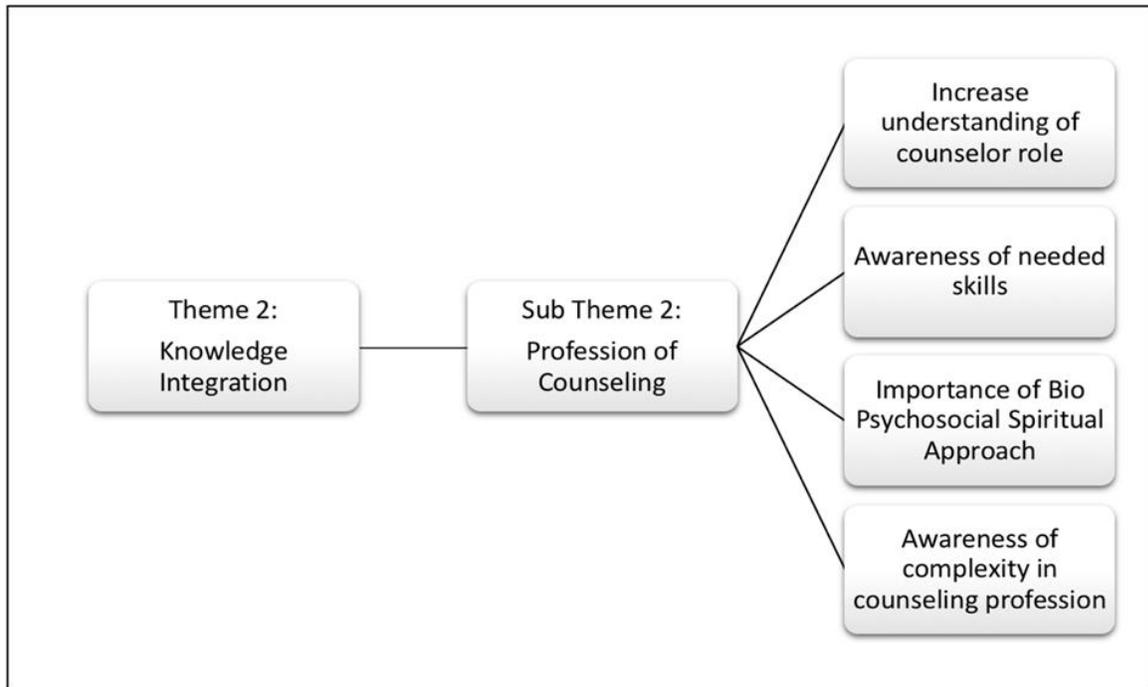


Figure 4.10. Theme 2, Subtheme 2.

Subtheme 2. The next subtheme was how information about the profession of counseling increased comfort levels. In the participants' writings, many expressed a lack of understanding of the work of counseling, which led to misconceptions, assumptions, and distress when values were challenged by populations. A large number of the participants wrote specifically about how an increased understanding of their role as a counselor changed their perceptions of working with identified populations. Faith communicated that her level of discomfort decreased when she focused on her role as a counselor, as opposed to the problems the clients would present:

My reactions the second time were focused less on who the clients were and more on who I was as a counselor. The second time I took this inventory I tried to think more definitively at the nature of our counseling relationship.

Wilton also found that as he learned about his role as a counselor and that his role was not to change a client's values, his perspective shifted:

Throughout this course I have gained greater wisdom about my job as a counselor, and that job is not to change the client to adopt a new worldview...

Laurel found that changing how she thought about her role as a counselor increased her willingness to engage with diverse populations: *"I believe that my mindset has changed for the better because now I am more aware of my boundaries within the counseling profession."* For her, an understanding of professional boundaries increased comfort. Nichole also found her negative reactions towards clients decreasing as her understanding of her professional role increased:

I am beginning to now have a better understanding of my role as a Mental Health Counselor. Therefore my reactions to this clients will be to respect her feelings. I will then try to assist her with all the necessary tools she requires... The contents of this program has also taught me to constantly remind myself that my personal values are capable of adversely affecting my ability as a counselor... The code of ethics has really broaden my knowledge and helped me in understanding my role as a therapist/counselor. She was able to connect how personal values impacted her role and how the Code of Ethics supported understanding her professional role.

For Ruth, knowledge about the functions of a counselor increased her self-efficacy in the role: *"I am learning about who counselors are and what counselors do. This made me feel much more comfortable to get ready for being a competent counselor to help various kinds of people."* Tracy wrote about how her biases decreased as she moved toward the identity of counselor: *"the writer felt the necessity of broadening her perspective and developed a firm identity as a professional, rather than an individual who has own biases."* Luke expressed that understanding

the primary responsibility of a counselor released him from the responsibility to change others, decreasing his discomfort:

I have learned the role of the counselor is to provide an environment that fosters the growth of the mental health of the client. Presenting an open, judgment free climate is the sure way clients can be honest with issues and come to terms with how to best understand and handle them. Conversely, it is not the responsibility of the counselor to offer advice, produce change or force any outcomes in the client.

Barbara found value in the discussions she engaged in, which helped her develop a more accurate view of her role: *“I believe the change in rating the items I was once uncomfortable with to rating it as somewhat comfortable is a result of the opportunities I have been given to discuss counselor expectations.”* Carter expressed that owning the role of counselor transcended his personal values:

If I can already accept and assume that I will do my best to help every client that comes to me for counseling, regardless of any personal factor, then I am left with no choice but to figure out the best strategies and approaches to help each particular client... I have the opportunity to facilitate a space in which they might reevaluate some of their decisions and start to work through their own brokenness... While my personal values and beliefs have not changed, my framework of evaluation has changed. During this second attempt, I evaluated my comfort with each scenario from a techniques perspective (what strategy I could use in counseling) rather than a value comparison (how I felt about the issue).

For all these participants, a basic understanding of the counselors' role allowed them to reconceptualize what they believe to be the goal of the therapeutic relationship. Once they were

able to release misconceptions, they found themselves more open to diverse populations that once caused distress.

The second component of this subtheme was similar to the previous one, but was more focused on the needed skills development to perform in the counselor role. For Logan, learning that the skills needed to be an effective counselor can be taught, increased his comfort because he could learn to provide what the client needed: “...*it is encouraging to know that competence in such areas are not innate and can be learned.*” Faith realized that her personal tendency to give advice was not a productive part of being a counselor: “...*my strong reactions and urges to (give) advice were also considered and recognized.*” Similarly, John reflected on the difference between his natural tendencies and the counseling skills he must develop:

I have noticed characteristics about myself that may not be beneficial in counseling. I also see more areas that I need to evaluate before beginning a career in counseling. Many of these characteristics impact how I see other people and my general concern for their well-being.

For these participants, being aware of the skills, understanding they would have the support needed to learn the skills, and identifying personal characteristics that would be in opposition to the skills helped them reevaluate their original reactions to populations and decrease discomfort levels.

Developing an understanding of the value of the biopsychosocial approach to counseling is the next component of this subtheme. Once participants understood the importance of seeing a client in relation to their history and current context, expressed empathy and increased willingness to engage in counseling emerged. Faith explained: “...*while a pedophile and rapist’s actions still make me uncomfortable, they are from actions from in the past.*” Even

though still experiencing discomfort, she was able to begin reconceptualizing how the client got to the current situation. April was able to embrace the importance of exploring the client's life without making assumptions: *"This class has furthered my belief that situations are typically more complex than they originally appear. Behind each of these one liner situations is a complicated scenario that can take weeks or even years to fully unpack."* Comparably, Martha found the value of not making assumptions about a client's history and experiences, which prompted her to be more open: *"I have no idea what it is like to be that person. I have not had the same trials, life experiences, or influences that the person has had."*

Other participants began to ponder possible experiences of the specific population they identified. This led them to becoming aware that clients have variations in histories that have to be taken into account. Tracy expressed a change in perspective when considering the client as a whole: *"the writer began to consider that she needs to understand him as a client who has his own history and backgrounds, rather than only as a perpetrator himself."* When Christine revisited a situation that had earlier cause anger, she was able to see possible context that she had never considered:

Now looking at this again, I do feel uncomfortable but in a different way. How I am viewing it now is from a standpoint of that this marriage has a lot of brokenness.

Something must have happened or is lacking for her to act in this way, and I would want to do the best I can to properly help them restore their marriage...

Being able to imagine unseen situations, multiple possibilities, and complex histories that may impact visible behavior motivated participants to change earlier assumptions.

Willingness to explore what might be beyond initial information changed John's basis of evaluation:

I tried to empathize with the people and why they were struggling or understand why they were in a counseling setting to begin with. This is much different than the first time I took the inventory. In the first test, I just read the scenarios and based my reactions off what the sentence said rather than attempting to understand that these people may be coming from a difficult situation that I may not understand yet... I would have to consider the context for why he is in counseling and take a step back from my judgments about the kind of person that he is.

Likewise, Serina wrote about the value of not jumping to a conclusion prior to having a full history and understanding of a client:

I will need to pay attention to every detail of the client's life and avoid jumping to conclusions of any sort. I would need to look at the client's history and background to be able to address the situation effectively and help the client. Reflecting upon this scenario made me realize how easy it is for me as a person to write something off based on what it was superficially.

Both participants became aware of how detrimental it is to jump to conclusions based on limited information. This awareness enabled them to embrace the importance of patient exploration of the client's history and current context.

The last consideration in this subtheme is participants' awareness of the complexity involved in counseling. Faith concluded: *"I have come to realize the counseling relationship is much more complex than I realized."* Cordelia wrote *"... (I) realize the impact and complications that many of the situations listed in the inventory embody."* Coming to these conclusions encourage the participants to suspend judgment while they learned more about the client's situation and history.

When considering all the areas found within the subtheme of increased knowledge of the profession of counseling, it could be concluded that participants were able to reevaluate their original reactions to populations after embracing basic counselor identity and skills, as well as the appreciating the complexity of working within a client's context and history.

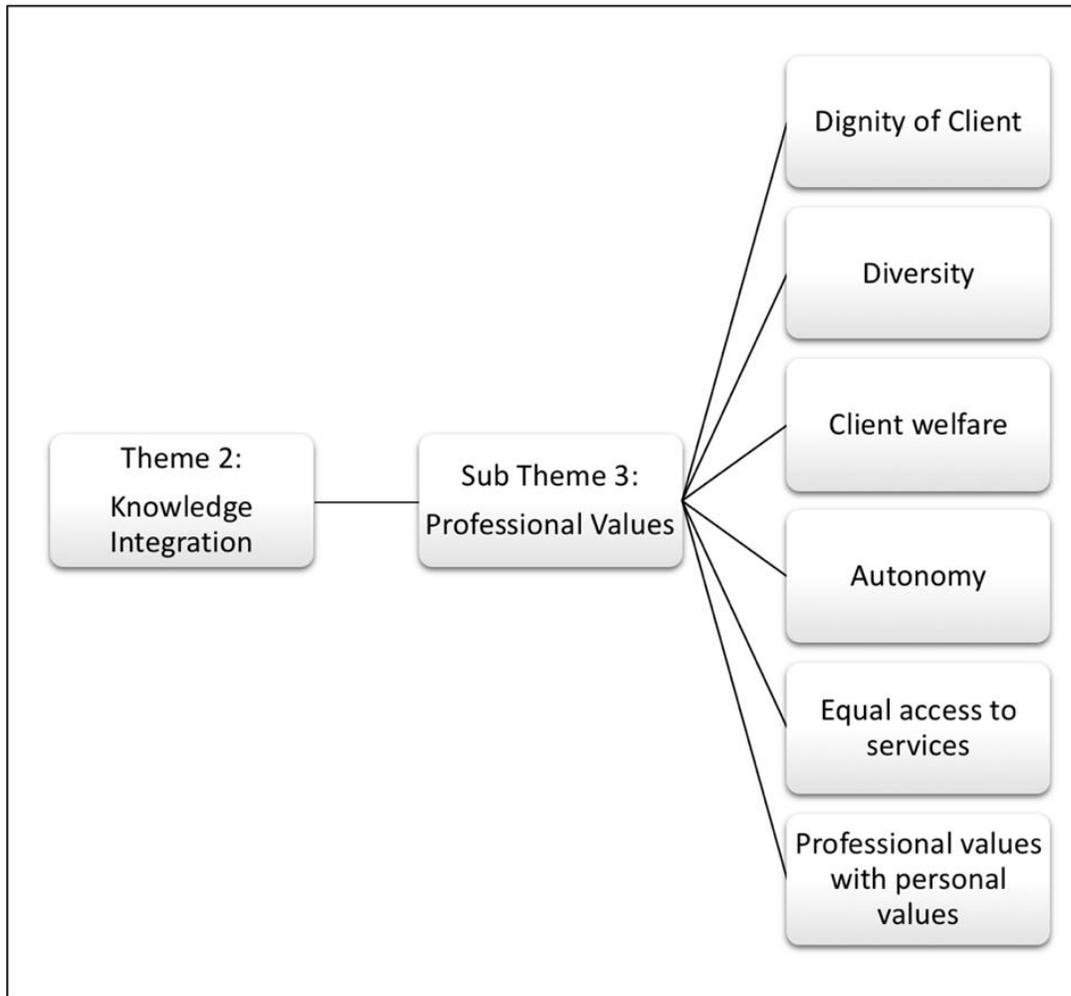


Figure 4.11. Theme 2, Subtheme 3.

Subtheme 3. This subtheme is somewhat similar to the second subtheme, but I decided to separate it due to the specifics contained within the data. This subtheme encompasses participants' understanding and incorporation of overarching professional values. It included writings about the values of client dignity, embracing client diversity, promoting client welfare,

client autonomy, equal access to services, and holding professional and personal values in tandem.

The first professional value examined was the value of promoting client dignity. Jane had come to the place where she changed her views on her role as a counselor: *“As a professional counselor it is my primary responsibility to respect the dignity... of my clients.”* Likewise, Tracy began to internalize a new role she had with clients: *“... promote their dignity in society.”* These participants were able to see how being focused on client dignity made it difficult to judge them, and therefore difficult to refuse to work with these populations. This opened them up to changing the way they viewed individuals who are different.

The value of diversity is the next professional value that positively impacted participant’s comfort levels. Barbara reflected on how her perspective had changed, even though she still held the same values: *“Even though my values or morals remain unchanged, my point of view has been shifted to see individuals from diverse cultures with different ethics as unique.”* She shifted to seeing clients as deserving respect, as opposed to being avoided. When able to remove the lens of her own values, Leslie embraced the diversity in the problems clients present: *“by removing myself, I am able to understand that every client will bring a unique issue...”* At the end of the semester, Sarah was able see past her values and attend to the distinctive needs of clients, instead of combining them into a broad category: *“There is no general guideline for what it best for the client, because each individual is unique. What may be helpful for one client could potentially harm another. Each case is different and needs special attention.”* Anderson agreed that seeing diversity as positive changed his opinions: *“This course has pushed me to view each client as an individual, complete with their own value and unique story.”* For these participants,

steps to internalize the value of diversity helped them move from a position of avoidance to one of acceptance and worth.

When considering the professional value of client welfare, Chloe stated: “*The welfare of the client is the counselor’s main priority.*” Tracy linked the development of skills and valuing client welfare:

The writer clearly grasped that she has an obligation to protect clients’ best interests regardless of clients’ identity or characteristics. Therefore, she began to be open to learning necessary skills and knowledge for dealing with uncomfortable clients, not just refusing to counsel them.

Martha also expressed a deeper understanding of the importance of client welfare:

I think that this class has helped me see how important it is to counsel in a way that promotes the welfare of my client. The goal of counseling is not to give advice or change the client’s mind, but rather to work through the present problem in such a way that promotes growth in the client’s life.

Not only did the participants develop a value for general client welfare, many specifically addressed where their personal values needed to be in relation to client welfare. According to Laurel, she was “...*taught to separate our personal, moral, and ethical beliefs aside and just focus on what is best for our clients...*” Tracy came to the conclusion that she was responsible to manage her values in such a way that kept them from interfering in the therapeutic relationship through “*the continuous process of exploring and understanding her own values will help the writer protect clients’ best interests and avoid interactions that benefit herself.*” As John explored his discomforts, he came to the following conclusion:

In each of the scenarios I want the person to understand why I think that they are wrong and should change. In reality, I need to assess the client's goals and lay aside my personal beliefs. People are not going to counseling to hear my judgments about their lives.

Through the process of monitoring his own values, Anderson also learned: "*Refraining from imposing my own beliefs allows the counseling process to be structured around the clients' needs, not my own.*"

The value of promoting client autonomy also appeared in participants' writings. This can be clearly seen in Laurel's conclusion: "*The client has to figure out the answer to their problem on their own and we are there to guide them ... not making the decisions for them.*" Bethany expressed a similar lesson: "*I have learned to be comfortable with the personal decisions of others if they feel satisfied and are not causing harm to themselves or others.*" After learning the importance of client autonomy and how it relates directly to the counselors' role, while not infringing on her own values, Phyliss shared: "*since the counselor is not to push personal values on the client anyway, positive or negative. I began to see how guiding the client to make his or her own decisions does not mean compromising my own.*" Martha concurred: "*The goal of counseling is not to give advice or change the client's mind, but rather to work through the present problem in such a way that promotes growth in the client's life.*" Barbara sums up what she has come to know about client autonomy and counseling:

This has taught me to allow clients to make their own decisions, while coming to their own conclusion. Individuals have to be respected and seen as capable in making their own choices; hence they should be given the full right to control their lives, once seen as competent to do so.

Somewhat related to client autonomy and diversity, is the value of equal access to services for all individuals. Leanne ended the semester by owning her part in services being available to everyone: *“no matter the type of person, or their problem, all people deserve to be counseled, and it my job to provide these people with quality counseling...”* Carter saw making services available to any population as a display of true benevolence:

Counselors alike ought to have compassion and care for every individual, no matter his or her background. If I truly care for people as they are, then my approach to counseling must begin with the assumption that all people deserve the opportunity to seek wellness.

When participants began to internalize professional values, it forced them to rethink how they had viewed the populations. When they were forced to interact with this new way of interpreting clients, they became less reactive and more accepting of diversity.

The final component of this subtheme is focused on the participants' interactions with personal and professional values, and how the realization that they could hold both equally impacted them. Wilton wrote about the complexity of learning how to hold professional and personal values in balance:

...the professional values I am to hold on to I do not have to let go of my personal values and beliefs, but the challenge is learning to filter those values and beliefs in such a way that respects the diversity of my clients.

Alvin summed up his reflective journey by emphasizing the ability to hold both professional and personal values at the same time: *“...the biggest landmark that I recognize... is an attitude rooted in flexibility, and faithfulness to the ethics in which I continue to hold to my values, but work with the distinct, ethical goals centered in client welfare...”*

Both of these participants reached similar conclusions; that they could be an ethical counselor, adhere to the overarching values of the profession, while also being true to personal values. Finding this balance promoted a willingness to hold professional values above personal values when in the counseling role.

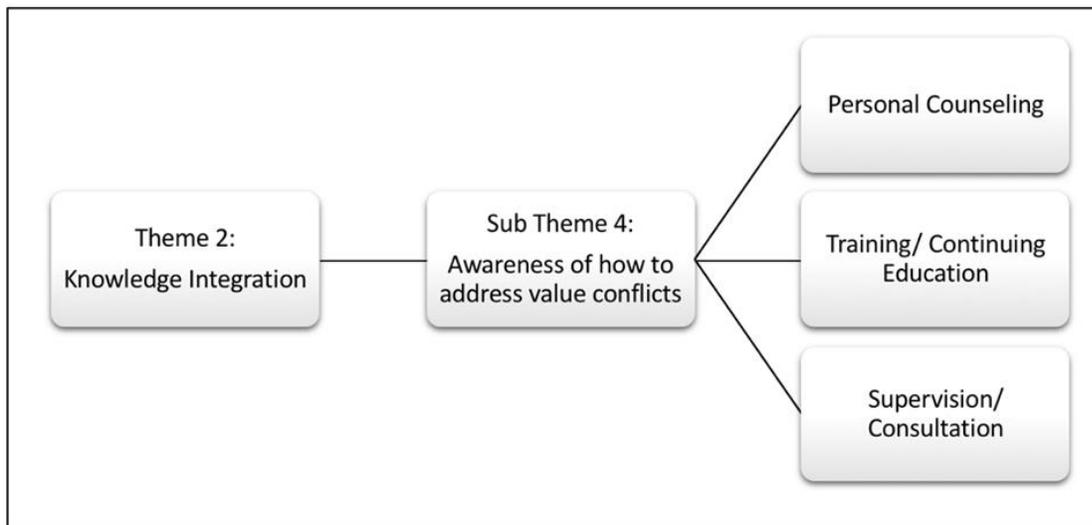


Figure 4.12. Theme 2, Subtheme 4.

Subtheme 4. The final subtheme emerged after participants were educated on the reality of experiencing values clashes throughout their career, and what methods were available, supported, and encouraged by the profession as a whole, to address clashes. It appeared that once participants understood they would not suffer severe consequences for admitting to a clash, but would be directed to engage in standard interventions, their distress decreased. The interventions included personal counseling, training and continued education, and supervision. Nicole communicated an intention to engage in all the modes of addressing values clashes: *“I will attend workshops for personal growth and learning. I will also get personal counseling around my beliefs and values. The place of continued education will also be utilized.”* Bethany reported through the course of the semester she *“... learned valuable information from this*

course that prepares me to pursue counseling for my own personal issues.” She was able to understand and plan implementation to keep her values from impacting future clients in a negative manner.

As he examined his continued, but lessened, level of discomfort with some populations, Alvin wrote:

I may not yet be competent or comfortable in every scenario, but due to accountability found in supervision, consulting, teamwork, personal counseling and self-reflection that will occur all through my practicing years, I know that I can enter into any of these situations as a counselor and work with my client’s best interest in mind...

When April looked back, the knowledge that she would not be left in isolation, paired with the availability of more advanced counselors, surfaced as meaningful:

This class has also taught me that we are not left alone to figure everything out on our own. One of the helpful parts of the field is the mandated supervision that exists for new counselors. This provides the opportunity for self-evaluation and the chance to learn from mentors who have more experience. We also have access to research and articles of people that have gone before us and studied the more effective methods of helping people with specific situations.

She did not limit support to just face-to-face interactions with more mature counselors, but widened the available resources to include published research.

The one population that caused Doris the most discomfort continued to be distressing, but she was able to report less distress when contemplating the support she would receive if faced with the situation:

I think it would be extremely difficult for me to hear about what he did to children and not react in disgust. I have no idea how to even go about exploring that with someone, but I know that I could consult or I would be under supervision so I could get the help that I needed.

With every participant who addressed support, they expressed comfort in knowing they would not be unaided when working through difficult situations. The varied resources endorsed by the profession enabled the participants to imagine working through discomfort with the appropriate resources.

This theme contained a wide variety code categories, all relating back to how being exposed to new information and integrating that information positively impacts counselor development. Even though several of the subthemes were interrelated, they all provided distinctive pictures of the knowledge bases that provided a foundation for participant growth. At this point, the analysis moved from looking at the data related to reduced discomfort and progresses, to the final theme: increased discomfort.

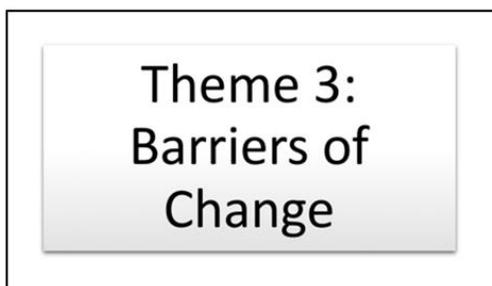


Figure 4.13. Theme 3 Map.

Theme 3: Barriers of change. The data presented in this section was coded under the theme of increased or maintained discomfort over the course of the semester. The remainder of the data was embedded in participants' writings where change occurred, but areas of discomfort

still remained. I deemed this theme as meaningful to consider and report, due to the importance in examining both what produced the desired change and what hindered the desired change. One interesting finding was that many of the components of this theme corresponded with components in themes one and two. However, similar experiences resulted in different outcomes for the participants. Personal experience is one of those mirrored components.

Personal experiences found under Theme One resulted in increased comfort. However, the participants in this group reported that personal experience increased or maintained their discomfort levels. Laurel revealed that the recent death of a close family member had maintained her discomfort level: *“This particular question did not become easier for me to answer the second time I took the assessment, it was actually harder considering what happened to my grandmother recently.”* In a similar fashion, Bethany was able to link her recent experiences to her reactions:

I would have difficulty counseling a woman who has left her spouse and children to gain her independence because I personally experienced such behavior from my mother. I still feel the disappointment and embarrassment from being abandoned by my mother... It would be tough to counsel such a person who engage in behaviors that I strongly have negative feelings toward.

These personal experiences triggered multiple strong emotions that were not quickly or easily resolved, leaving Bethany and Laurel in continued discomfort.

Martha was able to connect her continued discomfort with work experiences that profoundly affected her perceptions: *“I have first-hand seen the results of abandonment in children, as I have spent a significant amount of time working in a foster care setting.”* Serina was able to connect her continued discomfort to her background of growing up in a different

culture, where the problem of poverty was more severe and prominent: “... *I have witnessed people suffer in poverty due to such acts. I believe stealing in itself is wrong; it just makes it worse when you steal from those who already have so little and in some cases nothing.*” For all these participants, personal experiences resulted in negative emotions when asked to imagine working with an individual who was engaged in a similar situation. These similarities, paired with strong emotions, hindered participants from being able to see the situation in a more complex fashion and only through a single lens based on their own values.

Related to personal experience, was the participants’ emotional responses, which impact discomfort in a negative manner. What seemed to differentiate this data from personal experiences, was the absence of a specific experience that sparked emotions. In Leslie’s case, the emotions she experienced when imagining working with the chosen population changed, but did not decrease:

The perceived pain I felt in the initial assessment, gave way to anger in the second assessment... While anger is still the driving emotion behind my response, I am angry from the perspective that a fellow man would so violently abuse a woman, or fellow man...

The anger Leslie experienced appeared to be the result of a general, but powerful value that dictates how people should behave towards one another, as opposed to a personal experience. Jennifer expressed empathy for the imagined victims of the identified population, which stalled her ability to develop empathy for the client:

Although my views have changed on many things throughout this class, I still believe that it would be hard to counsel a man who was convicted of pedophilia. For me, this is personally just because I cannot get over the devastation this act causes.

Sarah's writing were of high interest to me. In one portion of her assignment, she explained how outside research on typical rapist behaviors had decreased her fear and impacted her comfort with this population. But later she described the situation from a different perspective: *"During the first and second time I was uncomfortable with the court mandated convicted pedophilia and the rapist released from jail. Both of these situation invoke an anger and unwillingness to become empathetic with these clients."* At first reading, Sarah's reports seemed to contradict one another, until the specific emotion of fear was differentiated from the discomfort generated by the identification with victims and lack of empathy for the client. In this situation, Sarah reported less fear, which decreased discomfort levels, but the inability to imagine developing empathy kept this population high on her list. Sarah provided a good example of how participants' reactions to populations are not linear, but complex.

Lastly, Cordelia identified her discomfort as rooted in personal fear, more than due to clashing values:

I empathized a lot with these cases because I am a young looking small in stature and strength women who would more than likely be just as easily taken advantage of. I believe that these are more deep seated and personal fears, rather than being uncomfortable with another's lifestyle and beliefs.

It appeared that the emotion of fear was connected to her ability to easily identify with victims of the chosen population. This identification likely kept Cordelia from being able to reconceptualize or observe the population from a different viewpoint than her own, keeping her distressed. This is another example of how the participant's report of discomfort can be due to multiple factors.

The next component of this theme was also found in the disconfirming case, the power of deeply rooted values. Chloe reported that certain parts of working with specific populations remained uncomfortable due to her values: “...*helping a person continue to live in sin by solving relationship issues still remains a moral dilemma for this student.*” Even her word use demonstrated that this particular issue activates a strongly held belief that has not shifted. Earlier Chloe identified that she would willingly engage in helping this couple address other issues, but continued to struggle with this specific area. She moved from being unwilling to engage with the population at all, to being unwilling to address a specific issue. Even though this is movement, it is still considered unethical behavior.

Another strongly held value was presented by Barbara, who realized that values she had learned from her culture upheld her discomfort with specific situations:

...I realized that I have developed rigid traditional gender roles that I have learned in the society and through my cultural background. These roles have been reinforced by the reactions of the community in which I live.

Lastly, Serina also verbalized the impact her culture and personal beliefs had on her comfort levels: “*It could be due to my cultural background but I personally believe it is very selfish if people abandon their families for independence or sexual adventures.*” Both of these participants were able to recognize how their culture had influenced their beliefs, but were not able to place professional values above those deep values.

The next component was how increased understanding of the counselor role increased discomfort; also found under the knowledge integration theme to decrease discomfort. Included in this component were codes that addressed increased knowledge of ethics, confidentiality, and counseling skills.

Several participants identified that increased understanding of ethical and legal expectations maintained discomfort levels. Once Faith realized she would not be able to verbally process client stories outside of supervision, she stated: *“I did not realize how keeping that confidentiality would affect a counselor. The fact that clients may admit uncomfortable facts which the counselor must then keep to themselves will be difficult.”* When she understood she would not be able to share the difficulties of her work role with others, due to strict confidentiality standards, her perception of difficult situations maintained her discomfort. Coupled with her deep value for justice, when Serina grasped the parameters of confidentiality, she wrote: *“After taking the course on ethics and legal issues, I realized, that I probably could not report the person. This makes the situation all the more uncomfortable for me.”* Specific fear was generated in Sarah as she learned legal statutes: *“As I am learning all of the laws and ways to be a professional, sometimes the fear of potentially harming a client is overwhelming.”*

Similar to Sarah’s report, several participants endorsed their concern over not having the competence or skill to work with specific populations that they viewed as complicated. During the semester, Stuart found how his lack of belief in his abilities impacted future practice: *“After going through some of the course material and learning about the ethics of counseling outside of one’s competency I am not sure that I would be able to provide adequate services.”* Leanne identified her discomfort as less based on values, and more on her level of competence: *“... this is a question that is not so much that I am not comfortable with the specific situation but that I do not feel equipped for that specific type of counseling at this time in my life.”* Christine voiced that the root of her discomfort had changed over the semester, but now concern was based on perceived competence:

I feel uncomfortable in a slightly different way. I don't feel as much hurt, and more caution to make sure that I would be properly trained and prepared to be this client. At first I thought I would feel inclined to refer the client because I would feel hostility, but now I see I would potentially have to reefer the client due to my limitations.

In all these participants' writings, fear of not having the skills or knowledge to provide effective counseling services appeared as the root of continued discomfort, instead of values clashes.

The final component of this theme can also be seen moving discomfort in the opposite direction for Theme One. Increased self-awareness, coupled with honest appraisal, maintained or increased discomfort for these participants. After taking the assessment the second time, Phyliss found: *"This was a problem that I felt was difficult before but after reviewing the situation and realizing more about myself, I came to the conclusion that I would not be able to deal with it."* This insight is also voiced by Melody: *"I think the reason is that the course made me very aware of how important it is to be honest with myself... this time it was easier to admit that there was something uncomfortable for me in dealing with those cases."* Engaging in an honest self-assessment helped these participants own their discomfort.

Under this single theme, several components have emerged as the root of increased or maintained discomfort with identified populations. One interesting observation is that many of the participants veered from the topic of values clashes and brought in other explanations for their perceptions. Somewhat related to this theme is the next area of exploration: disconfirmation cases.

Disconfirmation Data

One recommendation made by Braun and Clarke (2006) was that, when conducting a thematic analysis, the researcher must remain mindful of data that does not fall in line with the

majority of data. It is important to recognize, examine, and report disconfirming cases, giving greater depth and scope to the overall analysis. For this data set, one disconfirming case emerged, wherein the participant reported a general increase in discomfort over the course of the semester. Multiple participants also reported specific increases in discomfort while reporting a general decrease. Because there was some decrease, these data sets were included in the third theme. What follows is a review of the themes found in the disconfirming data set.

The participant who was considered a disconfirmation was Melody, who reported a general increase of discomfort across most populations. Her writings shared two similar themes with other participants in Theme Three and one unique theme. The unique theme is found in the time period that was used to measure change. Melody expressed *“I believe my answers have not changed... [due to] the short period of time between the first and second inventory...”* Melody echoed what researchers have found, that cognitive growth occurs gradually, over time (Granello, 2002). The other factor Melody identified was *“...these are strong values that are rooted in personal experiences and beliefs that were built over time and that have a rationale.”* She was able to honestly assess how much her deeply held values had been impacted and communicate that through her comfort levels. When reflecting on what she believed prompted her increase in discomfort, she replied,

Finally, regarding to the nine responses that changed from which six altered from “comfortable” to “somewhat uncomfortable” I think the reason is that the course made me very aware of how important it is to be honest with myself in this profession given all the legal, ethical and moral factors involved in counseling. So, this time it was easier to admit that there was something uncomfortable for me in dealing with those cases.

What makes Melody's case intriguing is that she was not communicating an insistence on maintaining her values to the detriment of client and the profession. She believed she was providing a transparent and honest response, even with the underlying expectation of less discomfort stated clearly in the assignments through the use of the ACA code in guiding the reflective writing.

Activities that Facilitated Change

An additional piece of the analysis included gathering and presenting the activities the participants reported as meaningful and prompting change. Similar to level of change, no quantitative data was gathered, so no method was available to measure exactly how important the activities were to participant change. When reviewing the above themes, it can be observed that several activities appear in the participants' statements multiple times. But, due to its importance to implications of this study, I gathered participants' statements about what activities were the most meaningful. Each of the activities listed, appeared numerous times across the entire data set.

Wilton reported: *"I have found that Kitchener's ethical decision making and the 'three tests' questionnaire will be helpful with staying on track when working with clients of differing values..."* Laurel assigned importance to working through case studies: *"In class we were given example scenarios... This exercise helped me make the right choices through process of elimination. I found this to be the most useful tool that we learned in class."*

Multiple participants referred to the value of in-class discussion with their peers and professor. According to Ruth, *"Through all these assignments, lectures from professors, and class discussions, I am learning a lot and making progress to get ready to become a competent counselor little by little."* Chloe also highlighted class discussions as important to change: *"The*

majority of my comfort came from discussing issues like these in class, listening to the professor and fellow students consider different sides to arguments, and contemplating issues like these in my own thoughts.” As Bethany reflected on what had the greatest impact on her, she identified peer feedback which motivated her to conduct outside research:

I spoke out in class about my fear of being raped by a client who is a known rapist, and the response I received motivated me to do research on the topic. After studying rape, I am less afraid than before.

Another important portion of the course that facilitated change was the course content, including textbooks and lectures. When relating her experience, Clara identified *“The reason for this new openness may be due to the information provided in class... the content in the textbook concerning competence in multicultural counseling made me realize how much more I have to learn.”* Lewis found class lectures impacted his perspectives: *“I took a different approach in answering the questions on the inventory this second time as compared to previously, due to clarity and enlightenment from lectures...”*

Participants consistently reported the importance of being exposed to the ACA Code of Ethics. According to Leslie, *“In class we have covered the different sections of the ACA Code of Ethics, and the main point that I was able to take away from it was...the counselor should remove their personal feelings from the counseling sessions.”* Similarly, being able to explore related legal statutes in class impacted Jane: *“I believe I learned a lot about laws...”* Stuart found that he needed to change his perspective through general exploration and evaluation of ethical decision-making: *“Throughout the course we evaluated the ethics behind uncomfortable situations and how to handle them in appropriate ways.”*

Jenner identified case studies with real life application as the most helpful: *“While talking about the various cases that we covered in class, there has always been some sort of real-life application that could be taken out from those conversations.”* Practical application of course content resulted in change for Phyliss: *“The course content helped me to challenge my beliefs and values, and not only my beliefs and values themselves, but the practical application of them.”* What stood out to Doris was having information reinforced in multiple courses: *“Counseling 500 (counselor identity) and 501 (ethics) both influenced the way that I viewed counseling, other people, and myself.”* Anderson reported that self-reflective assignments impacted him, *“...utilizing surveys and other instruments...”* that were the basis for reflective writing at the time.

The final, and possibly the most meaningful course activity, was found in direct professor feedback. Regardless of the mode, written as comments to assignments or in person during class, the feedback participants received from their professor facilitated self-reflection and significant changes in attitudes and perceptions. Serina explains:

A comment made by my professor on my previous paper made me consider the issue and think about it further. I was only looking at the person for the crime he had been convicted of. I was letting my hatred, toward the action that the person was convicted of cloud my judgment. I was so bent on viewing the person as a “criminal” that I did not spend even a moment too see if the person themselves were a victim. I failed to try to understand what led the person to commit pedophilia. Maybe the person was a victim himself and was acting out, or taking their anger out or trying to rationalize it in some way... Reflecting upon this scenario made me realize how easy it is for me as a person to write something off based on what it was superficially.

Overall, when prompted, participants were able to identify multiple factors that promoted personal and professional growth. These activities are conceptualized as the catalyst that triggered a reaction in students' social cognitive systems, driven by increased self-awareness, purposeful self-reflection, and integration of professional values into their existing value system. When integration of knowledge or modification of disposition occurred, the participant was able to change the way they viewed considerably different populations that caused significant discomfort in such a way that reduced discomfort, and increased willingness to engage in ethical counseling.

Conclusion

This chapter has presented the use of qualitative thematic analysis, as outlined by Braun and Clarke (2006), to answer the research question presented in Chapter One. The detailed process of how themes emerged was covered. Analysis of the data produced three emerging themes: impact of disposition modification, the impact of knowledge integration, and the experiences that resulted in no change. Additionally, participants explored what might have hindered more change from occurring. Many of the participants discussed an awareness that they would not be able to work as effective counselors if their perspectives did not change and discussed plans to address discomfort. The final chapter of this investigation will include an evaluation of findings, how these findings are related to the applicable literature, how findings increase knowledge in the field of counselor education, and recommendations for continued research.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This study addressed the research question “What experiences emerge in master’s level counseling students’ writings when asked to integrate personal and professional values?” Chapter 1 provided the reader with the rationale for the study; the need, purpose, and significance of the study; the research question; and the definition of terms. Chapter 2 presented a review of the literature on the theoretical foundations of the study, as well as on ethics, ethical dilemmas, ethical decision-making models, and values-based ethical dilemmas. Chapter 3 provided the methodology for this research. Chapter 4 presented the results and findings of the thematic analyses.

This chapter presents a summary of the findings for the research question, a discussion of important findings, and implications of these findings for researchers, counselors, and counselor educators. I also discuss limitations of the study, make recommendations for future research, and offer a conclusion.

Summary of Findings and Implications

This study was data driven and semantic; data drove the analysis, as opposed to theory, and assumed the participants represented their internal experiences through the words used when sharing those experiences. This method allowed me to analyze a large amount of data, observe similarities and differences, and establish themes across the data sets. As a result, using this qualitative analysis approach provided me with an in-depth understanding of master’s students’ experiences during an ethics course from their perspectives and words.

In reviewing the the results of this study, I found that a variety of processes emerged that appeared to be involved in counseling student development when resolving values-based ethical delimmas. Findings suggested that there were three themes that emerged during analysis

pertaining to the research question. The three themes were identified as disposition modification, knowledge integration, and inhibitors to change. Additionally, activities that promoted change in students' perceptions were also discovered.

Themes as Related to the Research Question

Each of the three themes will be discussed separately as it relates to the research question "What experiences emerge in master's level counseling students' writings when asked to integrate personal and professional values?" Additionally, I will separately address the findings surrounding the question "What activities were perceived as promoting change?"

Theme 1: Disposition modification. This theme appeared across the data sets and emerged in numerous narratives. I identified three unique subthemes for this theme. I will first address each subtheme, then the entire theme.

Subtheme 1: Self-awareness. The first subtheme was self-awareness. The importance of this personal process was seen in statements referencing how the process of becoming more self-aware had decreased discomfort. Participants shared that as they became more aware of their own attitudes, beliefs and values; they realized they were making assumptions about individuals, based on little to no evidence. They also noted that once they became aware that they were judging people based on unfounded assumptions, they were able to self-reflect and ask themselves if their assumptions were valid. In turn, they became aware of the need to make conscious decisions to reflect on their own values and evaluate the truth contained in their perceptions. Through this process, they concluded that they needed to engage with individuals, also recognizing that making assumptions was not productive in their role as a counselor. This process decreased the discomfort they had once experienced. Several of the participants related

that they were determined to be aware of assumptions in the future and not draw premature conclusions about an individual, but to wait until they had the full history.

The third component of self-awareness focused on the participants reflecting on personal values and beliefs after intentionally bringing them into their awareness. Many participants expressed surprise that they had been operating out of these deeply-held values but had never really examined them. Once their values were considered, they determined if these values supported practicing within the boundaries of professional ethics, or distanced them from this goal. Even though multiple participants reported no change in values, they stated that awareness with reflection decreased the level of discomfort they once experienced when faced with the task of integrating professional and personal values.

When considering all three of these components as a whole, the participants' experiences accentuate the importance of increased self-awareness and reflection. At the end of the semester, the participants reported that they were no longer operating from values that were outside their conscious thought, but were intentionally reflecting on values-driven attitudes and beliefs. As participants became more self-aware, they appeared to become more accepting of client differences in values and more motivated to operate out of a non-judgmental stance. This, in turn, appeared to reduce the intensity of the values-based dilemmas that they first reported in the initial paper.

These findings are consistent with the literature supporting the importance of self-reflection development for counseling students. Counselor education programs are encouraged to foster student self-awareness, which leads to empathy development with diverse populations (CACREP, 2016; Dyche & Zaya, 2001). Additionally, the more self-aware a counselor is, the less likely they will be to use their personal values and beliefs to guide the counseling process

(Oden, Miner-Holden & Balkin, 2009). Overall, this study extends the importance of increased self-awareness for the resolution of ethical dilemmas in counseling students to include deeply held values-based ethical dilemmas (Evans, Levitt, & Henning, 2012).

Subtheme 2: Cognitive complexity. This subtheme represented a wide range of internal processes that, when taken into account together, indicated the participants experienced cognitive development during the course of the semester. The first sign of development I observed was when participants wrote that they had begun to accept the ambiguity inherent in counseling practice and were moving towards being more comfortable with situations that did not have definitive answers.

The second component I observed was awareness and regulation of emotional responses to situations. The participants communicated that at the beginning of the semester, they had negative emotional reactions to populations presented, which resulted in discomfort. During the semester, they reflected on their reactions and actively worked to reduce negative responses. Participants reported that when negative emotions decreased, comfort increased. The ability to identify and reduce negative emotions increased comfort levels.

The third component I found in this theme was the increased ability to view situations from multiple perspectives. When participants reflected back on the original assessment, they commented that populations they had once viewed from only their own perspectives, ranked high in discomfort. Towards the end of the semester, participants who received feedback or intentionally brainstormed various possible scenarios associated with the situation, changed their perspective, and discomfort decreased. The final component of this theme was the integration of new experiences. I observed that when participants were in a familiar experience that also contained new information, they were able to integrate the new information and grew

cognitively. Because the experience was integrated into the social cognitive system, it was classified under this theme instead of Theme Two. Interacting with individuals who were once thought to be completely the same, only to find different values and beliefs did exist, helped reduce discomfort when contemplating working with more obviously different individuals.

When these components are viewed separately, these experiences were important, but somewhat fragmented. However, when I viewed the components as a whole, a significant finding emerged. All of the components in Subtheme Two are characteristics of cognitive complexity (Alcorn & Torney, 1982; Benack, 1988; Granello & Underfer-Babalis, 2004; Heck & Davis, 1973; Jennings & Skovholt, 1999). The participants' writings indicated they had experienced some level of cognitive development over the course of the semester. Research supports that cognitive complexity can develop and be observed over a short period of time (Brendel, Kolbert, & Foster, 2002; Duys & Hedstrom, 2000; Granello, 2010; Lovell, 2002; O'Keefe & Sypher, 1981).

Subtheme 3: Reevaluation. The final subtheme was reevaluating values, beliefs, and attitudes. This theme is related to the self-awareness subtheme, but a difference exists. This subtheme involved being aware of and reflecting on values and beliefs, but the participants reported taking action by re-evaluating attitudes, values, and beliefs to determine if they were valid and corresponded to professional values. The three areas participants reported re-evaluating were attitudes, values, and beliefs; the same constructs found in disposition. Participants became aware that their dispositions were at the core of their reactions, and adaptation became an important process to undertake. To be able to practice in harmony with professional values, the participants had to examine their own beliefs, attitudes, and values, and

decide which would guide their practice. None of the participants detailed readjustment, but they all highlighted how the process of re-evaluation changed their comfort levels and viewpoints.

Disposition awareness, assessment, and evaluation are important tasks for the counselor educator that cannot be overlooked (Hancock, 2014). However, they are complex to evaluate and address. The literature recommends that counseling students undertake the challenge of identifying, clarifying, and re-evaluating their dispositions so they can be reconciled with professional values (Ametrano, 2014; Bashe et al., 2007; Cottone & Claus, 2000; Jordan & Stevens, 2001). These participants appeared to be starting this process, which impacted their comfort with populations that conflicted with their personal values.

Overall, this theme demonstrated that when participants were challenged to examine their dispositions within the framework of professional values, and some modification occurred, they became more in sync with professional values and experienced less discomfort when contemplating practicing within those values. Through this ethics assignment, participants were placed in a position to be uncomfortable and experienced the cognitive dissonance that results when personal and professional values conflict. As part of the assignment, participants had to reflectively examine their values, beliefs, and attitudes, forcing them to become aware of and examine their own histories. The participants that undertook this beginning stage of the process of integrating personal and professional values, experience various levels of cognitive development; an outcome the literature supports (Brendel, Kolbert, & Foster, 2002; Granello, 2002; Lambie et al., 2010).

Theme 2: Knowledge integration. The integration of new knowledge is a fundamental goal of the education experience. It is important enough to be one of the three primary

components that must be addressed throughout ethics education (Dollarhide, 2013). Encased in this theme are four subthemes, which I discuss individually, then as a whole.

Subtheme 1: Profession of counseling. This subtheme is composed of various levels of information that, once clarified and understood, helped decreased discomfort. One of the more prominent components I observed was understanding the counselor's role. Participants who endorsed this component wrote about the various misconceptions they held about what it meant to be a counselor. Once these misconceptions were corrected, their distress decreased. One of the more common misconceptions was the belief that they were responsible for client change. Participants reported that being able to let go of responsibility and engage fully in the role of guide facilitated more openness to working with diverse populations. Several participants commented that once they understood their role, they looked forward to working with challenging clients.

The next component was related to the first: awareness of skills needed to operate in the role of counselor. Initially, these participants were depending on personality characteristics and long-term methods of interacting socially. Once they understood that there were specific skills that they would be taught and that these skills could be learned through practice and feedback, their discomfort dropped.

The third component was focused on the difference between how the participants viewed clients and how they would learn to conceptualize populations as they progressed through the program. Most of the participants who commented on this component wrote about how they had been viewing the client from the very limited information presented and their own interpretations. Once they realized they needed to take the whole of the client into account, they were able to imagine the client in a richer context and develop empathy.

The final component was an awareness and understanding of the complexities involved in the practice of counseling. Participants in this group related that originally the more difficult cases overwhelmed them, resulting in a high discomfort rating. After they grasped that counseling is often complex and requires complex thinking with available supports (see subtheme three), they became less uneasy and more open to working with diverse, complex cases.

When reviewing the four components of this subtheme, anxiety of the unknown emerged as a connecting thread. All the participants who endorsed this subtheme had either unrealistic expectations about the profession of counseling and/or were unaware of the actual work of counseling. During the semester, these questions were answered in various ways. It appeared that once the anxiety of the unknown decreased, comfort levels increased. These topics are known to promote anxiety in inexperienced counselors, including uncertainty about their role as the counselor and experiencing the therapeutic relationship as less directive than outside lay counseling experiences (Schwing, LaFollette, Steinfeldt, & Wong, 2011; Skovholt & Rønnestad, 2003). When participants were able to integrate the information given to them over the course of the semester, discomfort decreased. This is likely due to a decrease in general anxiety about the profession of counseling. The second subtheme is also related to knowledge.

Subtheme 2: Professional values. This subtheme is related to the first, but is more specific, as it is focused on the overarching values held by the entire profession of counseling. These overarching principles make up the basis of the counseling professions' code of ethics (Pack - Brown, Thomas, & Seymour, 2008). This subtheme demonstrates how the integration of knowledge of professional values decreased participants' discomfort. The first five components in this subtheme all reflect basic professional values. These components included dignity of the

client, valuing diversity, priority of client welfare, value of client autonomy, and equal access of services for all populations. With each one of these categories, the participants related how their first evaluation of the imagined populations reflected the exact opposite message found within professional values. Participants wrote about being able to internalize the importance of these values and readjust their perspectives to reflect values of the profession. Being aware helped them reconceptualize their role in the profession in relation to clients, and helped them to change their evaluation of diverse populations.

The final component corresponded to the previous five, but is also somewhat unique. Several participants related how their view of personal and professional values had changed, and that the integration of them was possible. Participants commented that once they had a clear understanding of professional values, the personal value clash they had assumed existed was not as extreme as once believed. Furthermore, they reported it was reasonable to hold the appropriate values that corresponded with the role they were in at the moment: personal values when they were operating in their personal life, and professional values when in the role of counselor. In this component, there is an indication of cognitive development, as participants were able to see values from multiple perspectives.

This subtheme reinforced that information and knowledge integration is powerful. Participants were impacted by having misconceptions resolved and by gaining a knowledge base that they had not been privy to previously. When these gaps in knowledge were integrated, participants changed their perceptions of working with populations that they had once rated uncomfortable.

Subtheme 3: Addressing value conflicts. This subtheme is related to the first subtheme, in that the participants appeared to be lacking knowledge about the counseling profession, which

caused discomfort when imagining difficult counseling situations. Like the second subtheme, this one was more specific, and I decided to separate it from subtheme one. This subtheme is focused on how the profession addresses difficulties that counselors experience.

In the first component, participants communicated that they understood the value of personal counseling when facing a value conflict. Several participants wrote about continued struggles with particular populations, although at a lower intensity, and discussed the need to engage in personal counseling to address the struggle. Other participants focused on the possibility of future struggles and engagement in personal counseling when such issues arose. Knowing there was a professionally approved method to address the emotions associated with values conflicts seemed to decrease discomfort.

The second component focused on the support participants would receive in continued education through graduate school and when practicing. Participants reported that being able to focus on surfacing issues in their practice through continuing education reduced fear. The idea that the profession approved and, in some instances, insisted that they continue to engage in the learning process helped participants reduce reported discomfort.

The last component focused on the support available through supervision and consultation. The participants who endorsed this component stated that knowing they were not expected to resolve conflicts in isolation, but would have a supervisor to guide them, made them less uncomfortable with the thought of working with diverse populations.

All three of these components are standard ways the field of counseling aids practitioners in the developmental process of becoming a skilled clinician. Ethical bracketing, as presented by Kocet and Herlihy (2014), contains all these interventions in addition to counselor self-awareness and reflection. If engaged appropriately, ethical bracketing can enable a counselor to

set aside their own values for client values and goals. Participants found comfort and a decrease in negative emotions when they internalized that the profession acknowledged they would, at some point, have to work through a values clash, and also had a process in place to address these instances.

Subtheme 4: Increased knowledge. This subtheme represents the decrease in discomfort due to the presentation and internalization of basic information. This information related more to the general field of counseling, and so it was separated from the other three subthemes. The first and second component were highly related and contained participant statements about how increased knowledge of the code of ethics and legal statutes governing counseling practice impacted their perceptions. These two components, like the next, demonstrated again that when exposed to information, participants were able to align their thoughts and beliefs with professional standards. Many of the participants commented that at the beginning of the course, they had no idea what was expected from the code of ethics and legal statutes, but once they had a clearer understanding, they worked to align themselves with those expectations. The code of ethics component also included statements about how learning and practicing ethical decision-making supported their growth. Having a resource that provided structure when facing uncertain situations resulted in increased comfort levels.

The last component highlighted by participants was learning what types of problems are commonly encountered in counseling practice. Participants were able to shift their view of populations when they discovered that the presented problems were somewhat typical, and their time in graduate school and supervision would equip them to assist clients in these situations. Participants also commented that when they internalized the universality of pain, they were able to look at the presented problems and respond with empathy. The truth that all people

experience psychological pain appeared to make populations that were once viewed as very different, to be seen as more similar. The participants were able to connect on this very basic human experience found in universality of emotional pain.

This subtheme mirrors the other subthemes, but is a bit more varied inside itself. The first two components speak more specifically how clearly communicated structure can decrease negative responses. This can be seen in the counseling supervision literature through the integrated developmental model of supervision, developed by Stoltenberg and McNeill (2011). In this model, novice counselors are classified as Level One, indicating that they require a high level of structure, positive reinforcement, and information delivered by the supervisor. When this is provided, anxiety related to not knowing or not understanding what is expected is reduced, and feedback can be integrated, leading to counselor development. This seems to accurately reflect the experiences of these participants; they received clear expectations and structure through the code of ethics and legal statutes, leading to less ambiguity and less anxiety.

The third component is slightly different because it did not provide structure, but it did give clarity about the types of situations that might be faced in the future, lessening the anxiety over the unknown. The importance of knowledge is reflected not only in this subtheme, but in all four.

This entire theme demonstrated the importance of delivery of knowledge for counseling students and its significance to their overall development. Knowledge delivery has been a long-term, foundational expectation for counselor educators (Minton, Casey, Morris, Carrie, & Yaites, 2014). The responses from the participants reinforced the potential impact for counseling students to have specific knowledge about the profession of counseling. This knowledge, when integrated into the student's cognitive system, can provide the structure and information needed

to either avoid values-based ethical dilemmas, or know that support is available to resolve these types of ethical clashes. Unlike the previous two themes, the final theme examines what types of barriers participants reported when faced with a values-based conflict.

Theme 3: Inhibitor to change. This last theme, though somewhat different, emerged from the participants who reported change in their comfort levels, but also communicated that certain populations, especially the ones that had originally been ranked as creating the highest amount of discomfort, continued to cause them discomfort. The number of participants who addressed continued discomfort was much smaller than the previous two themes. I observed and reported in Chapter Four that many of the participants who reported continued discomfort also reported a decrease in original discomfort levels or a change of attitude towards populations. Even though the participant numbers were small in this theme, I believe I gleaned important information from this data.

One interesting occurrence was observed when coding this theme. It appeared that all but one of the events that acted as a barrier to working with specific populations correlated with events that produced change. One difference I observed was based on how the participants responded to these events. These included: personal experience, emotional responses, increased self-awareness and reflection, increased understanding of the code of ethics and legal statutes, and understanding of the work of counseling. Personal experience and emotional responses appeared interconnected, as most of the experiences that resulted in a negative response still involved active negative emotions for the participants. These participants related that either their own experiences or emotional reactions acted as a barrier for reconceptualizing the populations. These participants appeared to be reporting some level of countertransference. Although not an uncommon experience for counselors, countertransference must be recognized through self-

awareness, and managed through the development of a sound sense of self and anxiety management (Hayes, Gelso, & Hummel, 2011; Pérez-Rojas, Palma, Bhatia, Jackson, Norwood, Hayes, & Gelso, 2017; Van Wagoner, Gelso, Hayes, & Diemer, 1991). Most of the participants who verbalized these obstacles also acknowledged that they would need personal counseling to become effective in their role as counselor.

Participants who reported that self-awareness became a barrier to change explained that their self-awareness allowed them to be honest with themselves and express to others their true thoughts and beliefs. They were able to communicate that developing empathy for identified populations was too difficult for their current skill level, or that their personal values were so deeply held that to shift them over the period of a semester was not possible. Counselor education literature validates the assertion that deeply held values do not change quickly; while difficult, it is possible to address these conflicts over time (Dollarhide, 2013).

The final two components of this theme appear to correlate with the knowledge theme, but for these participants, increased knowledge produced greater distress. Several of the participants communicated sentiments of being overwhelmed by either the amount of regulations governing counseling or by the perceived responsibilities given to a counselor. Multiple participants disclosed that in the situations they rated as most uncomfortable, they had no idea how to start addressing the presenting problems in a therapeutic manner. The information delivered in this course seemed to either overwhelm these participants, or left too many scenarios without clear answers. Both positions appeared to generate anxiety that kept the participants fixed in their dispositions. These participants appeared to need more support and information delivery to help them progress developmentally (Stoltenberg & McNeill, 2011).

Overall, this theme emphasized that exposure to the same events and activities were experienced and processed in extremely different ways. Factors that helped reduce discomfort for one, may result in increased discomfort for another. This insight reinforced the importance of avoiding making assumptions about how the education process impacts students, and further supported the need to investigate individual outcomes.

Additional question: What activities were perceived as promoting change? This question did not appear as an original research question, but after analyzing the data, the answer emerged as important information for presentation. Participants reported a variety of activities as having impact. Several of the activities were traditional class activities including reading assignments, writing assignments, and general course content. Some activities were contained in the classroom: lectures, class discussions, peer feedback, using ethical decision making models, and case studies. Other activities were mainly outside of class time: research on populations, professor written feedback, and self-reflection.

All of the mentioned activities appeared multiple times, but several seemed to stand out. The first of those was outside research paired with class discussion. For the participants, conducting outside research and then bringing the new knowledge back to class for discussion alleviated fear. The next activity was the use of case studies with practical application discussions. The participants reported they were able to consider the real life implications of these situations, which assisted in modifying their original perspectives. The final activity that stood out was professor feedback. In this situation, one participant had strong beliefs about a population that has its foundation based on a tragic personal experience. This experience triggered strong emotions when considering working with the population. Professor feedback encouraged the participant to look past her own experience and reconceptualize the population

through more complex lenses. When she was able to accomplish this reevaluation and reconceptualization, her distress decreased and empathy emerged.

All of these activities are endorsed as appropriate for counselor education programs, so the development of a deeper understanding of impact can assist educators in choosing what to integrate into the limited time they have with students (Murrell & Claxton, 1987). Another point to consider about classroom activities is the environment in which these activities occur. According to the literature, for classroom activities to produce the desired development, there must be a balance of challenging and supporting students (Evans, Levitt, & Henning, 2012; Rønnestad, & Skovholt, 2003). Counselor educators must challenge existing attitudes, beliefs, values, and schemas, while supporting the student in honest reflection and appraisal. This balance facilitates the desired growth. However, striking this balance can be challenging. Most of the participants in this study appeared to be reporting honest experiences from the semester, as demonstrated by the number of participants who reported continued discomfort with originally identified populations. Although the participants knew the expectation of change, as stated in the code of ethics and at the beginning of the assignment, they reported various levels of change. This honesty, in light of not fully accomplishing the task of change, would indicate that the participants felt a certain level of safety to be transparent in their writings.

Limitations of the Study

Several limitations have been identified for this study. The first limitation is found in the location of the sample. All of the data sets were generated at a single institution within a specific course taught at a CACREP accredited program.

A second limitation is found in the data itself. The data was taken from written assignments that were submitted at the end of the semester. Since the participants were given a

grade for the assignments, the way they presented their dispositional and experiential changes may have been influenced by their awareness that it was a graded writing sample. Additionally, the participants were aware that a decrease in discomfort level was a desired outcome, which may have influenced how they reported the change they experienced.

A third limitation is also found in the data. The written accounts of some participants appeared to be somewhat limited in depth. Since writing in response to prompts may be limiting to students, the addition of a post-assignment interview might have allowed participants to potentially share more detailed personal insight. However, since the data was archival, the participants were no longer available for additional interviews.

Finally, when solely using written versus oral data, it is possible that some individuals may experience difficulty expressing themselves in writing. This was seen in some of the data sets, where underlying meaning was at times difficult to discern from the writings. However, in spite of these limitations, I felt that the participants provided an authentic representation of their experiences.

Suggestions for Future Research

The recommendations for further study are based on the results of this research. It is acknowledged that as a qualitative study, there is limited generalizability. However, the emergent themes provide direction for future research in the area of counselor education. The following areas can be expanded through future investigations. First, the depth of insight and understanding would be expanded with the addition of qualitative interviews of students who have completed this ethics assignment. Conducting and analyzing interviews for themes could increase the field's knowledge about more focused areas of interest, including how the classroom environment and student/professor interactions impact development.

Additional knowledge could also be gained through the examination of a similar assignment during practicum and internship. This research could provide understanding of the differences and similarities between perceived reactions versus lived interactions. A mixed methods design could also be utilized to increase understanding of students' experiences during their ethics course by quantitatively measuring specific constructs including: discomfort levels, anxiety, self-awareness levels, rigidity in thinking, empathy development, countertransference, and cognitive complexity development. These constructs could be measured pre and post course, then paired with qualitative interviews to increase understanding of what experiences impact student development. Lastly, possible links between values-based ethical development and multicultural competence development would also be a significant area of exploration.

Implications for Counselor Education

The results of this study suggest that this assignment, which was intentionally designed to promote awareness of deeply held values and cognitive development through an exploration of cognitive dissonance, does in fact promote student development. Students overall reported some type of ability to begin resolving the discordance between their personal values and the values of the profession throughout the course of the semester. Even though deeply held personal values do not change quickly, they can change. This study implies that intentionally designed reflective assignments promote self-awareness, reflection, and reevaluation of values. When paired with a supportive environment and constructive feedback, students begin to integrate values that were once at odds. This process of integration is then continued throughout the program and into clinical practice. The findings of the study also imply that the addition of these types of intentionally designed assignments throughout a program could help produce graduates that are

more prepared to face the complexities and challenges of clinical practice. The results also indicate that knowledge needs to be delivered in ways that students can understand and integrate. The value of information for future counselors cannot be taken for granted. Knowledge integration remains a fundamental goal for counselor educators. Additionally, this research supports the value of intentionally developed reflective writing excersizes that target student disposition. These assignments have value alone, but the impact is significantly enhanced by intentional professor feedback that facilitates assimilation. These assignments are additionally enhanced by structured classroom discussions with peer feedback, in a supportive classroom environment. This type of process is of value throughout the curriculum to promote student development.

Summary of the Chapter

This chapter reviewed and discussed the three themes that emerged through thematic analysis, connecting the content of the themes to existing research in the literature. The additional question of what activities influenced change was also discussed. Limitations of the study and suggestions for future research were reviewed. Finally, implications for counselor educators were presented.

Summary of the Study

When considering the experiences of master's level counseling students during an ethics course, multiple themes emerged from the thematic analysis that examined their reflective writings after being asked to integrate professional and personal values. These themes support the literature on the importance of self-awareness, cognitive complexity, and knowledge integration for counselor development. Examining students' experiences when they faced the challenge of operating within ethical boundaries when values clashed were initialted added to the

knowledge of the field of counselor education and supervision. This knowledge is useful to initiate additional research on how to best guide counselors through the developmental process of becoming an independent practitioner. Counselors will likely be challenged with resolving values-based ethical dilemmas through the integration of professional and personal values, to promote client welfare. This study is a first step in understanding the processes that can encourage this integration and development throughout the counselors' career.

REFERENCES

- Adams, J. F. (1965). Ethical responsibilities of the counselor. *The School Counselor*, 12(4), 197-205. Retrieved from <http://www.jstor.org.ezproxy.liberty.edu>
- Adams, M., & Zhou-McGovern, Y. (1993). *Connecting research to college teaching practice: Developmental findings applied to social diversity classes*. Paper presented at the 8th Annual Adult Development Society for Research in Adult Development, Amherst, MA.
- Alcorn, L. M., & Torney, D. J. (1982). Counselor cognitive complexity of self-reported emotional experience as a predictor of accurate empathic understanding. *Journal of Counseling Psychology*, 29(5), 534. doi: 10.1037/0022-0167.29.5.534
- American Counseling Association (2014). ACA Code of Ethics. Alexandria, VA.
- Ametrano, I. M. (2014). Teaching ethical decision making: Helping students reconcile personal and professional values. *Journal of Counseling & Development*, 92(2), 154-161. doi: 10.1002/j.1556-6676.2014.00143.x
- Ando, H., Cousins, R., & Young, C. (2014). Achieving saturation in thematic analysis: Development and refinement of a codebook 1, 2, 3. *Comprehensive Psychology*, 3, 03-CP. doi: 10.2466/03.CP.3.4
- Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, 1(3), 385-405. doi: 10.1177/146879410100100307
- Bashe, A., Anderson, S. K., Handelsman, M. M., & Klevansky, R. (2007). An acculturation model for ethics training: The ethics autobiography and beyond. *Professional Psychology: Research and Practice*, 38(1), 60. doi: 10.1037/0735-7028.38.1.60
- Barnett, J. E., Behnke, S. H., Rosenthal, S. L., & Koocher, G. P. (2007). In case of ethical dilemma, break glass: Commentary on ethical decision making in practice. *Professional Psychology: Research and Practice*, 38(1), 7-12. doi: 10.1037/0735-7028.38.1.7
- Benack, S. (1988). Relativistic thought: A cognitive basis for empathy in counseling. *Counselor Education and Supervision*, 27(3), 216-232. Retrieved from <http://go.galegroup.com>
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed). Pearson Boston, MA.
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed). Needham Heights, MA: Allyn & Bacon.
- Betan, E. J. (1997). Toward a hermeneutic model of ethical decision making in clinical practice. *Ethics & Behavior*, 7(4), 347-365. doi: 10.1207/s15327019eb0704_6

- Beauchamp, T. L., & Childress, J. F. (2001). *Principles of biomedical ethics*. Oxford University Press, USA.
- Bevacqua, F., & Kurpius, S. (2013). Counseling students' personal values and attitudes toward euthanasia. *Journal of Mental Health Counseling*, 35(2), 172-188. doi: 10.17744/mehc.35.2.101095424625024p
- Bieri, J. (1955). Cognitive complexity-simplicity and predictive behavior. *The Journal of Abnormal and Social Psychology*, 51(2), 263. doi: 10.1037/h0043308
- Blaas, C. D., & Heck, E. J. (1978). Selected process variables as a function of client type and cognitive complexity in beginning counselors. *Journal of Counseling Psychology*, 25(4), 257. doi: 10.1037/0022-0167.25.4.257
- Borders, L. D. (1998). Ego development and counselor development. In P. M. Westenberg, A. Blasi, & L. D. Cohn (Eds.), *Personality development: Theoretical, empirical, and clinical investigations of Loevinger's conception of ego development*, 331-343. London, England: Psychology Press.
- Borders, L. D., Fong, M. L., & Neimeyer, G. J. (1986). Counseling students' level of ego development and perceptions of clients. *Counselor Education and Supervision*, 26(1), 36-49. Retrieved from <http://go.galegroup.com>
- Boysen, G. A. (2010). Integrating implicit bias into counselor education. *Counselor Education and Supervision*, 49, 210-227. doi: 10.1002/j.1556-6978.2010.tb00099.x
- Bradley, L. J., & Hendricks, C. B. (2008). Ethical decision making: Basic issues. *The Family Journal*, 16(3), 261-263. doi: 10.1177/1066480708317728
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. doi: 10.1191/1478088706qp063oa
- Brendel, J. M., Kolbert, J. B., & Foster, V. A. (2002). Promoting student cognitive development. *Journal of Adult Development*, 9(3), 217-227. doi: 10.1023/A:1016056227344
- Brod, M., Tesler, L. E., & Christensen, T. L. (2009). Qualitative research and content validity: developing best practices based on science and experience. *Quality of Life Research*, 18(9), 1263. doi: 10.1007/s11136-009-9540-9
- Bruff v. North Mississippi Health Services, Inc., 244 F.3d 495 (5th Cir 2001).
- Burkholder, D., Hall, S. F., & Burkholder, J. (2014). Ward v. Wilbanks: Counselor educators respond. *Counselor Education and Supervision*, 53(4), 267-283. doi: 10.1002/j.1556-6978.2014.00062.x

- Carlozzi, A. F., Gaa, J. P., & Liberman, D. B. (1983). Empathy and ego development. *Journal of Counseling Psychology, 30*(1), 113. doi: 10.1037/0022-0167.30.1.113
- Chang, F. Y. (1994). School teachers' moral reasoning. *Moral development in the professions: Psychology and applied ethics, 71-83*. Lawrence Erlbaum Associates, Inc: Hillsdale, NJ.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative research*. Sage Publications; London.
- Choate, L. H., & Granello, D. H. (2006). Promoting student cognitive development in counselor preparation: A proposed expanded role for faculty advisers. *Counselor Education and Supervision, 46*(2), 116-130. doi: 10.1002/j.1556-6978.2006.tb00017.x
- Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist, 26*(2), 120-123. Retrieved from: <http://web.b.ebscohost.com>
- Cohn, L. D., & Westenberg, P. M. (2004). Intelligence and maturity: meta-analytic evidence for the incremental and discriminant validity of Loewinger's measure of ego development. *Journal of Personality and Social Psychology, 86*(5), 760-772. doi: 10.1037/0022-3514.86.5.760
- Collins, S. & Arthur, N. (2010). Culture-infused counselling: A fresh look at a classic framework of multicultural counselling competencies. *Counselling Psychology Quarterly, 23*(2), 203–216. doi: 10.1080/09515071003798204
- Coll, K. M. (1993). Student attitudinal changes in a counseling ethics course. *Counseling and Values, 37*(3), 165-170. doi: 10.1002/j.2161-007X.1993.tb00809.x
- Cook-Greuter, S. R., & Soulen, J. (2007). The developmental perspective in integral counseling. *Counseling and Values, 51*(3), 180-192. doi: 10.1002/j.2161-007X.2007.tb00077.x
- Corey, G., Corey, M. S., & Callanan, P. (2005). An approach to teaching ethics courses in human services and counseling. *Counseling and Values, 49*(3), 193-207. doi: 10.1002/j.2161-007X.2005.tb01022.x
- Corey, C., & Corey, M. S. Callanan. (2011). *Issues and Ethics in the Helping Professions*. Belmont, CA: Brooks/Cole.
- Cottone, R. R. (2001). A social constructivism model of ethical decision making in counseling. *Journal of Counseling & Development, 79*(1), 39-45. doi: 10.1002/j.1556-6676.2001.tb01941.x
- Cottone, R. R. (2004). Displacing the psychology of the individual in ethical decision-making: The social constructivism model. *Canadian Journal of Counselling, 38*(1), 5.

Retrieved from <https://search.proquest.com/docview/195808571?accountid=12085>

- Cottone, R. R., & Claus, R. E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling & Development, 78*(3), 275-283.
doi: 10.1002/j.1556-6676.2000.tb01908.x
- Cottone, R. R., Tarvydas, V., & House, G. (1994). The effect of number and type of consulted relationships on the ethical decision making of graduate students in counseling. *Counseling and Values, 39*(1), 56-68.
doi: 10.1002/j.2161-007X.1994.tb01007.x
- Counsel for Accreditation of Counseling and Related Educational Programs. (2016). 2016 CACREP Standards (Section 2: Professional Counseling Identity). Retrieved from <http://www.cacrep.org/for-programs/2016-cacrep-standards/>
- Crawford, P., Brown, B., & Majomi, P. (2008). Professional identity in community mental health nursing: A thematic analysis. *International Journal of Nursing Studies, 45*(7), 1055-1063.
doi: 10.1016/j.ijnurstu.2007.05.005
- Creswell, J. W. (1998). *Quality inquiry and research design: Choosing among five traditions*. Sage Publications; Thousand Oaks, CA.
- Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications; Thousand Oaks, CA.
- Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist, 35*(2), 236-264.
doi: 10.1177/0011000006287390
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*(3), 124-130. doi: 10.1207/s15430421tip3903_2
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed method research* (2nd ed.). Thousand Oaks, CA: Sage.
- Crethar, H. C., & Winterowd, C. L. (2012). Values and social justice in counseling. *Counseling and Values, 57*(1), 3-9. doi: 10.1002/j.2161-007X.2012.00001.x
- Daniel, D., Deacon, M. M. and Kimball, P. (2017). *In their own words: The development of self-awareness & cognitive complexity across an ethics class*. Presented at Association for Spirituality, Ethics, Religion and Values in Counseling National Conference, Richmond, VA.
- Daniels, J. A. (2001). Managed care, ethics, and counseling. *Journal of Counseling & Development, 79*(1), 119-122. doi:10.1002/j.1556-6676.2001.tb01950.x

- Davis, A. H. (1997). The ethics of caring: A collaborative approach to resolving ethical dilemmas. *Journal of Applied Rehabilitation Counseling, 28*(1), 36-41.
- Dinger, T. J. (1997). *The relationship between two ethical decision-making models and counselor trainees' responses to an ethical discrimination task and their perceptions of ethical therapeutic behavior* (Unpublished doctoral dissertation). Texas Tech University: Lubbock, TX.
- Dollarhide, C. T. (2013). Using a values-based taxonomy in counselor education. *Counseling and Values, 58*(2), 221-236. doi: 10.1002/j.2161-007X.2013.00035.x
- Duan, C., & Hill, C. E. (1996). The current state of empathy research. *Journal of Counseling Psychology, 43*(3), 261. doi: 10.1037/0022-0167.43.3.261
- Dufrene, R. L. (2000). Designing and validating a measure of ethical orientation of counselors: The ethical decision-making scale-revised (EDMS-R). *Dissertation Abstracts International, 6J*(10), 3906.
- Dufrene, R. L., & Glossoff, H. L. (2004). The ethical decision-making scale revised. *Measurement and Evaluation in Counseling and Development, 37*(1), 2. Retrieved from <http://web.a.ebscohost.com.ezproxy.liberty.edu>
- Duys, D. K., & Hedstrom, S. M. (2000). Basic counselor skills training and counselor cognitive complexity. *Counselor Education and Supervision, 40*(1), 8-18. doi: 10.1002/j.1556-6978.2000.tb01795.x
- Dyche, L., & Zayas, L. H. (2001). Cross-cultural empathy and training the contemporary psychotherapist. *Clinical Social Work Journal, 29*(3), 245-258. doi: 10.1023/A:1010407728614
- Eberlein, L. (1987). Introducing ethics to beginning psychologists: A problem-solving approach. *Professional Psychology: Research and Practice, 18*(4), 353. doi: 10.1037/0735-7028.18.4.353
- Emerson, S., & Markos, P. A. (1996). Signs and symptoms of the impaired counselor. *The Journal of Humanistic Counseling, 34*(3), 108-117. Retrieved from <https://www.researchgate.net>
- Eriksen, K. P., & McAuliffe, G. J. (2006). Constructive development and counselor competence. *Counselor Education and Supervision, 45*(3), 180-192. doi: 10.1002/j.1556-6978.2006.tb00141.x
- Evans, K. M., & Foster, V. A. (2000). Relationships among multicultural training, moral development, and racial identity development of White counseling students. *Counseling and Values, 45*(1), 39-48. doi: 10.1002/j.2161-007X.2000.tb00181.x

- Evans, A. M., Levitt, D. H., & Henning, S. (2012). The application of ethical decision-making and self-awareness in the counselor education classroom. *Journal of Counselor Preparation and Supervision, 4*(2). doi: 10.7729/42.0029
- Even, T. A., & Robinson, C. R. (2013). The impact of CACREP accreditation: A multiway frequency analysis of ethics violations and sanctions. *Journal of Counseling & Development, 91*(1), 26-34. doi: 10.1002/j.1556-6676.2013.00067.x
- Everall, R. D., & Paulson, B. L. (2004). Burnout and secondary traumatic stress: Impact on ethical behaviour. *Canadian Journal of Counselling, 38*(1), 25. Retrieved from <https://search-proquest-com.ezproxy.liberty.edu>
- Fallon, K. M., Dobmeier, R. A., Reiner, S. M., Casquarelli, E. J., Giglia, L. A., & Goodwin, E. (2013). Reconciling spiritual values conflicts for counselors and lesbian and gay clients. *Adulspan Journal, 12*(1), 38-53. doi: 10.1002/j.2161-0029.2013.00014.x
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods, 5*(1), 80-92. doi: 10.1177/160940690600500107
- Fong, M. L., Borders, L. D., Ethington, C. A., & Pitts, J. H. (1997). Becoming a counselor: A longitudinal study of student cognitive development. *Counselor Education and Supervision, 37*(2), 100-114. doi: 10.1002/j.1556-6978.1997.tb00536.x
- Forester-Miller, H., & Davis, T. E. (1995). *A practitioner's guide to ethical decision making*. Alexandria, VA: American Counseling Association.
- Foster, V. A., & McAdams, C. R., III. (2009). A framework for creating a climate of transparency for professional performance assessment: Fostering student investment in gatekeeping. *Counselor Education and Supervision, 48*, 271-284. doi: 10.1002/j.1556-6978.2009.tb00080.x
- Frame, M. W., & Williams, C. B. (2005). A model of ethical decision making from a multicultural perspective. *Counseling and Values, 49*(3), 165-179. doi: 10.1002/j.2161-007X.2005.tb01020.x
- Francis, P. C., & Dugger, S. M. (2014). Professionalism, ethics, and value-based conflicts in counseling: An introduction to the special section. *Journal of Counseling & Development, 92*(2), 131-134. doi: 10.1002/j.1556-6676.2014.00138.x
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408. Retrieved from <https://search.proquest.com>
- Garcia, J. G., Cartwright, B., Winston, S. M., & Borzuchowska, B. (2003). A transcultural integrative model for ethical decision making in counseling. *Journal of Counseling & Development, 81*(3), 268-277. doi: 10.1002/j.1556-6678.2003.tb00253.x

- Garcia, J., Froehlich, R., McGuire-Kuletz, M., & Dave, P. (2008). Testing a transcultural model of ethical decision making with rehabilitation counselors. *Journal of Rehabilitation, 74*(3), 21. Retrieved from <https://search.proquest.com>
- Garfat, T., & Ricks, F. (1995). Self-driven ethical decision-making: A model for child and youth care. *Child and Youth Care Forum, 24*(6), 393-404. doi: 10.1007/BF02128530
- Gawthrop, J. C., & Uhlemann, M. R. (1992). Effects of the problem-solving approach in ethics training. *Professional Psychology: Research and Practice, 23*(1), 38. doi: 10.1037/0735-7028.23.1.38
- Gentry, J. E. (2007). *The effects of caregiver stress upon ethics at-risk behavior among Florida licensed marriage and family therapists*. (Unpublished doctoral dissertation). The Florida State University: Tallahassee, FL.
- Gibson, W. T., & Pope, K. S. (1993). The ethics of counseling: A national survey of certified counselors. *Journal of Counseling & Development, 71*(3), 330-336. doi: 10.1002/j.1556-6676.1993.tb02222.x
- Giordano, A., Prosek, E., & Hastings, T. (2016). Examining college counselors' integration of religion and spirituality into substance abuse counseling. *Journal of Addictions & Offender Counseling, 37*(2), 102-115. doi: 10.1002/jaoc.12019
- Gius, E., & Coin, R. (2000). Ethics between norms and values: A study of Italian psychotherapists. *European Psychologist, 5*(4), 326. doi: 10.1027//1016-9040.5.4.326
- Goodyear, R. K. (1997). Psychological expertise and the role of individual differences: An exploration of issues. *Educational Psychology Review, 9*(3), 251-265. doi: 10.1023/A:1024787208551
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105-112. doi: 10.1016/j.nedt.2003.10.001
- Granello, D. H. (2000). Encouraging the cognitive development of supervisees: Using Bloom's taxonomy in supervision. *Counselor Education and Supervision, 40*(1), 31-46. doi: 10.1002/j.1556-6978.2000.tb01797.x
- Granello, D. H. (2001). Promoting cognitive complexity in graduate written work: Using Bloom's taxonomy as a pedagogical tool to improve literature reviews. *Counselor Education and Supervision, 40*(4), 292-307. doi: 10.1002/j.1556-6978.2001.tb01261.x
- Granello, D. H. (2002). Assessing the cognitive development of counseling students: Changes in epistemological assumptions. *Counselor Education and Supervision, 41*(4), 279-293. doi: 10.1002/j.1556-6978.2002.tb01291.x

- Granello, D. H. (2010). Cognitive complexity among practicing counselors: How thinking changes with experience. *Journal of Counseling & Development, 88*(1), 92-100. doi: 10.1002/j.1556-6678.2010.tb00155.x
- Granello, D. H., Kindsvatter, A., Granello, P. F., Underfer-Babalis, J., & Moorhead, H. J. H. (2008). Multiple perspectives in supervision: Using a peer consultation model to enhance supervisor development. *Counselor Education and Supervision, 48*(1), 32-47. doi: 10.1002/j.1556-6978.2008.tb00060.x
- Granello, D. H., & Underfer-Babalis, J. (2004). Supervision of group work: A model to increase supervisee cognitive complexity. *The Journal for Specialists in Group Work, 29*(2), 159-173. doi: 10.1080/01933920490439310
- Gutheil, T. G., Bursztajn, H. J., Brodsky, A., & Alexander, V. (1991). *Decision making in psychiatry and the law*. Baltimore, MD: Williams & Wilkins.
- Haas, L. J., Malouf, J. L., & Mayerson, N. H. (1988). Personal and professional characteristics as factors in psychologists' ethical decision making. *Professional Psychology: Research and Practice, 19*(1), 35. doi: 10.1037/0735-7028.19.1.35
- Hancock, K. A. (2014). Student beliefs, multiculturalism, and client welfare. *Psychology of Sexual Orientation and Gender Diversity, 1*(1), 4. doi: 10.1037/sgd0000021
- Handelsman, M. M., Gottlieb, M. C., & Knapp, S. (2005). Training ethical psychologists: an acculturation model. *Professional Psychology: Research and Practice, 36*(1), 59. doi: 10.1037/0735-7028.36.1.59
- Hansen, J. T. (2009). Self-awareness revisited: Reconsidering a core value of the counseling profession. *Journal of Counseling & Development, 87*(2), 186-193. doi: 10.1002/j.1556-6678.2009.tb00566.x
- Hare, R. M. (1991). Universal prescriptivism. *A companion to ethics*, 451-463. Blackwell Publishers, Oxford.
- Hastings Center, Institute for Society, Ethics, and the Life Sciences. (1980). *The teaching of ethics in higher education: a report*. Hastings-on-Hudson, New York: NY.
- Hayes, J. A., Gelso, C. G., & Hummel, A. M. (2011). Managing countertransference. In J. Norcross (Ed.), *Psychotherapy relationships that work* (2nd ed., pp. 239-258). New York, NY: Oxford University.
- Healthcare Service Providers Organization. (2014). *Understanding counselor liability risk*. Fort Washington, PA.
- Heck, E. J., & Davis, C. S. (1973). Differential expression of empathy in a counseling analogue. *Journal of Counseling Psychology, 20*(2), 101. doi: 10.1037/h0034171

- Herlihy, B., & Dufrene, R. L. (2011). Current and emerging ethical issues in counseling: A Delphi study of expert opinions. *Counseling and Values, 56*(1-2), 10-24. doi: 10.1002/j.2161-007X.2011.tb01028.x
- Herlihy, B. J., Hermann, M. A., & Greden, L. R. (2014). Legal and ethical implications of using religious beliefs as the basis for refusing to counsel certain clients. *Journal of Counseling & Development, 92*(2), 148-153. doi: 10.1002/j.1556-6676.2014.00142.x
- Hill, A. L. (2004). Ethical analysis in counseling: A case for narrative ethics, moral visions, and virtue ethics. *Counseling and Values, 48*(2), 131-148. doi: 10.1002/j.2161-007X.2004.tb00240.x
- Hill, M., Glaser, K., & Harden, J. (1998). A feminist model for ethical decision making. *Women & Therapy, 21*(3), 101-121. doi:10.1300/J015v21n03_10
- Hillerbrand, E., & Stone, G. L. (1986). Ethics and clients: A challenging mixture for counselors. *Journal of Counseling & Development, 64*(7), 419-420. doi: 10.1002/j.1556-6676.1986.tb01152.x
- Hinkeldey, N. S., & Spokane, A. R. (1985). Effects of pressure and legal guideline clarity on counselor decision making in legal and ethical conflict situations. *Journal of Counseling & Development, 64*(4), 240-245. doi: 10.1002/j.1556-6676.1985.tb01093.x
- Holloway, E. L., & Wampold, B. E. (1986). Relation between conceptual level and counseling-related tasks: A meta-analysis. *Journal of Counseling Psychology, 33*(3), 310. doi: 10.1037/0022-0167.33.3.310
- Holloway, E. L., & Wolleat, P. L. (1980). Relationship of counselor conceptual level to clinical hypothesis formation. *Journal of Counseling Psychology, 27*(6), 539. doi: 10.1037/0022-0167.27.6.539
- Horley, J. (2012). Personal construct theory and human values. *Journal of Human Values, 18*(2), 161-171. doi: 10.1177/0971685812454484
- Huprich, S. K., & Rudd, M. D. (2004). A national survey of trainee impairment in clinical, counseling, and school psychology doctoral programs and internships. *Journal of Clinical Psychology, 60*(1), 43-52. doi: 10.1002/jclp.10233
- Ieva, K. P. (2010). *The contribution of professional school counselors' social-cognitive development to their levels of ethical and legal knowledge, and locus-of-control orientation* (Doctoral dissertation). Retrieved from Electronic Theses and Dissertations. (1529).

- Jennings, L., Sovereign, A., Bottorff, N., Mussell, M. P., & Vye, C. (2005). Nine ethical values of master therapists. *Journal of Mental Health Counseling, 27*(1), 32-47. doi: 10.17744/mehc.27.1.lmm8vmdujgev2qhp
- Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology, 46*(1), 3. doi: 10.1037/0022-0167.46.1.3
- Jensen, J. P., & Bergin, A. E. (1988). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology: Research and Practice, 19*(3), 290. doi: 10.1037/0735-7028.19.3.290
- Johnson, R. B. (1997). Examining the validity structure of qualitative research. *Education, 118*(2), 282. Retrieved from <https://www.researchgate.net>
- Jordan, A. E., & Meara, N. M. (1990). Ethics and the professional practice of psychologists: The role of virtues and principles. *Professional Psychology: Research and Practice, 21*(2), 107. doi: 10.1037/0735-7028.21.2.107
- Jordan, K., & Stevens, P. (2001). Teaching ethics to graduate students: A course model. *The Family Journal, 9*(2), 178-184. doi: 10.1177/1066480701092013
- Kaplan, D. M. (2014). Ethical implications of a critical legal case for the counseling profession: Ward v. Wilbanks. *Journal of Counseling & Development, 92*(2), 142-146. doi: 10.1002/j.1556-6676.2014.00140.x
- Keeton v. Anderson-Wiley, No. 1:10-CV-00099-JRH-WLB, 733 F. Supp. 2d 1368 (S. D. Ga., Aug. 20, 2010).
- Kelly, G. A. (1995). A brief introduction to personal construct theory. In F. Fransella (Ed.), *International handbook of personal construct psychology* (3-20). West Sussex, England: John Wiley & Sons.
- Kilmann, R. H. (1981). Toward a unique/useful concept of values for interpersonal behavior: A critical review of the literature on value. *Psychological Reports, 48*(3), 939-959. Retrieved from <http://journals.sagepub.com>
- Kitchener, K. S. (1986). Teaching applied ethics in counselor education: An integration of psychological processes and philosophical analysis. *Journal of Counseling & Development, 64*(5), 306-310. doi: 10.1002/j.1556-6676.1986.tb01117.x
- Kitchener, K. S. (1992). Psychologist as teacher and mentor: Affirming ethical values throughout the curriculum. *Professional Psychology: Research and Practice, 23*(3), 190. doi: 10.1037/0735-7028.23.3.190

- Knapp, S., Gottlieb, M., Berman, J., & Handelsman, M. M. (2007). When laws and ethics collide: What should psychologists do? *Professional Psychology: Research and Practice*, 38(1), 54-59. doi: 10.1037/0735-7028.38.1.54
- Kocet, M. M. (2006). Ethical challenges in a complex world: Highlights of the 2005 ACA code of ethics. *Journal of Counseling & Development*, 84(2), 228-234. doi: 10.1002/j.1556-6678.2006.tb00400.x
- Kocet, M. M., & Herlihy, B. J. (2014). Addressing value-based conflicts within the counseling relationship: A decision-making model. *Journal of Counseling & Development*, 92(2), 180-186. doi: 10.1002/j.1556-6676.2014.00146.x
- Kohlberg, L. (1964). Development of moral character and moral ideology. In M. L. Hoffman & L. W. Hoffman (Eds.), *Review of child development research* (Vol. 1). New York: Russell Sage Foundation.
- Kozhevnikov, M. (2007). Cognitive styles in the context of modern psychology: toward an integrated framework of cognitive style. *Psychological Bulletin*, 133(3), 464-481. doi: 10.1037/0033-2909.133.3.464
- Kraus, D. R., Castonguay, L., Boswell, J. F., Nordberg, S. S., & Hayes, J. A. (2011). Therapist effectiveness: Implications for accountability and patient care. *Psychotherapy Research*, 21(3), 267-276. doi: 10.1080/10503307.2011.563249
- Kurpius, D., Gibson, G., Lewis, J., & Corbet, M. (1991). Ethical issues in supervising counseling practitioners. *Counselor Education and Supervision*, 31(1), 48-57. doi: 10.1002/j.1556-6978.1991.tb00370.x
- Lamb, C. S. (1991). Teaching professional ethics to undergraduate counseling students. *Psychological Reports*, 69(3), 1215-1223. doi:10.2466/pr0.1991.69.3f.1215
- Lambie, G. W. (2007). The contribution of ego development level to burnout in school counselors: Implications for professional school counseling. *Journal of Counseling & Development*, 85(1), 82-88. doi: 10.1002/j.1556-6678.2007.tb00447.x
- Lambie, G. W., Hagedorn, W. B., & Ieva, K. P. (2010). Social-Cognitive development, ethical and legal knowledge, and ethical decision making of counselor education students. *Counselor Education and Supervision*, 49(4), 228-246. doi: 10.1002/j.1556-6978.2010.tb00100.x
- Lambie, G. W., & Sias, S. M. (2009). An integrative psychological developmental model of supervision for professional school counselors-in-training. *Journal of Counseling & Development*, 87, 349-356. doi: 10.1002/j.1556-6678.2009.tb00116.x

- Ladany, N., Marotta, S., & Muse-Burke, J. L. (2001). Counselor experience related to complexity of case conceptualization and supervision preference. *Counselor Education and Supervision, 40*(3), 203-219. doi: 10.1002/j.1556-6978.2001.tb01253.x
- Larson, L. M. (1998). The social cognitive model of counselor training. *The Counseling Psychologist, 26*(2), 219-273. doi: 10.1177/0011000098262002
- Lauka, J. D., Remley, T. P., & Ward, C. (2013). Attitudes of counselors regarding ethical situations encountered by in-home counselors. *The Family Journal, 21*(2), 129-135. doi: 10.1177/1066480712465822
- Levitt, D. H., Farry, T. J., & Mazzarella, J. R. (2015). Counselor ethical reasoning: Decision - making practice versus theory. *Counseling and Values, 60*(1), 84-99. doi: 10.1002/j.2161-007X.2015.00062.x
- Lichtenberg, J. W., & Heck, E. J. (1979). Interactional structure of interviews conducted by counselors of differing levels of cognitive complexity. *Journal of Counseling Psychology, 26*(1), 15. doi: 10.1037/0022-0167.26.1.15
- Linstrum, K. S. (2009). Ethical training, moral development, and ethical decision making in master's-level counseling students. *Journal of College and Character, 10*(3). doi: 10.2202/1940-1639.1087
- Little, C., Packman, J., Smaby, M. H., & Maddux, C. D. (2005). The skilled counselor training model: skills acquisition, self-assessment, and cognitive complexity. *Counselor Education and Supervision, 44*(3), 189-200. doi: 10.1002/j.1556-6978.2005.tb01746.x
- Loevinger, J. (1979). Construct validity of the sentence completion test of ego development. *Applied Psychological Measurement, 3*(3), 281-311. doi: 10.1177/014662167900300301
- Lovell, C. W. (2002). Development and disequilibrium: Predicting counselor trainee gain and loss scores on the Supervisee Levels Questionnaire. *Journal of Adult Development, 9*(3), 235-240. doi: 10.1023/A:1016060328253
- Luke, M., Goodrich, K. M., & Gilbride, D. D. (2013). Intercultural model of ethical decision making: Addressing worldview dilemmas in school counseling. *Counseling and Values, 58*(2), 177-194. doi: 10.1002/j.2161-007X.2013.00032.x
- Lyons, C., & Hazier, R. J. (2002). The influence of student development level on improving counselor student empathy. *Counselor Education and Supervision, 42*(2), 119-130. doi: 10.1002/j.1556-6978.2002.tb01804.x
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. Sage Publishing. Washington: D.C.

- Mabe, A. R., & Rollin, S. A. (1986). The role of a code of ethical standards in counseling. *Journal of Counseling & Development, 64*(5), 294-297. doi: 10.1002/j.1556-6676.1986.tb01113.x
- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British journal of psychology, 91*(1), 1-20. doi: 10.1348/000712600161646
- Manners, J., Durkin, K., & Nesdale, A. (2004). Promoting advanced ego development among adults. *Journal of Adult Development, 11*(1), 19-27. doi: 10.1023/B:JADE.0000012524.32002.8d
- Marshall, M. N. (1996). Sampling for qualitative research. *Family practice, 13*(6), 522-526. doi: 10.1093/fampra/13.6.522
- Mascari, J. B., & Webber, J. M. (2006). Salting the slippery slope: What licensing violations tell us about preventing dangerous ethical situations. *VISTAS: Compelling perspectives on counseling, 165-168*. Retrieved from <https://www.counseling.org/Resources/Library/Selected>
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. In *Forum qualitative Sozialforschung/Forum: qualitative social research, 11*(3). Retrieved from <http://www.qualitative-research.net/index>
- Mattison, M. (2000). Ethical decision making: The person in the process. *Social Work, 45*(3), 201-212.
- McAuliffe, G., & Lovell, C. (2006). The influence of counselor epistemology on the helping interview: A qualitative study. *Journal of Counseling & Development, 84*, 308-317. doi: 10.1002/j.1556-6678.2006.tb00410.x
- McRay, B. W., McMinn, M., & Meek, K. R. (1998). Questioning the "slippery slope": Ethical beliefs and behaviors of private office-based and church-based therapists. *Counseling and Values, 42*(2), 142-150. doi: 10.1002/j.2161-007X.1998.tb00419.x
- Miner, M., & Petocz, A. (2003). Moral theory in ethical decision making: Problems, clarifications and recommendations from a psychological perspective. *Journal of Business Ethics, 42*(1), 11-25. doi: 10.1023/A:1021654015232
- Minton, B., Casey, A., Morris, W., Carrie, A., & Yaites, L. D. (2014). Pedagogy in counselor education: A 10-year content analysis of journals. *Counselor Education and Supervision, 53*(3), 162-177. doi: 10.1002/j.1556-6978.2014.00055.x
- Morse, J. M. (1994). Designing qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative inquiry* (pp. 220-235). Thousand Oaks, CA: Sage.

- Morse, J. M. (2000). Determining sample size. *Qualitative Health Research, 10*(1), 3-5. doi: 10.1177/104973200129118183
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International journal of qualitative methods, 1*(2), 13-22. doi: 10.1177/160940690200100202
- Moss, J. M., Gibson, D. M., & Dollarhide, C. T. (2014). Professional identity development: A grounded theory of transformational tasks of counselors. *Journal of Counseling and Development, 92*(1), 3-12. doi: 10.1002/j.1556-6676.2014.00124.x
- Murrell, P. H., & Claxton, C. S. (1987). Experiential learning theory as a guide for effective teaching. *Counselor education and supervision, 27*(1), 4-14. doi: 10.1002/j.1556-6978.1987.tb00735.x
- National Board for Certified Counselors (2017). Continuing education: Frequently asked questions. Retrieved from <http://www.nbcc.org/Assets/CEProvider/FAQs.pdf>
- Neukrug, E. S., Healy, M., & Herlihy, B. (1992). Ethical practices of licensed professional counselors: An updated survey of state licensing boards. *Counselor Education and Supervision, 32*(2), 130-141. doi: 10.1002/j.1556-6978.1992.tb00182.x
- Neukrug, E., Lovell, C., & Parker, R. J. (1996). Employing ethical codes and decision-making models: A developmental process. *Counseling and Values, 40*(2), 98-106. doi: 10.1002/j.2161-007X.1996.tb00843.x
- Neukrug, E. S., & Milliken, T. (2011). Counselors' perceptions of ethical behaviors. *Journal of Counseling and Development, 89*(2), 206-216. doi: 10.1002/j.1556-6678.2011.tb00079.x
- Neukrug, E., Milliken, T., & Walden, S. (2001). Ethical complaints made against credentialed counselors: An updated survey of state licensing boards. *Counselor Education and Supervision, 41*(1), 57-70. doi: 10.1002/j.1556-6978.2001.tb01268.x
- Oden, K. A., Miner-Holden, J. & Balkin, R. S. (2009). Required counseling for mental health professional trainees: Its perceived effect on self-awareness and other potential benefits. *Journal of Mental Health, 18*(5), 441-448. doi: 10.3109/09638230902968217
- O'Keefe, D. J., & Sypher, H. E. (1981). Cognitive complexity measures and the relationship of cognitive complexity to communication. *Human Communication Research, 8*(1), 72-92. doi: 10.1111/j.1468-2958.1981.tb00657.x
- Pack-Brown, S. P., Thomas, T. L., & Seymour, J. M. (2008). Infusing professional ethics into counselor education programs: A multicultural/social justice perspective. *Journal of Counseling & Development, 86*(3), 296-302. doi: 10.1002/j.1556-6678.2008.tb00512.x

- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 533-544. doi: 10.1007/s10488-013-0528-y
- Pelsma, D. M., & Borgers, S. B. (1986). Experience-based ethics: A developmental model of learning ethical reasoning. *Journal of Counseling and Development*, *64*(5), 311-314. doi: 10.1002/j.1556-6676.1986.tb01118.x
- Pérez-Rojas, A. E., Palma, B., Bhatia, A., Jackson, J., Norwood, E., Hayes, J. A., & Gelso, C. J. (2017). The development and initial validation of the Countertransference Management Scale. *Psychotherapy*, *54*(3), 307. doi: 10.1037/pst0000126
- Phelan, J. E. (2007). Membership expulsions for ethical violations from major counseling, psychology, and social work organizations in the United States: A 10-year analysis. *Psychological reports*, *101*(1), 145-152. doi: 10.2466/pr0.101.1.145-152
- Pope, M. (2014). Who controls the training of new mental health professionals? *Psychology of Sexual Orientation and Gender Diversity*, *1*(2), 90-92. doi: 10.1037/sgd0000025
- Pope, K. S., & Bajt, T. R. (1988). When laws and values conflict: A dilemma for psychologists. *American Psychologist*, *43*(10), 828. doi: 10.1037/0003-066X.43.10.828
- Pope, K. S., & Keith-Spiegel, P. (2008). A practical approach to boundaries in psychotherapy: Making decisions, bypassing blunders, and mending fences. *Journal of Clinical Psychology*, *64*(5), 638-652. doi: 10.1002/jclp.20477
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist*, *42*(11), 993. doi: 10.1037/0003-066X.42.11.993
- Prosek, E. A., & Hurt, K. M. (2014). Measuring professional identity development among counselor trainees. *Counselor Education and Supervision*, *53*(4), 284-293. doi: 10.1002/j.1556-6978.2014.00063.x
- Protinsky, H., & Coward, L. (2001). Developmental lessons of seasoned marital and family therapists: A qualitative investigation. *Journal of Marital and Family Therapy*, *27*(3), 375-384. doi: 10.1111/j.1752-0606.2001.tb00332.x
- Rest, J. R. (1984). Research on moral development: Implications for training counseling psychologists. *The Counseling Psychologist*, *12*(3), 19-29. doi: 10.1177/0011000084123003
- Ridley, C. R., & Mollen, D. (2011). Training in counseling psychology: An introduction to the major contribution. *The Counseling Psychologist*, *39*(6), 793-799. doi: 10.1177/0011000010377664

- Ridley, C. R., Mollen, D., & Kelly, S. M. (2011). Beyond microskills: Toward a model of counseling competence. *The Counseling Psychologist, 39*(6), 825-864. doi:10.1177/0011000010378440
- Rokeach, M. (1971). Long-range experimental modification of values, attitudes, and behavior. *American Psychologist, 26*(5), 453-459. doi: 10.1037/h0031450
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5-44. doi: 10.1023/A:1025173508081
- Rosenbaum, M. (1982). *Ethics and values in psychotherapy: A guidebook*. Free Press.
- Schwing, A. E., LaFollette, J. R., Steinfeldt, J. A., & Wong, Y. J. (2011). Novice counselors' conceptualizations and experiences of therapeutic relationships. *International Journal for the Advancement of Counselling, 33*(1), 51-63. doi: 10.1007/s10447-010-9112-2
- Sheaffer, B. L., Sias, S. M., Toriello, P. J., & Cubero, C. G. (2008). Ego development and preferred social distance. *Rehabilitation Education, 22*(2), 147-158. Retrieved from: <https://www.researchgate.net>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information, 22*(2), 63-75. doi: 10.3233/EFI-2004-22201
- Skovholt, T. M., & Rønnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development, 70*(4), 505-515. doi: 10.1002/j.1556-6676.1992.tb01646.x
- Skovholt, T. M., & Rønnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30*(1), 45-58. doi: 10.1177/089484530303000103
- Sileo, F. J., & Kopala, M. (1993). An A-B-C-D-E worksheet for promoting beneficence when considering ethical issues. *Counseling and Values, 37*(2), 89-95. doi: 10.1002/j.2161-007X.1993.tb00800.x
- Sirin, S. R., Brabeck, M. M., Satiani, A., & Rogers-Serin, L. (2003). Validation of a measure of ethical sensitivity and examination of the effects of previous multicultural and ethics courses on ethical sensitivity. *Ethics & Behavior, 13*(3), 221-235. doi: 10.1207/S15327019EB1303_02
- Smaby, M. H., Maddux, C. D., Richmond, A. S., Lepkowski, W. J., & Packman, J. (2005). Academic admission requirements as predictors of counseling knowledge, personal development, and counseling skills. *Counselor Education and Supervision, 45*(1), 43-57. doi: 10.1002/j.1556-6978.2005.tb00129.x

- Smith, J. A. (Ed.). (2015). *Qualitative psychology: A practical guide to research methods*. Los Angeles: Sage.
- Smith, T. S., McGuire, J. M., Abbott, D. W., & Blau, B. I. (1991). Clinical ethical decision making: An investigation of the rationales used to justify doing less than one believes one should. *Professional Psychology: Research and Practice*, 22(3), 235. doi: 10.1037/0735-7028.22.3.235
- Sockett, H. (2009). Dispositions as virtues: The complexity of the construct. *Journal of Teacher Education*, 60, 291–303. doi: 10.1177/0022487109335189
- Spengler, P. M., & Strohmer, D. C. (1994). Clinical judgmental biases: The moderating roles of counselor cognitive complexity and counselor client preferences. *Journal of Counseling Psychology*, 41(1), 8. doi: 10.1037/0022-0167.41.1.8
- Stadler, H. A. (1986). Making hard choices: Clarifying controversial ethical issues. *Counseling and Human Development*, 19(1), 1-10.
- Stadler, H., & Paul, R. D. (1986). Counselor educators' preparation in ethics. *Journal of Counseling & Development*, 64(5), 328-330. doi: 10.1002/j.1556-6676.1986.tb01124.x
- Steinman, S. O., Richardson, N. F., & McEnroe, T. (1998). *The ethical decision-making manual for helping professionals*. Thomson Brooks/Cole Publishing Co.
- Steward, R. J., Boatwright, K. J., Sauer, E., Baden, A., & Jackson, J. D. (1998). The relationships among counselor-trainees' gender, cognitive development, and white racial identity: Implications for counselor training. *Journal of Multicultural Counseling and Development*, 26(4), 254-272. doi: 10.1002/j.2161-1912.1998.tb00203.x
- Stoltenberg, C. D., & McNeill, B. W. (2011). *IDM supervision: An integrative developmental model for supervising counselors and therapists*. New York: Routledge.
- Suit, J. L., & Paradise, L. V. (1985). Effects of metaphors and cognitive complexity on perceived counselor characteristics. *Journal of Counseling Psychology*, 32(1), 23. doi: 10.1037/0022-0167.32.1.23
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal*, 11(2), 63-75. doi: 10.3316/QRJ1102063
- Swensen, C. H. (1980). Ego development and a general model for counseling and psychotherapy. *Journal of Counseling & Development*, 58(5), 382-388. doi: 10.1002/j.2164-4918.1980.tb00417.x
- Tarvydas, V. M. (1998). Ethical decision-making processes. *Ethical and professional issues in counseling*, 144-155.

- Tarvydas, V. M. (Ed.). (2016). *Ethics and decision making in counseling and psychotherapy*. New York: Springer Publishing Company.
- Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a qualitative research approach. *Journal of Graduate Medical Education*, 7(4), 669-670. doi: 10.4300/JGME-D-15-00414.1
- Thompson, F. (2009). The instruction and assessment of multicultural dispositions in teacher and counselor education. *Journal of Invitational Theory and Practice*, 15, 32–54.
- Tjeltveit, A. C. (2006). To what ends? Psychotherapy goals and outcomes, the good life, and the principle of beneficence. *Psychotherapy: Theory, Research, Practice, Training*, 43(2), 186. doi: 10.1037/0033-3204.43.2.186
- Trahan, D. P., & Lemberger, M. E. (2014). Critical race theory as a decisional framework for the ethical counseling of African American clients. *Counseling and Values*, 59(1), 112-124. doi: 10.1002/j.2161-007X.2014.00045.x
- Troutman, O., & Packer-Williams, C. (2014). Moving beyond CACREP standards: Training counselors to work competently with LGBT clients. *Journal of Counselor Preparation and Supervision*, 6(1). doi: 10.7729/51.1088
- Tymchuk, A. J., Drapkin, R., Major-Kingsley, S., Ackerman, A. B., Coffman, E. W., & Baum, M. S. (1982). Ethical decision making and psychologists' attitudes toward training in ethics. *Professional Psychology*, 13(3), 412. doi: 10.1037/0735-7028.13.3.412
- Urofsky, R. I., & Engels, D. W. (2003). Issues and insights: Philosophy, moral philosophy, and counseling ethics: Not an abstraction. *Counseling and Values*, 47(2), 118-130. doi: 10.1002/j.2161-007X.2003.tb00229.x
- Urofsky, R. I., & Sowa, C. (2004). Ethics education in CACREP-accredited counselor education programs. *Counseling and Values*, 49(1), 37-47. doi: 10.1002/j.2161-007X.2004.tb00251.x
- Van Hoose, W. H., & Paradise, L. V. (1979). *Ethics in counseling and psychotherapy: Perspectives in issues and decision making*. Cranston, RI: Carroll Press.
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, 15(3), 398-405. doi: 10.1111/nhs.12048
- Vasquez, M. J. (1988). Counselor-client sexual contact: Implications for ethics training. *Journal of Counseling & Development*, 67(4), 238-241. doi: 10.1002/j.1556-6676.1988.tb02590.x

- Van Wagoner, S. L., Gelso, C. J., Hayes, J. A., & Diemer, R. A. (1991). Countertransference and the reputedly excellent psychotherapist. *Psychotherapy, 28*, 411–421. doi:10.1037/0033-3204.28.3.411
- Virginia Board of Counseling. (2016). Retrieved from <https://www.dhp.virginia.gov/counseling/>
- Walden, S. L., Herlihy, B., & Ashton, L. (2003). The evolution of ethics: Personal perspectives of ACA ethics committee chairs. *Journal of Counseling & Development, 81*(1), 106-110. doi: 10.1002/j.1556-6678.2003.tb00231.x
- Walden v. Centers for Disease Control and Prevention. No. 1:08-cv- 02278-JEC (United States District Court for the Northern District of Georgia, March 18, 2010).
- Walter, S. (2009). *Supervision experience and ego development of counseling interns' site supervisors and supervisees' level of ego develop* (Doctoral dissertation). Retrieved from <http://stars.library.ucf.edu/>
- Ward v. Wilbanks, No. 09-CV-11237, Doc. 1 (E.D. Mich., Apr. 2, 2009).
- Welfel, E. R. (1998). *Ethics in counseling and psychotherapy: Standards, research, and emerging issues*. Pacific Grove: Brooks.
- Welfel, E. R., & Hannigan-Farley, P. (1996). Ethics education in counseling: A survey of faculty and student views and practices. *Indiana Counseling Association Quarterly, 140*, 24-33.
- Welfel, E. R., & Lipsitz, N. E. (1983). Wanted: A comprehensive approach to ethics research and education. *Counselor Education and Supervision, 22*(4), 320-332. Retrieved from: <http://go.galegroup.com>
- Wendler, A. M., & Nilsson, J. E. (2009). Universal-diverse orientation, cognitive complexity, and sociopolitical advocacy in counselor trainees. *Journal of Multicultural Counseling and Development, 37*(1), 28-39. doi: 10.1002/j.2161-1912.2009.tb00089.x
- Wilkinson, R. T. (2011). Increasing counselor self-awareness: The role of cognitive complexity and metacognition in counselor training programs. *Alabama Counseling Association Journal, 37*(1), 24-32. Retrieved from <https://files.eric.ed.gov/fulltext/EJ954287.pdf>
- Yarhouse, M. A., & Hathaway, W. L. (2016). Ethics & values in training of students and the provision of clinical services to LGBT persons. *Journal of Psychology and Christianity, 35*(4), 357-368. Retrieved from: <http://go.galegroup.com/>
- Zibert, J., Engels, D. W., Kern, C. W., & Durodoye, B. A. (1998). Ethical knowledge of counselors. *Counseling and Values, 43*(1), 34-48. doi: 10.1002/j.2161-007X.1998.tb00959.x

Zinn, B. (1995). *The relationship of ego development and the counseling effectiveness of counselor trainees* (Doctoral dissertation). Retrieved from Dissertation Abstracts International, 56, 7082.

Ziomek-Daigle, J., & Christensen, T. M. (2010). An emergent theory of gatekeeping practices in counselor education. *Journal of Counseling & Development*, 88, 407–415. doi: 10.1002/j.1556-6678.2010.tb00040.x

APPENDIXES

APPENDIX A: Attitudes & Beliefs Inventory & Reactions

Purpose: The American Counseling Association's (ACA) Code of Ethics mandates the following regarding personal values:

“Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants” (A.4.b. Personal Values).

Therefore, it is important that counselors and counselor trainees spend time identifying their own values, understanding the origin of these values, and honestly owning how personal values may adversely affect the counselor's ability to work with certain populations or mental illnesses.

Directions: This assignment is completed in two parts.

Part One: Read and complete the Attitudes & Beliefs Inventory. When you are finished, go back over the inventory and **Select three questions** you had the strongest reactions to and/or you had the most difficult time answering.

Divide your paper into the three headings below and address the following questions for each section:

Reactions:

- What were the 3 questions that evoked the strongest reaction in you, and/or, you found most difficult to answer? Why?
- What personal value(s) and/or belief(s) did each question seem to contradict or seemed to cause some personal incongruence within you?

Response:

- When, from whom, and how, did you learn this (these) value(s)/belief(s)?

Action:

- What personal or professional work do you still need to do around this issue?

Your paper should be 6-8 pages, (excluding abstract, title page, reference page), written in APA format, including a title page, abstract, introduction, body, conclusion and references. Your paper should be well thought out, demonstrate critical thinking and self-evaluation and application.

Submit your paper through the link provided under the “Assignments” tab of blackboard. When you submit your paper to the grade book, your paper will also be automatically submitted to SafeAssign. SafeAssign is a software program that checks for plagiarism. It will generate a report, usually within a few hours, which you will need to read and interpret. Look through your report. If you see entire sentences or paragraphs that are matching to other sources, you will need to re-work your paper so that you are doing a better job at paraphrasing. Once you have gotten your paper properly paraphrased, you can submit it through the same link.

Part II: Without referring to your original responses, re-take the inventory by the deadline noted in the course schedule. Again, **select three questions** you had the strongest reactions to and/or you had the most difficult time answering. Address the following questions:

Reaction:

- Were the questions selected the same or different from the previous results? How?

Response:

- What sense do you make of the change (or lack of change) in your comfortableness around these issues?

- How did the content of the course influence how you think and feel about these issues?

APPENDIX B: Attitudes and Beliefs Inventory

Attitude and Beliefs Inventory
1. A man who wants to leave his wife and children for the sake of sexual adventure with other women.
2. A man recently released from jail after serving a sentence for rape.
3. A person who shows little conscience development, is strictly interested in his/her own advancement, and uses others for personal gain.
4. A man convicted of pedophilia and court-ordered for counseling.
5. A man who has found a way of cheating the system and getting more than his legal share of public assistance.
6. A man who believes the best way to discipline his children is spanking.
7. A woman who has decided to have an abortion but wants to process her feelings around it.
8. A gay or lesbian couple wanting to adopt a child.
9. A couple who believe sex with multiple partners is okay.
10. A man convicted of domestic violence.
11. A man with terminal cancer who wants to discuss the stopping all treatment to hasten his death.
12. A woman who comes with her husband for couples counseling while maintaining an affair on the side.
13. A gay or lesbian couple wanting to work on conflicts in their relationship.
14. A woman who has decided to leave her husband and children to gain independence.
15. A man who believes Internet sex can be a creative way to express sexuality.
16. A person with fundamentalist religious beliefs.
17. A high school student who believes she is a lesbian and wants to discuss how to 'come out' to her parents.
18. A woman who makes her living as an exotic dancer.
19. A woman who says that if she could turn her life over to Christ she would find peace.
20. A teenager were to come and talk about how he or she is having unsafe sex and feels as if this behavior is not detrimental.
21. A person who was very cerebral and was convinced that feelings are a private matter.

APPENDIX C: Complete Thematic Map

