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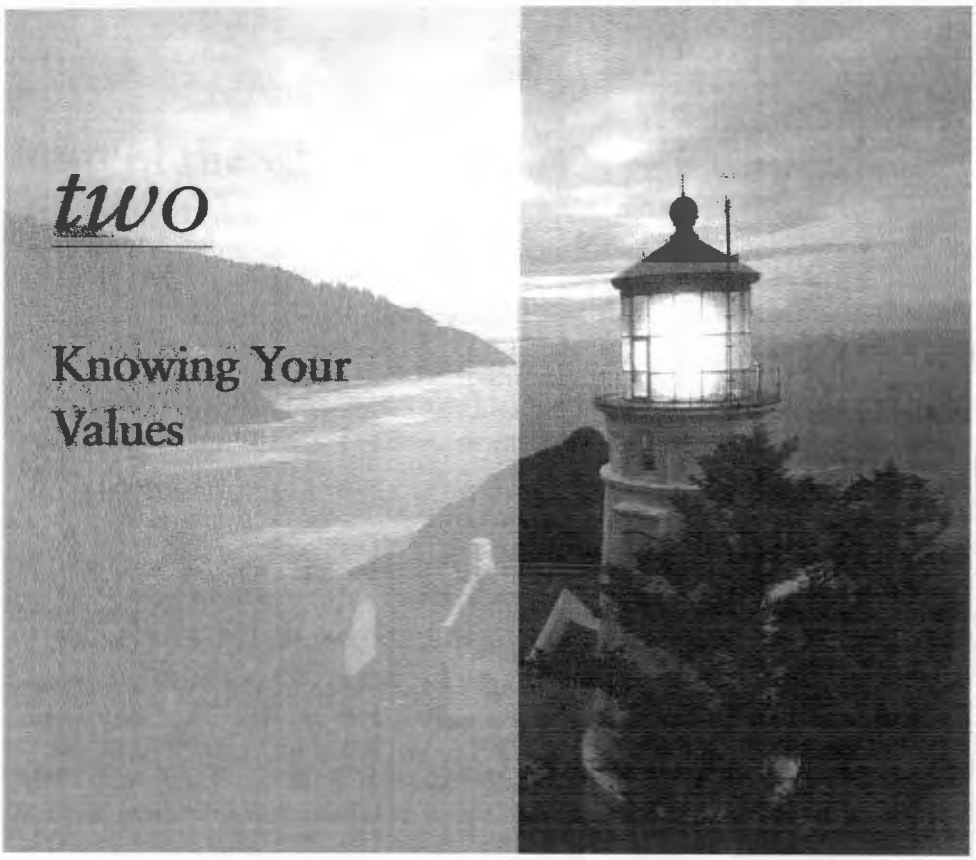

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Knowing Your Values

From
Corey, Marianne Schneider & Gary Corey. 2011 [2007]
Becoming A Helper, 6th Ed.
Brooks, Cole / cengage Learning,
Belmont, CA.

Focus Questions
Aim of the Chapter
The Role of Values in Helping
Exposing Versus Imposing Values
Dealing With Value Conflicts
Lesbian, Gay, and Bisexual Issues
Family Values
Gender-Role Identity Issues
Religious and Spiritual Values
Abortion
Sexuality
End-of-Life Decisions
By Way of Review
What Will You Do Now?

Focus Questions

1. To what degree are you aware of your core values and how they could affect the way you work with clients?
2. Is it possible to interact with clients without making value judgments? Do you think it is ever appropriate to make value judgments? If so, when?
3. Can you be true to your own values and at the same time make allowances for your clients to make their own choices, even if they differ from yours?
4. Do you tend to try to influence your friends and family regarding "right" choices? If so, what are the implications for the way you are likely to function as a helper?
5. What distinctions do you see between exposing your values and imposing them?
6. To what extent can you give clients the latitude to make their own decisions, even if you believe they would be better served by following a different path?
7. How can you best determine whether a conflict between your values and those of a client dictates a referral to another professional?
8. When you become aware of difficulties in working with clients because of value differences, what course of action would you take?
9. What are the key values that you see as being an essential part of the helping process? How would you communicate such values to your clients?

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Aim of the Chapter

This chapter is designed to help you clarify your values and identify how they are likely to influence your work as a helper. Toward this end, we explore how values operate in helping relationships. To assist you in clarifying your values and identifying ways in which they might interfere with effective helping, we describe practical situations in which you may find yourself.

Conflicts between clients and helpers often surface in discussions supported by values involving culture, sexual orientation, family, gender-role behaviors, religion and spirituality, abortion, sexuality, and end-of-life decisions. Value issues pertaining to multicultural populations are of special importance and we devote Chapter 7 to this subject.

The Role of Values in Helping

Values are embedded in therapeutic theory and practice. A national survey of the mental health values of practitioners found a consensus that certain basic values are important for maintaining mentally healthy lifestyles and for guiding and evaluating the course of treatment (Jensen & Bergin, 1988). These values include assuming responsibility for one's actions; developing effective strategies for coping with stress; developing the ability to give and receive affection; being sensitive to the feelings of others; practicing self-control; having a sense of purpose for living; being open, honest, and genuine; finding satisfaction in one's work; having a sense of identity and feelings of worth; being skilled in interpersonal relationships, sensitivity, and nurturance; being committed to marriage, family, and other relationships; having deepened self-awareness and motivation for growth; and practicing good habits of physical health. These are some of the values on which helping relationships are based.

Complete the following self-inventory as a way of focusing your thinking on the role your values will play in your work. As you read each statement, decide the degree to which it most closely identifies your attitudes and beliefs about *your role as a helper*. Use this code:

3 = This statement is true for me.
2 = This statement is not true for me.
1 = I am undecided.

___ 1. I believe it is my task to challenge a client's philosophy of life.
___ 2. I could work objectively and effectively with clients who have values that differ sharply from my own.
___ 3. I believe it is both possible and desirable for me to remain neutral with respect to values when working with clients.
___ 4. Although I have a clear set of values for myself, I feel quite certain that I could avoid unduly influencing my clients to adopt my beliefs.
___ 5. It is appropriate to express my views and expose my values as long as I don't impose them on clients.

____ 6. I might be inclined to subtly influence my clients to consider some of my values.
____ 7. If I discovered sharp value conflicts between a client and myself, I should refer the person.
____ 8. I have certain spiritual and religious views that would influence the way I work.
____ 9. I would not have any difficulty counseling a pregnant adolescent who wanted to explore abortion as one of her alternatives.
____ 10. I have certain views pertaining to gender roles that might affect the way I counsel.
____ 11. I would not have problems counseling a gay couple.
____ 12. I see the clarification of values as a crucial task in the helping process.
____ 13. My view of family life would influence the way I would counsel a couple considering divorce.
____ 14. I would have no trouble working with a woman (man) who wanted to leave her (his) children and live alone, if this is what my client decided.
____ 15. I have generally been willing to challenge my values.
____ 16. I might be willing to work in individual counseling with a client who is in a committed relationship and is having an affair, even if the client is not willing to disclose the relationship to his or her partner.
____ 17. I feel quite certain that my values will never interfere with my capacity to remain objective.
____ 18. I think I will work best with clients who have values similar to mine.
____ 19. I think it is appropriate to pray with my clients during a session if they request this of me.
____ 20. I could work effectively with a person with AIDS who contracted the disease through IV drug use or unprotected sex.

There are no "right" or "wrong" answers to these statements. The inventory is designed to help you think about how your values are likely to influence the way you carry out your functions as a helper. Select a few specific items that catch your attention, and talk with a fellow student about your views. As you read the rest of the chapter, assume an active stance, and think about your position on the value issues we raise.

Exposing Versus Imposing Values

The clients with whom you work ultimately have the responsibility of choosing what values to adopt, what values to modify or discard, and what direction their lives will take. Through the helping process, clients can learn to examine values before making choices. At times it may be appropriate to engage in a discussion with a client that includes revealing certain of your own values. Before you do so, ask yourself these questions: "Why am I disclosing and discussing my values with my client? How will doing so benefit my client? How vulnerable is my client to being unduly influenced by me? Is my client too eager to embrace my value system?" If you do disclose your values, it is critical that you assess the impact this might have on your client. It is important that you avoid disclosing a

particular value you hold as a way to steer your client toward accepting a value orientation you hold. Reveal your values in a way that does not communicate, either directly or indirectly, that the client should adopt them.

At times, you may not agree with the values of your clients, but it is essential that you respect the rights of your clients to hold a different set of values and embrace a different worldview. Richards, Rector, and Tjeltveit (1999) do not think helpers should attempt to teach their clients specific moral rules and values because doing so violates clients' uniqueness and prevents clients from making their own choices.

Even if you think it is inappropriate to impose your values on clients, you may unintentionally influence them in subtle ways to subscribe to your values. If you are strongly opposed to abortion, for example, you may not respect your client's right to believe differently. On the basis of such convictions, you may subtly (or not so subtly) direct your client toward choices other than abortion. Indeed, some researchers have found evidence that clients tend to change in ways that are consistent with the values of their counselors, and clients often adopt the values of their counselors (Zinnbauer & Pargament, 2000). It is now generally recognized that the therapeutic endeavor is a value-laden process and that all counselors, to some degree, communicate their values to clients, whether intentionally or not (Richards & Bergin, 2005). Thus, it is essential that you take into consideration the ways you may influence your clients.

Some well-intentioned practitioners think their task is to help people conform to acceptable and absolute value standards. It is no easy task to avoid communicating your values to your clients, even if you do not explicitly share them. What you pay attention to during counseling sessions will direct what your clients choose to explore. The methods you use will provide them with clues to what you value. Your nonverbal messages give them indications of when you like or dislike what they are doing. Because your clients may feel a need to have your approval, they may respond to these clues by acting in ways to meet your expectations instead of developing their own inner direction.

There should be very few instances where you would have to tell clients that you could not work with them because you do not agree with their value system. Your task is not to judge your clients' values but to help them explore and clarify their beliefs and apply them to solving their own problems. The American Counseling Association (2005) states this clearly: "Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals" (A.4.b.). Helpers need to be aware of how their personal values can influence many aspects of their professional work.

Our Perspective on Values in the Helping Relationship

In our view it is neither possible nor desirable for helpers to remain neutral or to keep their values separate from their professional relationships. From an ethical perspective, it is imperative that helpers recognize the impact their values have on the way they work with clients and that they learn the difference between imposing and exposing values. If you pay attention to your clients and

why they are coming to see you, you will have a basis for inviting a discussion on how values influence your clients' behaviors.

There are certainly helpers who do not agree with our position about the role of values. At one extreme are those who see helping as very much a process of social influence. Some helpers, for example, have definite and absolute value systems, and they believe it is their function to influence their clients to adopt these values. At the other extreme are helpers who are so overly concerned about unduly influencing their clients that they strive for neutrality. Out of fear that their views might contaminate the client's decision making process, these helpers make it a practice never to verbally communicate their values to their clients.

Our position is that the helper's main task is to provide those who seek aid with the impetus needed to look at what they are doing, determine the degree to which what they are doing is consistent with their values, and consider whether their current behavior is meeting their needs. If clients conclude that their lives are not fulfilled, they can use the helping relationship to reexamine and modify their values or their actions, and they can explore a range of options that are open to them. Clients must determine what they are willing to change and the ways they may want to modify their behavior.

Dealing With Value Conflicts

When you find yourself struggling with an ethical dilemma over value differences, the best course to follow is to seek consultation. Supervision is a useful way to explore value clashes with clients. After exploring the issues in supervision, if you find that you are still not able to work effectively with a client, the ethical course of action could be to refer the client to another professional.

Although we may have a conflict of values with a client, this does not necessarily imply the need for a referral, for it is possible to work through a conflict successfully. You must determine what it is about a client or a particular value difference that prompts you to want to make the referral. Before making a referral, explore your part of the difficulty through consultation. What barriers within you would prevent you from working with a client who has a different value system? Why is it necessary that you and your client have a common set of values? Why is it a requirement that your clients accept your values in a particular area of living?

If you find it necessary to make a referral because of value conflicts, *how* the referral is discussed with the client is crucial. Make it clear to the client that it is *your* problem as the helper, not the client's problem. In short, if you feel a need to refer a client, the problem is likely to reside more in *you* than in a particular client. Do not be too quick to refer and consider a referral only as the last resort.

In the remainder of this chapter, we consider some value-laden issues that you might encounter in your work with a range of client populations. These areas include concerns of lesbian, gay, and bisexual individuals; family values

issues; gender-role identity issues; religious and spiritual values; abortion; sexuality; and end-of-life decisions.

Lesbian, Gay, and Bisexual Issues

The concept of human diversity encompasses more than racial and ethnic factors; it encompasses all forms of oppression, discrimination, and prejudice, including those directed toward age, gender, religious affiliation, and sexual orientation. Working with lesbian, gay, and bisexual (LGB) individuals often presents a challenge to helpers who hold conservative values. Many helpers have blind spots, biases, negative attitudes, stereotypes, and misconceptions about lesbian, gay, and bisexual issues. Negative personal reactions, limited empathy, and lack of understanding are common characteristics in practitioners who work with LGB clients (Schreier, Davis, & Rodolfa, 2005). Helping professionals who have negative reactions to homosexuality are likely to impose their own values and attitudes, or at least to convey strong disapproval.

To work effectively with this client population, it is essential that you begin by critically examining your own attitudes, biases, and assumptions about specific sexual orientations. Identify and examine any myths and misconceptions you might hold, and understand how your values and possible biases regarding sexual orientation are likely to affect your work.

Imagine you are counseling a man who is gay and wants to talk about his relationship with his lover and the difficulties they have communicating with each other. As you work with him, you become aware that it is difficult for you to accept his sexual orientation. You find yourself challenging him about this rather than concentrating on what he wants to work on. You are so focused on his sexual orientation, which goes against what you think is morally right, that you and your client both recognize that you are not helping him. What steps could you take in addressing these value differences? Are you willing to explore the impact of your values on your interventions with this man who is gay?

Case example: Confronting loneliness and isolation. Consider how your values are likely to influence the way in which you would work with Art, a 33-year-old gay man. You are doing an intake interview with Art, who tells you that he is coming to counseling because he often feels lonely and isolated. He has difficulty in intimate relationships with both men and women. Once people get to know him, Art feels they will not accept him and somehow won't like him. During the interview, you discover that Art has a lot of pain regarding his father, with whom he has very little contact. He would like a closer relationship with his father, but being gay stands in the way. His father has let him know that he feels guilty that Art "turned out that way." He just cannot understand why Art is not "normal" and why he can't find a woman and get married like his brother. Art mainly wants to work on his relationship with his father, and he also wants to overcome his fear of rejection by others with whom he would like a close relationship. He tells you that he would like those he cares about to accept him as he is.

Your stance. What are your initial reactions to Art's situation? Considering your own values, do you expect that you would have any trouble establishing a therapeutic relationship with him? In light of the fact that he lets you know that he does not want to explore his sexual orientation, would you be able to respect this decision? As you think about how you would proceed with Art, reflect on your own attitudes toward gay men. Think especially about whether you might be inclined to impose any of your values, regardless of your stance. For example, if you have personal difficulty in accepting homosexuality on moral or other grounds, would you encourage Art to become heterosexual? Think about some of the issues you might focus on in your counseling sessions with Art: his fear of rejection, pain with his father, desire for his father to be different, difficulty in getting close to both men and women, sexual orientation, and values. With the information you have, which of these areas are you likely to emphasize? Are there other areas you would like to explore with Art?

Discussion. Lasser and Gottlieb (2004) identify sexual orientation as one of the most chronic and vexing moral debates plaguing our culture. They state that many people believe that homosexual or bisexual behavior is morally wrong. Many lesbian, gay, and bisexual (LGB) individuals have internalized such views, and some are significantly troubled regarding their sexual orientation. Lasser and Gottlieb add that therapists are faced with various clinical and ethical issues in working with LGB clients. One of these ethical issues involves therapists confronting their own values regarding homosexual-bisexual desire and behavior. Schreier, Davis, and Rodolfa (2005) remind us that no one is exempt from the influence of negative societal stereotyping, prejudice, and even hatefulness toward LGB people. Furthermore, many LGB people internalize these negative societal messages and experience psychological pain and conflict because of this. This is especially true of lesbian, gay, and bisexual people of color, who must cope with one or more forms of prejudice and discrimination from several places in their lives (Ferguson, 2009).

You may tell yourself and others that you accept the right of others to live their lives as they see fit, yet you may have trouble when you are in an actual encounter with a client. There could be a gap between what you can intellectually accept and what you can emotionally accept. If your value system is in conflict with accepting lesbian, gay, and bisexual people, you will likely find it difficult to work effectively with them.

Homosexuality and bisexuality were assumed to be a form of mental illness for more than a century. In 1973 the American Psychiatric Association stopped labeling **homosexuality**—a sexual orientation in which people seek emotional and sexual relationships with same-gendered individuals—as a form of mental illness. Today all major American mental health professional associations have affirmed that homosexuality is not a mental illness, and the American Psychological Association's Division 44 (2000) has developed a set of guidelines for working with lesbian, gay, and bisexual clients. But bias and misinformation about homosexuality and bisexuality continue to be widespread in society, and many lesbian, gay, and bisexual people face social stigmatization, discrimination, and violence, sometimes from therapists. Practitioners should familiarize themselves with the ways in which prejudice, discrimination, and multiple

forms of oppression are manifested in society toward LGB people and explore with their clients how this affects their lives (Ferguson, 2009). Oftentimes families of origin are unprepared to accept a lesbian, gay, or bisexual family member because of familial, ethnic, cultural, societal, or religious beliefs. Families may need assistance in developing new understandings of sexual orientation (APA, Division 44, 2000).

Helpers who work with lesbian, gay, and bisexual people are ethically obligated not to allow their personal values to intrude into their professional work. Note that the ethics codes of the ACA (2005), the APA (2002), the AAMFT (2001a), the Canadian Counselling Association ([CCA], 2007), and the NASW (2008) clearly state that **discrimination,** or behaving differently and usually unfairly toward a specific group of people, is unethical and unacceptable. From an ethical perspective, practitioners must become aware of their personal prejudices and biases regarding sexual orientation. This is particularly important when a client discloses his or her sexual orientation after the helping relationship is firmly established. In such situations judgmental attitudes on the part of the helper can seriously harm the client.

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC, 2008) recognizes that helping professionals need to be well versed in understanding the unique needs of this diverse population. ALGBTIC has developed a set of specific competencies for trainees (available on their website) to help them examine their personal biases and values regarding lesbian, gay, bisexual, and transgender individuals. Helpers who acquire these competencies are in a position to implement appropriate intervention strategies that ensure effective service delivery to this client population.

If you do not have the knowledge and skills to work with lesbian, gay, and bisexual clients, take advantage of continuing-education workshops in acquiring competence in this area. If you do not possess knowledge and training about a specific group, ethically you are required to seek supervision and consultation before counseling these clients.

You might well be unaware of your client's sexual orientation until the therapeutic relationship develops. If you expect to provide services in a community agency with diverse client populations, you need to have a clear idea of your own values relative to issues associated with sexual orientation. As a way of clarifying your values pertaining to homosexuality, complete the following inventory, using this code:

3 = I agree, in most respects, with this statement.
2 = I am undecided in my opinion about this statement.
1 = I disagree, in most respects, with this statement.

___ 1. Lesbian, gay, and bisexual clients are best served by lesbian, gay, and bisexual helpers.
___ 2. A counselor who is homosexual or bisexual is likely to push his or her values on a heterosexual client.
___ 3. I would have trouble working with either a gay male couple or a lesbian couple who wanted to adopt children.
___ 4. Homosexuality and bisexuality are both abnormal and immoral.

____ 5. A lesbian, gay, bisexual, or transgendered person can be as well adjusted (or poorly adjusted) as a heterosexual person.
____ 6. I would have no difficulty being objective in counseling lesbian, gay, bisexual, or transgendered clients.
____ 7. I have adequate information about referral sources in the local gay community.
____ 8. I feel a need for specialized training and knowledge before I can effectively counsel lesbian, gay, bisexual, and transgendered clients.
____ 9. I expect that I would have no difficulty conducting family therapy if the father were gay.
____ 10. I think that lesbian, gay, bisexual, and transgendered people of color are subject to multiple forms of oppression.

After you finish the inventory, look over your responses to identify any patterns. Are there any attitudes that you want to change? Are there any areas of information or skills that you are willing to acquire?

Family Values

Values pertaining to marriage, the preservation of the family, divorce, traditional and nontraditional lifestyles, gender roles and the division of responsibility in the family, child rearing, and extramarital affairs can all influence the helper's interventions. The value system of helpers has a crucial influence on the formulation and definition of the problems they see in a family, the goals and plans for therapy, and the direction the therapy takes. Helpers may take sides with one member of the family against another; they may impose their values on family members; or they may be more committed to keeping the family intact than are the family members themselves. Helpers who, intentionally or unintentionally, impose their values on a couple or a family can do considerable harm. Consider the following case examples.

Case example: Counseling a dissatisfied mother. Veronika has lived a restricted life. She got married at 17, had four children by the age of 22, and is now going back to college at age 32. She is a good student—excited, eager to learn, and discovering all that she missed. She finds that she is attracted to a younger peer group and to professors. She is experiencing her "second adolescence," and she is getting a lot of affirmation that she did not have before. At home she feels unappreciated, and the members of her family are mostly interested in what she can do for them. At school she is special and is respected for her intellect.

Ultimately, Veronika becomes involved in an affair with a younger man. She is close to a decision to leave her husband and her four children, ages 10 to 15. Veronika comes to see you at the university counseling center and is in turmoil over what to do. She wants to find some way to deal with her guilt and ambivalence.

Your stance. How do you react to Veronika leaving her husband and her four children? Would you encourage her to follow her inclinations? If Veronika gave this matter considerable thought and then told you that, as painful as it would

be for her, she needed to leave her family, would you be inclined to encourage her to bring her entire family in for some counseling sessions? For a moment, consider your own value system. What values might you impose, if any? If Veronika said that she was leaning toward staying married and at home, even though she would be resentful, what interventions might you make? If you had been left yourself, either as a child or by a spouse, how might this experience affect you in working with Veronika?

Case example: A family in crisis. A wife, husband, and three adolescent children come to your office. The family was referred by the youngest boy's child welfare and attendance officer. The boy is acting out by stealing and is viewed as the problem person in the family.

The husband is in your office reluctantly. He appears angry and resistant, and he lets you know that he doesn't believe in this "therapy stuff." He makes excuses for the boy and says he doesn't see that there is much of a problem, either in the marriage or in the family.

The wife tells you that she and her husband fight a lot, that there is much tension in the home, and that the children are suffering. She is fearful and says that she is afraid of what might happen to her family. She has no way of supporting herself and her three children and is willing to work on the relationship.

Your stance. How would you be affected by this family? What course of action would you take? How would your values pertaining to family life influence your interventions with this family? Would you expose your own values in this case, even if the family members did not ask you? If they asked you what you thought of their situation and what you thought they should do, what would you say?

Discussion. Even if you do not impose your values in working with this family in crisis, what you say to each family member is likely to be influenced by your core values. For instance, if you believe that the wife should be assertive with her husband in this situation, you might encourage her to challenge him and possibly risk losing the relationship.

Case example: Confronting infidelity. A couple seeks your services for marital counseling. The husband has confessed to his wife that he is having an affair, and the incident has precipitated the most recent crisis in their relationship. Although the wife is highly distraught, she wants to stay married. She realizes that their marriage needs work and that there is a lack of emotional connection between the two of them, but thinks it is worth saving. They have children, and the family is well respected and liked in the community.

The husband wants to leave, yet he is struggling with conflicting feelings and is not sure what to do. He is very confused and says he still loves his wife and children. He is aware that he is going through some kind of midlife crisis, and each day he comes up with a different decision. His wife is in great pain and feels desperate. She has been dependent on him and has no means of support for herself.

Your stance. What are your values pertaining to affairs in a marriage or a committed relationship? What would you want to say to the wife? to the husband? Should a helper counsel a couple to stay together or get divorced? In thinking about the direction you might pursue with this family, consider whether you

have ever been in this situation yourself in your own family. If so, how do you think this experience would affect the way you worked with the couple? If the husband said he was confused, desperately wanted an answer, and was hoping that you would point him in some direction, would you be inclined to tell him what he should do?

Gender-Role Identity Issues

All helpers need to be aware of their values and beliefs about gender. Helpers who work with couples and families can practice more ethically if they are aware of the history and impact of gender stereotyping as it is reflected in the socialization process in families, including their own. The way people perceive gender has a great deal to do with their cultural background. You can become a more effective practitioner if you are willing to evaluate your beliefs about appropriate family roles and responsibilities, child-rearing practices, multiple roles, and nontraditional careers for women and men. You will be challenged to be culturally sensitive, gender sensitive, and to avoid imposing your personal values on individuals, couples, and families.

Case example: Working mother or homemaker? John and Emma recently entered couples therapy for help resolving conflict over Emma's recent return to work after several years as a full-time mother and homemaker. Both report that they "argue a lot about this issue." John states that he prefers to have Emma stay home full time and care for their two young children and the household responsibilities. Emma reports feeling happier when she works part time and contributes financially to the family. It also allows them to hire extra help for household tasks and child care. She loves her work and the social interactions with her colleagues and does not want to give it up. John believes mothers are better for children than babysitters, and because he has the greater earning capacity, Emma should be the one to stay home. Emma states her perception that it is more important for children to have a happy mother than a full-time mother, and her desire to have an outside work interest above and beyond her family should not be tied to income. Both John and Emma are very invested in their relationship, but they can't get past this hurdle.

Your stance. How would your own personal values regarding parenting and gender roles influence your assessment and approach to working with John and Emma? What are the ethical boundaries regarding the therapist's values in such a case? How do you avoid imposing your own beliefs and persuading or directing this couple?

Discussion. If you had strong personal values about gender roles in marriage and family, it might be easy for you to impose your own values in this case. For instance, a belief that women should have choices and not be bound by traditional family roles might lead you to align with Emma and try to persuade or convince John of this. Conversely, a view that children should have a mother at home versus another caregiver may lead you to try to convince Emma she needs to be home and to abandon her own personal goals, resulting in alignment with

John. As a couple's therapist, it is unethical for the therapist to determine the goals of the individuals involved, with the exceptions of abuse and danger. Alignment, collusion, and triangulation are all unhealthy possible outcomes when imposing our own values, and they could clearly cause more harm than good to the marriage in this case.

Case example: Parenting in a traditional family. Fernando and Elizabeth describe themselves as a "traditional couple." They are in marriage counseling with you to work on the strains in their relationship arising from rearing their two adolescent sons. The couple talk a lot about their sons. Both Elizabeth and Fernando work full time outside the home. Besides working as a school principal, Elizabeth has another full-time job as mother and homemaker. Fernando says he is not about to do any "women's work" around the house. Elizabeth has never really given much thought to the fact that she has a dual career. Neither Elizabeth nor Fernando shows a great deal of interest in examining the cultural values and stereotypes that they have incorporated. Each of them has a definite idea of what women and men "should be." Rather than talking about their relationship or the distribution of tasks at home, they focus their attention on troubles with their sons. Elizabeth wants advice on how to deal with their problems.

Your stance. If you become aware of the tension within this couple over traditional gender roles, will you call it to their attention in your counseling with them? Do you see it as your job to challenge Fernando on his traditional views? Do you see it as your job to encourage Elizabeth to want more balance of responsibilities in their relationship? If you were counseling this couple, what do you think you would say to each of them? How would your values influence the direction in which you might go? What bearing would your own gender-role conditioning and your own views have on what you did?

Discussion. If you will be working with couples and families, it is essential that you appreciate the fact that gender-role stereotypes serve a purpose and are not easily modified. As a helper, your role is to guide your clients in the process of examining their gender-role attitudes and behaviors if doing so is relevant to the problem for which they are seeking your services. Effective communication between you and your clients can be undermined by stereotypical views about how women and men think, feel, and behave. You need to be alert to the particular issues women and men struggle with and the ways their own views about gender keep them locked in traditional roles. You can offer assistance to both female and male clients in exploring and evaluating cultural messages they received about gender-role expectations. Without deciding what changes they should make, you can facilitate awareness on the part of your clients, which can open up new possibilities for making self-directed choices.

Margolin (1982) provides some recommendations on how to be a nonsexist family therapist and how to confront negative expectations and stereotyped roles in the family. One suggestion is that helpers should examine their own behavior and attitudes that would imply sex-differentiated roles and status. For example, helpers can show their bias in subtle ways by looking at the

husband when talking about making decisions and looking at the wife when talking about home matters and rearing children. Margolin also contends that practitioners are especially vulnerable to the following biases: (1) assuming that remaining married would be the best choice for a woman, (2) demonstrating less interest in a woman's career than in a man's career, (3) encouraging couples to accept the belief that child rearing is solely the responsibility of the mother, (4) showing a different reaction to a wife's affair than to a husband's, and (5) giving more importance to satisfying the husband's needs than to satisfying the wife's needs. Margolin raises two critical questions for those who work with couples and families:

- How does the counselor respond when members of the family seem to agree that they want to work toward goals that (from the counselor's vantage point) are sexist in nature?
- To what extent does the helper accept the family's definition of gender-role identities rather than trying to challenge and eventually change these attitudes?

Religious and Spiritual Values

Effective helping addresses the body, mind, and spirit, but the helping professions have been slow to recognize spiritual and religious concerns. Helpers routinely address a range of sensitive topics in a client's life, including questions about race and sexuality, yet they may not inquire about the influence and meaning of spirituality and religion in an individual's life (Hage, 2006). Spirituality has received increasing attention in the literature since the 1970s, and these concerns are being addressed more often now in both assessment and treatment (Hall, Dixon, & Mauzey, 2004; Sperry & Shafranske, 2005). Religion and spirituality are oftentimes part of the client's problem, and they can also be part of the client's solution to a problem.

Religious faith or some form of personal spirituality is a critical source of strength for many clients. If helpers do not raise the issue of how spirituality influences clients, their clients may assume that such matters are not relevant in the helping relationship. However, religious faith can be a source for finding meaning in life and can be instrumental in promoting healing and well-being. For some, religion does not occupy a key place, yet personal spirituality may be a central force. Spiritual values help many people make sense out of the universe and the purpose of their lives. According to Francis (2009), spirituality can be viewed within the context of a person's search for an ultimate meaning and place in the world. This search may include a relationship that is developed with a transcendent or divine power beyond oneself. Because spiritual and religious values can play a major part in human life, these values should be viewed as a potential resource in the helping relationship rather than as something to be ignored (Harper & Gill, 2005). Exploring spiritual values with clients can be integrated with other therapeutic tools to enhance the helping process.

In clarifying your values pertaining to religion and counseling, consider these questions: Does an exploration of religion belong in formal helping relationships? Is the helping process complete without a spiritual dimension? If a client's religious needs arise in the therapeutic relationship, is it appropriate to deal with them? Are helpers pushing their values on their clients when they decide what topics can and cannot be discussed in counseling? Do you have to hold the same religious beliefs, or any beliefs at all, to work effectively with clients who have religious struggles?

Case example: Finding comfort in spirituality. Peter has definite ideas about right and wrong; sin, guilt, and damnation; and he has accepted the teachings of his fundamentalist faith. When he encountered difficulties and problems in the past, he was able to pray and find comfort in his relationship with his God. Lately, however, he has been suffering from chronic depression, an inability to sleep, extreme feelings of guilt, and an overwhelming sense of doom that God is going to punish him for his transgressions. He consulted his physician and asked for medication to help him sleep better. The physician and his minister both suggested that he seek counseling. At first Peter resisted this idea because he strongly felt that he should find comfort in his religion. With the continuation of his bouts of depression and sleeplessness, he hesitantly comes to you for counseling.

He requests that you open the session with a prayer so that he can get into a proper spiritual frame of mind. He also quotes you a verse from the Bible that has special meaning to him. He tells you about his doubts about seeing you for counseling, and he is concerned that you will not accept his religious convictions, which he sees as being at the center of his life. He inquires about your religious beliefs.

Your stance. Would you have any trouble counseling Peter? He is struggling with trusting you and with seeing the value in counseling. What are your reactions to some of his specific views, especially those pertaining to his fear of punishment? Do you have reactions to his strong fundamentalist beliefs? If you have definite disagreements with his beliefs, would that be an obstacle to working with him? Would you challenge him to think for himself and do what he thinks is right?

Assume that you have a religious orientation, yet you believe in a God who loves whereas Peter believes in a God he fears. You discuss the differences in the way the two of you perceive religion. Yet you also say that you want to explore with him how well his religious beliefs are serving him in his life and also examine possible connections between some of his beliefs and how they are contributing to his symptoms. With these assumptions, do you think you could be helpful to Peter? Would you accept him as a client? Now assume that you don't share any of Peter's religious values, that you are intolerant of fundamentalist beliefs, and that you see such beliefs as being the source of his problems. Given these values, would you accept a client like Peter? Would you be able to work with him objectively, or would you try to find ways to sway him to give up his view of the world?

Discussion. Counselors are increasingly recognizing the importance of incorporating a client's spiritual and religious beliefs into both assessment and

treatment (Hall, Dixon, & Mauzey, 2004). Attention to spirituality can be part of an integrated and holistic effort to help clients resolve conflicts and improve health, as well as to find meaning in life (Shafranske & Sperry, 2005). A competent and thorough assessment of a client's spiritual domain can provide the necessary background to inform case conceptualization and treatment planning (Harper & Gill, 2005).

The beliefs, values, and faith systems of clients are often sources of support in difficult times, and they can be used by the counselor to help the client in the healing process (Francis, 2009). If helpers are to effectively give attention to a client's spiritual and religious concerns, however, it is essential for them to be clear about their own spiritual and religious beliefs, or lack thereof. Ethical practice requires that you avoid indoctrinating clients with a particular set of spiritual or religious values. You have an ethical responsibility to be aware of how your beliefs affect your work and to make sure you do not unduly influence your clients.

Even if spiritual and religious issues are not the focus of a client's concern, these values may enter into the sessions indirectly as the client explores moral conflicts or grapples with questions of meaning in life. Can you keep your spiritual and religious values out of these sessions? How do you think they will influence the way you counsel? If you have little belief in spirituality or are hostile to organized religions, can you be nonjudgmental? Can you empathize with clients who view themselves as being deeply spiritual or who feel committed to the teachings of a particular church?

As you think over your own position on the place of spiritual and religious values in the helping relationship, reflect on these questions:

- Is it appropriate to deal with religious issues in an open and forthright manner as clients' needs are presented in the helping process?
- Do clients have the right to explore their religious concerns in the context of the helping process?
- If you have no religious or spiritual commitment, how could this hinder or help you in working with diverse clients?
- Are you willing to refer a client to a rabbi, minister, or priest if it appears that the client has questions you are not qualified to answer?

Case study: Counseling and spirituality. Guiza is a student intern who feels deeply committed to spirituality and also claims that her religious faith guides her in finding meaning in life. She does not want to impose her values on her clients, but she does feel it is essential to at least make a general assessment of clients' spiritual/religious beliefs and experiences during the intake session. One of her clients, Alejandro, tells Guiza that he is depressed most of the time and feels a sense of emptiness. He wonders about the meaning of his life. In Guiza's assessment of Alejandro, she finds that he grew up without any kind of spiritual or religious guidance in his home, and he states that he is agnostic. He never has explored either religion or spirituality; these ideas seem too abstract to help with the practical problems of everyday living. Guiza becomes aware that she is strongly inclined to suggest to Alejandro that he open up to spiritual ways of thinking, especially because of his stated problem with finding meaning

in his life. Guiza is tempted to suggest that Alejandro at least go to a few church services to see if he might find any meaning in doing so. She brings her struggle to her supervisor.

Your stance. Consider Guiza's situation as you reflect on how your values can influence your approach with clients. When, if ever, would you recommend to your client that he or she talk to a minister, priest, or rabbi? If you sought consultation from your supervisor, what key issues would you most want to explore and clarify? Could you maintain your objectivity? When would you consider suggesting a referral because of your problems with respect to the spiritual/religious beliefs and values of your client?

Discussion. You may experience conflicts in values with your clients in the spiritual realm. Holding a definite system of religious values is not a problem, but wanting your clients to adopt these values can be problematic. Without blatantly pushing your values, you might subtly persuade clients toward your religious beliefs or lead them in a direction you hope they will take. Conversely, if you do not place a high priority on spirituality and do not view religion as a salient force in your life, you may not be open to assessing your client's religious and spiritual beliefs.

In a national survey involving more than 1,000 clinical psychologists, Hathaway, Scott, and Garver (2004) found that the majority believes client religiousness and spirituality are important aspects of functioning. However, most of the clinical psychologists surveyed did not routinely incorporate spirituality into the assessment and treatment process. This omission could limit the effectiveness of the counseling venture.

Faiver and O'Brien (1993) have devised a form to assess the religious beliefs of clients for diagnostic, treatment, and referral purposes. They suggest that the assessment process can include questions pertaining to spiritual and religious issues as they are relevant to a client's presenting problems, questions about the roles religion and spirituality have played or currently play in a client's life, and questions about how spiritual/religious beliefs might be related to the client's cognitive, affective, and behavioral processes. Kelly (1995b) is in agreement with Faiver and O'Brien that a first step is to include the spiritual and religious dimensions as a regular part of the intake procedure and the early phase of the counseling process. Including questions pertaining to the client's spirituality and religion serves three purposes: (a) obtaining a preliminary indication of the relevance of spirituality and religion for the client, (b) gathering information that the helper might refer to at a later point in the helping process, and (c) indicating to the client that it is acceptable to talk about religious and spiritual concerns. If the client indicates concern about any religious beliefs or practices during the assessment process or later in counseling, this can be a useful focal point for exploration.

Case study: Resolving a value conflict. Yolanda is a devout Catholic. After a marriage of 25 years, her husband left her. She has now fallen in love with another man and very much wants a relationship with him. But because her religion does not recognize divorce, Yolanda feels guilty about her involvement with another man. She sees her situation as hopeless, and she cannot find a

satisfactory solution. Living alone for the rest of her life scares her. But if she marries the man, she fears that her guilt feelings will eventually ruin the relationship.

Your stance. Consider these questions as a way to clarify how your values could affect your work with Yolanda. Do you know enough to inform Yolanda of the options available to her in terms of being remarried in a Catholic church? Would you recommend that Yolanda talk to a priest? Why or why not? If Yolanda asked you what she should do or what you think about her dilemma, how would you respond?

Discussion. There are many paths toward fulfilling spiritual needs, and it is not the helper's task to prescribe any particular pathway. However, we think it is the helper's responsibility to be aware that spirituality is a significant force for many clients. It is especially important for a practitioner to pursue spiritual concerns if the client initiates them. Practitioners need to be finely tuned to the client's story and to the purpose for which he or she sought professional assistance. It may also be important to have referral sources available for specific needs of clients.

Abortion

Helpers may experience a value clash with their clients on the issue of abortion. Clients who are exploring abortion as an option often present a challenge to helping professionals, both legally and ethically. From a legal perspective, mental health professionals are expected to exercise "reasonable care," and if they fail to do so, clients can take legal action against them for negligence. Millner and Hanks (2002) indicate that counselors can be charged with negligence when they (a) do not act with skill and withhold relevant information or provide inaccurate information, (b) do not refer a client, or (c) make an inadequate referral. For example, a counselor who makes a referral that supports his or her values rather than a referral in keeping with the client's values is vulnerable to a lawsuit. Stone (2002) takes the position that school counselors can discuss the topic of abortion with a student if the school board has not adopted a policy forbidding such a discussion. Stone adds that counselors who impose their values on a minor student are not acting in an appropriate, professional, or reasonable manner.

We suggest that you familiarize yourself with the legal requirements in your state that impinge on your work with clients, especially if you are in a position of working with minors who are considering an abortion. The matter of parental consent in working with minors varies from state to state. It is also important to know and apply the policies of the agency where you work.

Case study: Balancing contradictory advice. Connie, a 19-year-old college student, seeks your assistance because she is contemplating having an abortion. Some of the time she feels that abortion is the only answer; other times she feels that she wants to have the child. She is also considering the option of having her child and giving it up for adoption. Connie contemplates telling her parents but is afraid they would have a definite idea of what she should do. She is unable to sleep and feels guilty for putting herself into this situation. She has talked to

friends and solicited their advice, and she has received many contradictory recommendations from them. Connie lets you know that she is not at all sure of what she should do and asks you to help her.

Your stance. With the information you have, what are some things you would say to Connie? Think about your values pertaining to abortion. Would you dissuade her from having an abortion and suggest other options? To what extent do you think you could keep your values out of this session? Sometimes we hear students say that they would refer a pregnant client who was considering an abortion to another professional because of their values. They would not like to sway the woman, and they fear that they could not remain objective. Does this apply to you? If a client in treatment with you for some time became pregnant and indicated she was considering getting an abortion, what would you do? Would you refer her at this point? What if she felt that you were abandoning her? Do you see any ethical or legal problems involved in your actions?

Sexuality

You may work with clients whose sexual values and behaviors differ sharply from your own. Ford and Hendrick (2003) conducted a study to assess therapists' sexual values for both themselves and their clients in the areas of premarital sex, casual sex, extramarital sex, open marriages, sexual orientation, and sex in adolescence and late adulthood. Their study also addressed how therapists deal with value conflicts as they arise in therapy.

Although helping professionals have personal values about sexual practices, the study found that when practitioners' beliefs conflict with those of clients, they appear to be able to avoid imposing their personal values on clients. However, 40% had to refer a client because of a value conflict. This research supports previous conclusions that the practice of therapy is not value free, particularly where sexual values are concerned. Those who participated in this survey indicated that they valued sex as an expression of love and commitment, fidelity, and monogamy in marital relationships and committed life partnerships.

Case study: Discussing sexuality in a sex-education program. You are working in a facility for adolescents and doing individual and group counseling. You discover that many young teenagers are sexually active and that a number of them have gotten pregnant. Abortion is common. Many of these young women keep their babies, whether they get married or do not. The agency director asks you to design a comprehensive education program for preventing unwanted pregnancy.

Your stance. In thinking about the kind of approach you would suggest, consider these questions: What are your values with respect to teenagers' being sexually active? What are your attitudes about providing detailed birth-control information to children and adolescents? How would your own values influence the design of your program?

Case study: Sex in a nursing home. You are working in a nursing home and discover that several of the unmarried older residents have sexual relationships.

At a staff meeting several workers complain that supervision is not tight enough and that sex between unmarried residents should not be permitted.

Your stance. What input would you want to have in this staff meeting? What are your thoughts about unmarried older people engaging in sex? How would your own values affect your recommendations to the staff?

Assessing your sexual values. Consider your values with respect to sexuality, as well as where you acquired them. How comfortable are you in discussing sexual issues with clients? Are you aware of any barriers that could prevent you from working with clients on sexual issues? How would your experiences in sexual relationships (or the lack of them) influence your work with clients in this area? Would you promote your sexual values? For example, if a teenage client was promiscuous and this behavior was in large part a form of rebellion against her parents, would you confront her behavior? If a teenage client took no birth-control precautions yet was sexually active with multiple partners, would you urge him or her to use birth control or would you encourage abstinence? Would you recommend that he or she be more selective in choosing sexual partners?

Although you may say that you are open-minded and that you can accept sexual attitudes and values that differ from your own, it may be that you are inclined to try to change clients who you believed are involved in self-destructive practices. Assess your attitudes toward casual sex, premarital sex, teen sexuality, and extramarital sex. What are your attitudes toward monogamy? What do you consider to be the physical and psychological hazards of sex with more than one partner? How would your views on this issue influence the direction you would take with clients in exploring sexual concerns?

When you have made this assessment, ask yourself whether you would be able to work objectively with a person who had sexual values sharply divergent from yours. If you have very conservative views about sexual behavior, for example, will you be able to accept the liberal views of some of your clients? If you think their moral values are contributing to the difficulties they are experiencing in their lives, will you be inclined to persuade them to adopt your conservative values?

From another perspective, if you see yourself as having liberal sexual attitudes, how do you think you would react to a person with conservative values? Assume your unmarried client says that he would like to have more sexual experiences but that his religious upbringing has instilled in him the belief that premarital sex is a sin. Whenever he has come close to having a sexual experience, his guilt prevents it from happening. He would like to learn to enjoy sex without feeling guilty, yet he does not want to betray his values. What would you say to him? Could you help him explore his own value conflict without contributing to his dilemma by imposing your own?

End-of-Life Decisions

Mental health professionals must be prepared to work with those who are dying and with their family members. Herlihy and Watson (2004) maintain that helpers will need to struggle with the ethical quandaries of how to balance the need

to protect client rights to autonomy and self-determination with meeting responsibilities to the legal system and remaining true to their own moral and ethical values. Herlihy and Watson emphasize the willingness of counselors to examine their own values and beliefs to determine if they are able and willing to consider a request for aid in dying.

Psychological services are useful for healthy individuals who want to make plans about their own future care. Such services are also beneficial to individuals with life-limiting illnesses, families experiencing the demands of providing end-of-life care, bereaved individuals, and health care providers who are experiencing stress and burnout (Haley, Larson, Kasl-Godley, Neimeyer, & Kwilosz, 2003). Those in the helping professions need to acquire knowledge about the psychological, ethical, and legal considerations in end-of-life care. They can have a key role in helping people make choices regarding how they will die and about the ethical issues involved in making those choices (Kleespies, 2004). Bennett and Werth (2006) state that the functions of a counselor in cases pertaining to end-of-life decisions are "to help clients get their needs met, maximize client self-determination, help clients engage in informed decision making, and conduct an evaluation or refer clients to receive a thorough assessment regarding their capacity to make end-of-life decisions" (p. 227). Werth and Rogers (2005) suggest that the same kind of assessment can be conducted for those who are making end-of-life decisions as for people with suicidal ideation. Just as depression, hopelessness, and social isolation can contribute to an individual's suicidality, such conditions can also contribute to the decision process for people who are terminally ill (Bennett & Werth, 2006; Werth & Rogers, 2005).

Studies of attitudes toward suicide reveal sharp divisions of opinion regarding the meaning of the decision to end one's life. Some regard this as a basic personal right, and others consider it a sign of moral evil or societal pathology (Neimeyer, 2000). As a helper, you need to be willing to discuss end-of-life decisions when clients bring such concerns to you. If you are closed to any personal examination of this issue, you may interrupt these dialogues, cut off your clients' exploration of their feelings, or attempt to provide your clients with your own solutions based on your values and beliefs.

At this point in time, you might consider the following questions. What is your position on an individual's right to decide about matters pertaining to living and dying? What religious, ethical, and moral beliefs do you hold that would allow you to support a client's decision to hasten his or her death under certain circumstances? How might your beliefs get in the way of assisting your client in making his or her own decision? It is your responsibility to clarify your own beliefs and values pertaining to end-of-life decisions so you can assist your clients in making decisions within the framework of their own belief and value systems. Once you understand your own perspective on end-of-life decisions, you can focus on the needs of your clients.

Imagine yourself in a nursing home, growing more and more confused and demented. You are unable to read, to carry on meaningful conversation, or to go places, and you are partially paralyzed by a series of strokes. Do you think you would be able to find meaning through suffering in an extreme circumstance?

Would you want to be kept alive at all costs, or might you want to end your life? Would you feel justified in doing so? What would stop you?

Now apply this line of thought to other situations in life. Suppose you felt like ending your life even after trying various ways of making your life meaningful. Imagine you felt as if nothing worked and that nothing would change. What would you do? Would you continue to live until natural causes ended your life? Do you believe that any reason would justify you taking your own *life*?

Case study: The right to choose to die. A man in his 30s, Walfred discovers that he has tested positive for HIV. He says he wants to participate in a physician-assisted suicide before he gets to an intolerable state. Many of his friends have died from AIDS, and he vowed that he would take active measures to be sure that he would not die in the same way. Because he is rational and knows what he wants, he believes that taking this action is reasonable and in accord with his basic human rights. He has been your client for several months and has been successfully exploring other issues in his life. When he recently learned of his HIV status, he saw nothing ahead for him except a bleak future. He does want your help in making a decision, but he is clearly leaning in the direction of ending his life.

Your stance. What would you say to Walfred? Because Walfred is rational and able to make decisions that affect his life, should he be allowed to take measures to end his life before he becomes terminally ill? Because he is not yet seriously ill, should he be prevented from ending his life, even if it means taking away his freedom of choice? Given the fact that you have been working with Walfred for some time, would you respect his self-determination, or would you press him to search for alternatives to suicide at this stage in his life? As a mental health worker, if there were no legal mandate to report his intentions, would you feel justified in attempting to persuade Walfred to change his mind? What is the role of mental health professionals in working with people who are considering some form of hastened dying? Is it the proper role of the helper to steer the client in a particular direction? Should the helper's personal values enter the picture? What is the ethical course to follow when there is a conflict between the therapist's and the client's values on this matter? Is your role to prevent the person from taking actions that would hasten his or her death?

Case study: Confronting the right to die. Esmeralda, who is in her early 40s, is suffering from advanced rheumatoid arthritis. She is in constant pain, and many of the pain medications have serious side effects. This is a debilitating disease, and she sees no hope of improvement. She has lost her will to live and comes to you, her therapist of long-standing, and says: "I am in too much pain, and I don't want to suffer anymore. I don't want to involve you in it, but as my counselor, I would like you to know my last wishes." She tells you of her plan to take an overdose of pills, an action she sees as more humane than continuing to endure her suffering.

Your stance. Think about how your values might influence your interventions in this case. To what degree can you empathize with Esmeralda's desire to end her life? What role would your beliefs play in your counseling?

Do you see any conflict between ethics and the law in this case? Do you have an ethical and legal responsibility to prevent Esmeralda from carrying

out her intended course of action? From previous counseling sessions, you know that Esmeralda's parents believe it is always wrong to take your own life. Should you inform Esmeralda's parents about her decision to end her life? If you were in full agreement with her wishes, how would this influence your intervention?

Case study: The counselor's legal and ethical duty to protect. Peter, a 65-year-old former client of Dr. Park's, returns to see him. He is now widowed, his only child is dead, and he has no living relatives. He has been diagnosed with a slow, painful, terminal cancer. Peter tells Dr. Park that he is contemplating ending his life but would like to explore this decision. Dr. Park fears being put in a bind because of the potential legal and ethical issues involved in protecting him if he decides to end his life. Peter comes weekly, discusses many things with his therapist, and talks lovingly of his deceased wife and daughter. He thanks Dr. Park for his kindness and his help throughout the years. He has made up his mind to end his life in the next few days, and after a last farewell he goes home.

Your stance. Do you think Dr. Park should make a report as a way to protect Peter? What would you do in this case? Explain your position in the context of your own values regarding end-of-life decisions.

Case study: Counseling an ill teenager contemplating suicide. Buford, a minor, cannot get along with his new stepfather, so he moves into his grandmother's apartment where she lives alone. Shortly thereafter, Buford develops an illness that attacks his nervous system, causing him to be too weak to attend school. The school assigns a home teacher who tells the school counselor that Buford is saying he does not want to live with this illness. The counselor visits Buford and is able to develop a relationship. Buford's mood seems to lift, but within 3 weeks he speaks again of suicide, indicating that he does not intend to die from this disease. He tells the counselor that he plans to take his grandmother's pills. Buford begs the counselor not to tell his grandmother or his parents.

Your stance. How would you deal with the situation? What are the most salient issues involved in this case? Does the counselor have a responsibility to inform Buford's parents? Why or why not?

Guidelines for dealing with end-of-life issues. Werth and Holdwick (2000) suggest that mental health professionals whose values preclude consideration of hastened death should not be obligated to provide professional services to clients who want to explore this issue. However, for helpers who do counsel these clients, Werth and Holdwick provide these guidelines for dealing with end-of-life issues:

- Assess your personal values and professional beliefs regarding the acceptability of rational suicide.
- As a part of the informed consent process, give prospective clients information about the limitations of confidentiality as it applies to assisted death, if applicable.
- Make full use of consultation throughout the process.
- Keep risk-management-oriented notes.

- Assess your clients' capacity to make reasoned decisions about their health care.
- Review clients' understanding of their condition, prognosis, and treatment options.
- Strive to include clients' significant others in the counseling process.
- Assess the impact of external coercion on clients' decision making.
- Determine the degree to which clients' decisions are congruent with their cultural and spiritual values.

Consider these guidelines as you contemplate your own position with respect to key questions on end-of-life decisions? Do individuals have a right to decide whether to live or die? If your personal or professional value system is not accepting of an individual ending his or her own life, is it ethical for you to work with clients who may be contemplating some form of hastened death? How might your beliefs get in the way of assisting your client in making his or her own decision? Are you aware of the laws of your state and the ethical standards of your professional organization concerning an individual's freedom to make end-of-life decisions?

By Way of Review

- Ethical practice dictates that helpers seriously consider the impact of their values on their clients and the conflicts that might arise if values are sharply different.

- Ultimately, it is the responsibility of clients to choose in which direction they will go, what values they will adopt, and what values they will modify or discard.

- It is neither possible nor desirable for helpers to remain neutral or to keep their values separate from their professional relationships.

- It is not the helper's role to push clients to adopt the value system of the helper.

- At times, it may be useful for helpers to expose their values to their clients, yet it is counterproductive and unethical to impose these values on them.

- Simply because you do not embrace a client's values does not mean that you cannot work effectively with the person. The key is that you be objective, nonjudgmental, and respect your client's right to autonomy.

- There are numerous areas in which your values can potentially conflict with the values of your clients. You may have to refer some clients because of such differences. However, a referral should be done with careful thought and is best considered as a measure of last resort.

What Will You Do Now?

1. Spend some time reflecting on the role you expect your values to play as you work with a range of clients. How might your values work for you? against you? Reflect on the source of your values. Are you clear about where you stand on the value issues raised in this chapter? In your journal, write some of your thoughts about these questions. Under what circumstances would you be inclined to share and perhaps explore your values and beliefs with your clients? Can you think of situations in which it might be counterproductive for you to do so?

2. Consider a personal value that could get in the way of your being objective when working with a client. Choose a value that you hold strongly, and challenge it. Do this by going to a source that holds values opposite to your own. If you are strongly convinced that abortion is immoral, for instance, consider going to an abortion clinic and talking with someone there. If you are uncomfortable with homosexuality because of your own values, go to a lesbian, gay, or bisexual organization on campus or in your community and talk with people there. If you think you may have difficulty with religious values of clients, find out more about a group that holds religious views different from yours.

3. For the full bibliographic entry for each of the sources listed here, consult the References at the back of the book. For books dealing with the role of spiritual values in the helping process, see Burke and Miranti (1995), Cashwell and Young (2005), Faiver, Ingersoll, O'Brien, and McNally (2001), Faiver and O'Brien (1993), Frame (2003), Kelly (1995b), Miller (1999), Miller and Thoresen (1999), Richards and Bergin (2005), and Shafranske and Sperry (2005). For an excellent treatment on end-of-life issues, see Werth, Welfel, and Benjamin (2009).

Ethics in Action *CD-ROM Exercises*

4. For supplemental activities that accompany this chapter, see Part Two [Values and the Helping Relationship] of the *Ethics in Action* CD-ROM. Before viewing role-play segments 4, 5, 6, and 7, complete the self-inventory provided in Part Two and bring your completed responses to class for discussion.

5. Complete the exercises and follow-up discussion questions after each of the role-play segments dealing with value conflicts in Part Two. To derive the maximum benefit, after viewing each role-play segment write out your reactions to the situation portrayed.

6. In role-play segment 4, The Divorce, it is clear that the counselor has an agenda for the client when she says that she has decided to leave her husband and get a divorce. The counselor's line of inquiry is about who will look after the welfare of her children. The client feels misunderstood and does not think the counselor is of help to her. Have one student role-play the counselor, using a different approach from the one that Gary used with this client. Have another student play the role of the client. After the role play, explore the issues you see

being played out. What are some other alternatives helpers could employ when dealing with a value conflict?

7. In role-play segment 5, Doing It My Way, Sally is attempting to influence her client to think about the effect of her behavior on her parents. The client (Charlae) is seeking increased independence and wants to break away from her parents and be "free." Her father wants her to stay at home, but she wants to live at college in the dorms. Sally suggests that Charlae talk with her parents about this, but she just wants to move out, without any discussion with her parents.

Sally is concerned about what Charlae's parents' reaction might be if she moves out without involving her parents in this decision. Charlae says, "I could really care less what they think." Sally wants Charlae to think about the consequences and the effect on her parents and the fact that they have made sacrifices for her. Have one student role-play Sally and another Sally's supervisor. Demonstrate how you might approach the counselor as her supervisor. What would you most want Sally to consider?

8. In role-play segment 6, The Promiscuous One, the client (Suzanne) is having indiscriminate sexual encounters. Richard expresses concern for his client, who reports meeting a guy in a bar and having sex with him, which she says is the best she has had in a week. He asks if she is protecting herself from pregnancy and/or HIV. She claims she has the greatest life as it is. Suzanne says, "I'm not going to get HIV. People are blowing it totally out of proportion." She says she doesn't know why he is so worried about it, for after all, it's her life. Richard then focuses on how Suzanne's behavior plays out the recurring theme of abandonment by her father. She thinks there is no connection.

If you were Suzanne's counselor, how would you deal with the situation as she presents it? Is it ethically appropriate for you to strongly influence your client to engage in safe sex practices? Demonstrate how you would approach Suzanne through role playing.

9. In role-play segment 7, The Affair, the client (Natalie) shares with her counselor that she is having a long-term affair. Natalie is struggling with her marriage and the fact that she is having a long-term affair. She feels alive, youthful, and beautiful when she is with this other person. At home she feels depressed and sees her purpose as being just to serve her husband. For years she has been there for others, but now she has to think about herself. The counselor (Janice) says, "Having an affair is not a good answer for someone—it just hurts everyone. I just don't think it is a good idea."

What are your values as they pertain to this issue, and how would your values influence your interventions? In a role play, show how you might work with Natalie.