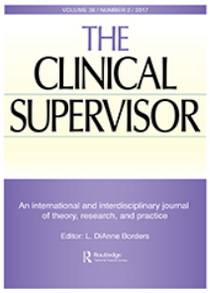

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A proposed framework for addressing supervisee-supervisor value conflict

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ABSTRACT

Value conflicts between supervisees and supervisors can adversely affect supervisee development, service provision, and the supervision relationship. However, the role of value conflicts in supervision has been minimally considered. Building on the Farnsworth and Callahan (2013) model for addressing client-clinician value conflict, we propose a supervision-specific framework to help supervisors and supervisees navigate value conflicts that emerge during supervision. The proposed framework consists of three steps: (a) detection of value conflict in supervision; (b) identification and articulation of value conflicts; and (c) determination of appropriate recommendations for supervisees. Neither punitive nor corrective in purpose, the model is eminently exploratory and educational in nature.

KEYWORDS

Training; supervision; values; ethics; conflict

> *"Value conflicts with a supervisee's client seem more black and white… difficulties with the supervisee are much more salient."*
>
> *(McCarthy Veach et al., 2012, p. 219)*[1]

As an aspect of diversity, value differences can be expected to exist between any two people, including those in the supervision dyad. Values can be defined as "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable" (Rokeach, 1973, p. 5). Values may also serve as a lens through which cultural, religious, political, and individual differences may be viewed and understood. In fact, supervision itself is a value-laden professional socialization experience, whereby supervisees are assisted in acculturating to professional expectations and integrating professional values into their own developing practice self (Handelsman, Gottlieb, & Knapp, 2005). As part of that process, supervisors are expected to model professional values (Barnett, 2014; Hess, Hess, & Hess, 2008). Furthermore, quality supervision has been identified as a key mechanism that can help supervisees address impeding biases and values that prevent their working optimally with clients (Erickson Cornish, Riva, & Smith, 2015).

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Discussion of such biases and value conflicts in supervision may lead to the realization that the supervisee and supervisor are also in conflict. McCarthy Veach and colleagues (2012) concluded that better elucidating supervisee-supervisor value conflicts is critical, in that unrecognized and unresolved conflicts can adversely impact the supervision relationship, supervisee development, and even client service provision. Thought of in that context, it is perhaps surprising that the role of value conflicts in supervision is minimally considered in the extant literature. In particular, the question of how a supervisor can navigate value conflicts in a productive manner for both supervisee development and client welfare is unresolved.

Unproductive navigation of value conflict in the supervisee-supervisor dyad was particularly salient in the legal contest of *Ward v. Wilbanks* (2010). In that case, a client-supervisee value conflict was identified via supervision when the supervisee asked her supervisor "... whether she should refer the client to another counselor because she could not affirm the client's homosexual behavior" (*Ward v. Wilbanks*, 2010, p. 3). Discussion of the client-supervisee value conflict then led to an unresolved supervisee-supervisor value conflict and, eventually, contributed to the dismissal of the supervisee from the training program. In the subsequent legal contest, the training program came under scrutiny as to whether the university referral policy had been applied in a "neutral and generally applicable" manner or whether the policy had been applied selectively due to the supervisee's religious beliefs (*Ward v. Polite*, 2012, p. 13).

This and other similar legal contests involving value conflicts (e.g., *Keeton v. Anderson-Wiley*, 2010) have stimulated the emergence of conscience clause legislation (i.e., legislation aimed at limiting training programs' ability to require supervisees to attain competence when working with clients whose values conflict with the supervisee's conscience; Cohen-Filipic & Flores, 2014). As one example, in 2011 Arizona passed a law (HB 2565) stating that training programs

> shall not discipline or discriminate against a student in a counseling, social work, or psychology program because the student refuses to counsel a client about goals that conflict with the student's sincerely held religious belief if the student consults with the supervising instructor or professor to determine the proper course of action to avoid harm to the client. (p. 1)

Such legislation further underscores the need for mental health professionals to be actively involved in comprehensive and nuanced discourses about how to navigate value conflicts (Grey, 2014).

Herein, we propose a training framework that may assist supervisors and training programs in navigating and addressing supervisee-supervisor value conflicts.

Background and assumptions of the proposed framework

Farnsworth and Callahan (2013) developed a model to assist supervisees in managing value conflicts in the client-clinician dyad. Our proposed framework is a supervisory extrapolation of that original model and provides guidance for productively navigating value conflicts in the supervisee-supervisor dyad. It is important to note that the literature used to develop our model comes primarily from the field of psychology; however, we believe that this model will be relevant and informative for other disciplines developing their own processes and models for addressing value conflicts within supervision. Before detailing the assumptions of our proposed framework for addressing supervisee-supervisor value conflict, explicit consideration of responsibility for conflict resolution is salient.

In the case of a client value conflict, the onus for resolving the conflict is always on the supervisee or supervisor (depending upon which of them is in conflict with the client), with ethical codes underscoring the importance of clients being protected from the imposition of clinicians' biases (e.g., American Psychological Association [APA], 2010, p. 3). Less clear is how this responsibility applies when value conflict occurs between supervisee and supervisor. Since it could be argued that no value is objectively and demonstrably wrong, then it would seem reasonable to conclude that supervisee and supervisor equally contribute to the value conflict and have responsibility to work toward a mutual resolution.[2] Furthermore, both supervisee and supervisor share an obligation to be *values aware* and not impose their values on each other or the client. Thus, the supervision framework discussed here recognizes the role of both supervisor and supervisee in addressing value conflicts between each other in a beneficial and respectful way.

Ideally, supervisors endeavor to safely invite collaboration and investment from supervisees in order to constructively address value conflicts. Yet only relatively recently have recommendations begun to emerge for training programs to utilize as value-sensitive contexts in their training of emerging professionals (e.g., Ametrano, 2014). Clearly, questions remain as to what exactly supervisors should do once a value discussion with a supervisee begins. McCarthy Veach and colleagues (2012) described an intuitively appealing six-step process that emerged from their value conflict study (e.g., mutually develop a resolution, validate supervisee attempts to change), but acknowledged that their results were based on but "a few participants." Further recommendations are required in order to sensitively invite the addressing of supervision value conflicts, facilitate their consideration, and move dialogue progressively forward.

The foundation of the proposed supervision framework discussed next is based upon the Farnsworth and Callahan (2013) model for client-clinician value conflict (presented in Figure 1). The original Farnsworth and Callahan model

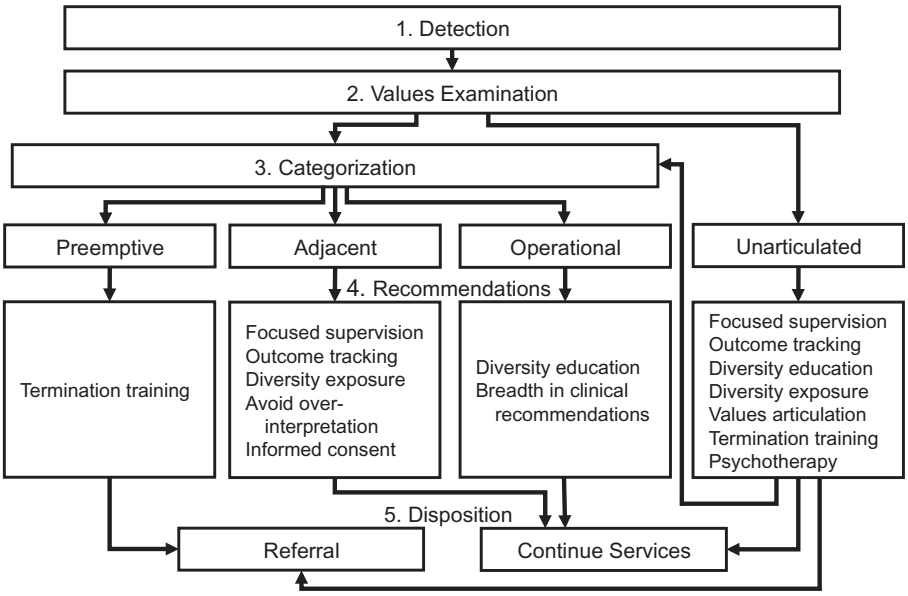

Figure 1. Farnsworth and Callahan (2013) model for addressing client-clinician value conflict (reprinted with permission).

provides recommendations for identifying, exploring, and addressing value conflicts that arise between supervisees and their clients (for a more detailed discussion, readers are referred to Farnsworth & Callahan, 2013). In brief, the model begins by suggesting ways to recognize a value conflict (Step 1) and explore possible resolutions through supervisee self-exploration (Step 2). Through this process, conflicts are categorized (Step 3) with respect to the client's treatment goals. A "preemptive" value conflict is "a categorical and a priori value conflict… that pre-empts establishing a working relationship" (p. 208). To be categorical necessitates that the value be the source of the conflict, irrespective of client characteristics, to remove any possibility of discrimination against clients of a particular population. In contrast, an "adjacent" conflict occurs when each person (client-clinician in the original model, but this could be clinician-supervisor or client-supervisor as elaborated herein) holds a value in conflict with the other person, which may also have different behavioral implications, but these values are "not the explicit focus of treatment and instead operate as [a] secondary, or implicit, element of the client's presenting concern" (p. 209). The following example is provided in the model:

> A trainee who is the child of undocumented immigrants treats a client for anger management difficulties. The client directs a great deal of his anger toward undocumented immigrants, who he believes take away employment opportunities from legal citizens. The clinician does not disclose her heritage to the client, but feels intense indignation at his comments and feels impelled to confront the client's beliefs rather than focusing sessions on anger management techniques. (Farnsworth & Callahan, 2013, p. 209)

A value conflict is categorized as "operational" when each member of the dyad can "agree on the importance of a value in broad conceptual terms, but disagree on the value's specific behavioral expression or behavioral implications for a given situation" (p. 210).

> An instance of this type of value conflict might be the therapy case of an adult victim of childhood sexual abuse by an older family member. Treatment has focused on alleviating guilt and shame associated with the abuse and placing accountability on the perpetrator. In session, the client expresses a values-based desire to forgive her perpetrator as a part of her personal healing process. For the client, part of this forgiveness entails allowing the perpetrator back into her life, even though the perpetrator has not acknowledged impropriety or responsibility. The clinician also values forgiveness as an element of emotional healing, but disagrees that a resumption of the relationship between the client and the perpetrator is required by this value. (Farnsworth & Callahan, 2013, p. 210)

Finally, an "unarticulated" conflict occurs when the exact nature of the value conflict cannot be articulated but there exists "strong emotional discomfort at the prospect of providing psychotherapy [or supervision as elaborated herein] services to a particular client [supervisee] or population" (Farnsworth & Callahan, 2013, p. 210). Farnsworth and Callahan offer the example of a clinician experiencing such intense feelings of indignation and anger that his or her feelings interfere with the capacity to maintain a therapeutic stance in working with sexual perpetrators.

Next, recommendations are provided for how to address the value conflict (Step 4) and continue or discontinue services (Step 5). Although the Farnsworth and Callahan (2013) model provides guidelines for addressing value conflict, it does not include direction for how supervisors can help coach supervisees through this process.

As a result, we have built on the Farnsworth and Callahan (2013) model to propose a supervision-specific framework (presented in Figure 2) that may assist supervisors in navigating value conflicts within the supervisee-supervisor dyad in a manner that prioritizes client welfare and protection of the public, honors supervisee welfare and individual values, and can perhaps attenuate the risk of litigation. With the supervisory relationship being recognized as a (if not *the*) primary process fostering clinician competency (e.g., Sarnat, 2016), supervisee-supervisor value conflict discussions have the potential to be developmentally preparatory, eminently instructive, and identity enhancing.

The primary assumptions underlying the Farnsworth and Callahan (2013) model elaboration are as follows:

(1) Value conflicts can and, at some point, will occur within the different configurations of the supervisory triad—client-supervisee, supervisee-supervisor, and client-supervisor[3];

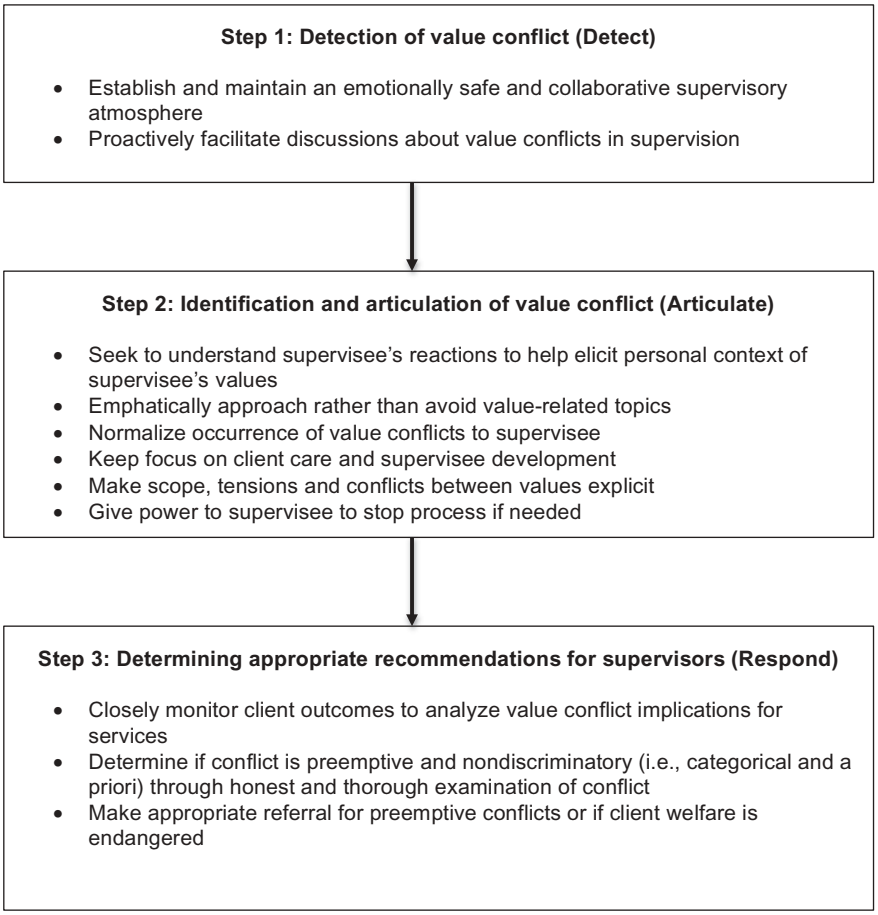

Figure 2. The Detect-Articulate-Respond (DAR) supervision model for value conflicts.

(2) Value conflicts are a normative part of the supervisee's developmental process as a clinician, reflecting critical self-definition issues with which supervisees struggle in establishing their professional identity;
(3) Supervision value conflicts are best approached with supervisor and supervisee openness, sensitivity, respect, empathy, and humility;
(4) Supervisors consistently strive to create a safe, constructive supervisory context, where collaborative discussion of and thoughtful reflection about value-based conflicts are increasingly actualized;
(5) Supervisors take a proactive stance with regard to value conflicts, initiating supervision discussions that serve to prepare and ready supervisees for potential value conflicts with clients;
(6) Supervisors, in conducting supervision value-conflict discussions, enact the Platinum Rule—do unto others as you would have others do unto others (Pawl & St. John, 1998)—and ideally provide a useful

model for supervisees to emulate in their own value-conflict discussions with clients;

(7) Supervisor-supervisee value conflicts can be potent alliance-rupturing events that, if left unaddressed, can undermine the entirety of the supervisory relationship; and

(8) Supervisors remain sensitive to the possibility of supervisee-supervisor and client-supervisor value conflicts, strive to identify any such conflicts that emerge, and take appropriate action to address the conflict and minimize the influence of value conflicts on client service provision.

Once a safe, respectful atmosphere has been established in the supervisory relationship, the supervisor can begin to engage supervisees in values discussions using reasoned dialogue. We suggest a three-stage Detect-Articulate-Respond approach that parallels the general logic and progression of the Farnsworth and Callahan (2013) model. By paralleling the Farnsworth and Callahan model, the Detect-Articulate-Respond framework helps supervisors both guide and model these clinical skills in such a way that prepares supervisees to navigate their own value conflicts with clients.

The proposed framework

Step 1: Detection of value conflict in supervision

> *. . . I started listening and really gave serious thought to saying, "Well, then, you can't work with this guy, period! I've got to take client needs first." But I let him have one session, and it didn't sound too awful. By the second or third session he [supervisee had progressed]. . .. That was the toughest experience I've ever had as a supervisor. I went home for an entire week thinking, "Am I going to be the cause of this guy being destructive towards this client?" (McCarthy Veach et al., 2012, p. 216)*

The development of competencies regarding values, relationships, diversity, ethics, and reflective practice falls largely within the context of supervised practicum training (Fouad et al., 2009). When navigating psychotherapy value conflicts, supervisees are encouraged to seek guidance from their supervisors (Farnsworth & Callahan, 2013). Yet, because of the personal nature of values and power-disproportionate nature of supervision, broaching value conflicts within supervision can be highly anxiety provoking. That difficulty can be further compounded when the conflict exists between a supervisee and supervisor. Fear of being pathologized by a supervisor, suffering severe evaluative consequences, or being expelled can further contribute to supervisees' hesitancy to share personal beliefs and feelings.

Given these barriers for supervisees, we recommend that supervisors proactively facilitate discussions about values and how they impact clinical

work and supervision, ideally before a specific value conflict presents itself (cf. Cohen-Filipic & Flores, 2014). In addition to inquiring about a supervisee's reactions to value conflicts, it can be beneficial to assess the supervisee's past experience discussing value conflicts in supervision and courses. Such proactive developmental discussions, we believe, are not only an educational imperative, but also an ethical act that privileges the principles of autonomy and respect for the supervisee. The goal is that, by the time supervisees do encounter an actual value conflict, they will have had ample opportunities to engage in thoughtful reflective practice about personal values. For this type of dialogue to be effective, it is vital that supervisors create a safe context where supervisees can engage in self-reflection, while also honoring the supervisee's rights to decline self-disclosure of personal experiences. Supervisor self-disclosure that is appropriately focused on client care and supervisee development can also be a valuable method of modeling self-reflection and normalizing value conflicts within supervision (Ladany & Walker, 2003). When supervisees do detect value conflicts, this should be positively reinforced, as this may be indicative of the supervisee's developing competency in the broad foundation competencies of reflective practice and individual and cultural diversity-awareness (Fouad et al., 2009). Celebrating competency development can be a means to validate supervisees' experience and also reassure them that bringing up a value conflict to stimulate values examination in supervision is appropriate and commendable.

Next is an example of how supervisors can introduce and facilitate broad discussions on values with beginning supervisees even before any supervisee-supervisor value conflict has been encountered:

Supervisor: I recall you expressing some discomfort today during group supervision when Jane showed a recording of her client making antigay comments. Would it be helpful to spend some time in individual supervision talking about that?

Supervisee: Well, I have to admit it made me pretty uncomfortable. I don't really see how Jane could just sit there and listen to that for 50 minutes. I mean I know I shouldn't be so judgmental of the client. . ..

Supervisor: I was really impressed with your willingness to acknowledge your reactions during group supervision today. I don't think it's a negative thing that you experienced discomfort, but I think it is quite important to reflect on that. You may face a similar situation in the future when your clients' values are incongruent with your own. I want to provide a safe context in supervision where you can explore how your values and reactions could influence your clinical work. With that being said, I realize values are a personal topic and want to honor that you

may have other preferred outlets for self-reflection. What are your thoughts? Have you had much exposure to these types of discussions in your coursework so far?

Supervisee: I'm open to talking about this more today in supervision. It's a relief to hear you say that because I had some concerns about whether it was appropriate to share my negative feelings about someone else's client during group supervision. In my multicultural class, we've talked generally about the role of values in psychotherapy, but I haven't done much exploration about my own personal reactions.

Supervisor: Thanks for your willingness. That's great that you've had some exposure to these issues in your coursework. Working through value conflicts can be quite challenging, so I think it is really great that you are willing to start reflecting on these issues early on in your training.

Step 2: Identification and articulation of value conflicts

> *. . . Do you just sit with your own values and keep them quiet?. . . If it's a time when you have to do something about it, how hard do you hit?. . . Is this a prejudice versus a value conflict? Do I have the capacity to describe it in a way that clearly denotes it as a value conflict versus a prejudice? I constantly worry about being heard differently than I intend to come across. (McCarthy Veach et al., 2012, p. 217)*

When exploring personal values in supervision, supervisors and supervisees should be prepared to discover differences between their value systems, perhaps even making that discussion part of the supervision contract (McCarthy Veach et al., 2012). Paralleling the step of values examination in the Farnsworth and Callahan (2013) model, the second step in the supervision model involves making the scope, tensions, and conflicts between these values explicit. Value conflicts can involve a number of diversity issues but, in light of the recent court cases, those involving religion and/or sexual orientation may be particularly relevant for supervisors to address. Research has demonstrated that the field of psychology has historically tended to be more liberal and less religious than the general population (Delaney, Miller, & Bisonó, 2013). Although not all supervisees with religious and/or conservative beliefs will experience difficulty reconciling their personal and professional values, some supervisees may struggle as they try to navigate a field in which their values and beliefs are among the minority.

Likewise, supervisors may be particularly wary about embarking on these types of discussions (e.g., due to fears of litigation, being unsure about the role of supervisor value disclosure). Given the current legal context (Behnke, 2012) and that negative feedback is often withheld from supervisees (Ladany

& Melincoff, 1999; Skjerve et al., 2009), we suggest that a more collaborative approach (APA, 2015) may ease supervisor-supervisee tensions. To do this, the supervisor may seek further understanding about supervisees' reactions as a way to help elicit the personal context of their values and value conflict. We next provide an example of such an instance where a clash between a clinician's anti-religious perspective and a client's religious perspective leads to the supervisor's awareness during supervision that there is also a value conflict in the supervisee-supervisor dyad. In this case, the supervisor identifies and articulates both conflicts. Using reasoned dialogue, the supervisor then empathically approaches rather than avoids this conflict in order to help the supervisee develop greater clarity.

Supervisor: Last week we discussed how you had trouble connecting with your new client. How did things go in this week's session with her? Do you feel like you were able to build rapport?

Supervisee: No, not really. I really am having trouble with my client's way of looking at the world. She keeps saying, "I need to let God's will be done." I keep wanting to say back, "What about your will?" or "Take some responsibility and stand up for yourself!" I of course have not said any of that, but my feelings are very strong and I try to keep them in check.

Supervisor: I can see you feel like something important is missing. Can you tell me more about what you think is being left out?

Supervisee: I really think that she is not accepting responsibility for her own actions, for her being able to bring about change. She gives all responsibility and power to God. How do you empower somebody who always insists on giving her power away? I feel frustrated and am not sure what to do to help her. I admit that I bristle when she takes a passive stance with, "I need to let God's will be done."

Supervisor: What about that makes you bristle? Can you help me to understand your perspective?

Supervisee: I see her religious beliefs as being a real hindrance to her. I have several clients who are working so hard to take charge and make changes, but their life circumstances are getting in the way. Meanwhile, this client has the resources to make changes and she's just turning it all over to God. I think I am so thrown by her religious statements that I lose focus and do not listen. I find myself wondering if she can even benefit from therapy.

Supervisor: I so appreciate your honesty. I come from a different perspective and I notice that I don't experience some of the internal reactions that you describe. I think our differing experience

reflects the power of values in the treatment situation and how value conflicts can make matters more challenging. I think it is important to explore this more. Are you willing to spend some time in supervision today further talking about your values and how they are affecting your work with this client or, perhaps, even our work in supervision?

Supervisee: It seems important to do. I see its value, but it also seems hard to do as well.

Supervisor: You are very right. It can be quite a challenge to talk about our values, particularly where value conflicts arise. I appreciate your willingness and promise to make our discussion as supportively helpful as possible. Please know that, if at any point you wish to call a halt to our discussion, just say so and I'll respect that. Why don't we start by talking more about our differing reactions to your client? What else would you like to add to what you have said? And to what personal values do you think those reactions are connected?

As previously mentioned, values discussions cannot be forced; occurring within a hierarchical, power-disproportionate, evaluative relationship, we recommend that they be invitation-only affairs. In this example, the supervisor articulated the conflict and invited the supervisee to participate in a values dialogue, assured the supervisee that the discussion process would be respectful and facilitative, kept focus on the specific concerning issues, and gave power to the supervisee to stop the process if needed. The result was that the experience of value conflict was normalized and the underlying history, thoughts, and emotions of the supervisee became accessible for productive supervision work. At the same time, it is important to note that there may be times when the value conflict is fostering a lack of empathy or otherwise risking client welfare in some manner.

Step 3: Determining appropriate recommendations for supervisees

> *I got a sense… about how entrenched you can get in your own judgment…. Just because you're the supervisor and you've been there longer doesn't mean you know it all, and being sure you're keeping that in mind. (McCarthy Veach et al., 2012, p. 217)*

The third step in the Farnsworth and Callahan (2013) model involves categorizing the value conflict (see Figure 1) to determine the most appropriate course of action. This process entails careful client monitoring and critical analysis of the value conflict's service implications. Supervisors should objectively examine evidence (e.g., session-by-session outcome tracking) to determine whether clinical services are being negatively impacted and responsively intervene. In addition to values discussion, supervisory interventions may include

role-plays, viewing relevant psychotherapy recordings, and study of targeted vignettes (to explore what it might be like to work with clients or supervisors who express values that conflict with their own). Next is an example of how a supervisor might appropriately introduce recommendations to a supervisee in a non-punitive manner:

Supervisor: I was able to watch some recordings of the client you mentioned you are having a hard time with. You've clearly done a wonderful job developing a strong therapeutic relationship with this client. I was a bit surprised that a good deal of the last session was spent discussing a need for the client to set boundaries with his parents. I recall in the first session he spoke pretty eloquently about how strongly he values having a close-knit family. Has he brought up concerns about them overstepping boundaries?

Supervisee: Well, not directly. I'm getting the sense that some of his self-esteem issues are related to him still residing with his parents and how much control they have over his life. He's 25, and he consults with them before making any important decisions!

Supervisor: I can certainly understand where you're coming from. A lot of 25-year-olds might be annoyed if their parents were still giving them advice all the time. However, for me it doesn't seem quite as atypical considering my own ethnic background; I come from a collectivist background. I'm thinking it would be really useful for us to do some consideration about his cultural background and how this might impact the value he places on things like autonomy versus connectedness. I could be off, but I felt like I noticed him growing quiet during the discussion about boundaries, and he's usually so talkative. What did you notice?

Supervisee: Huh. That's interesting. Now that I think about it, I guess I was doing most of the talking. I thought maybe he was just soaking it in. I see what you mean about that session process, but I really do feel like he's too enmeshed with his family.

Supervisor: So we have different reads on the situation, which is not uncommon in supervision. I'm wondering if it might be helpful to actively check in with the client in session about his feelings on the family issue so that we can make sure we aren't imposing our own values. That goes for me too. A discussion might offer some clarification and inform us about where to go next. I've even got some values clarification measures that could be helpful. Thoughts?

Supervisee: I guess I am just assuming that he values autonomy from his parents in the same way that I do. I do need more information, so a discussion would help.

Supervisor: That's great. You already seem to have a strong alliance, and my thought is that it will only help build the relationship. Would you be open to doing a role-play in supervision today about introducing a values-based discussion? Also, I'll make a note to send you some articles about working with clients from a collectivist background. Some past supervisees have described them as being helpful reads.

Supervisee: I'd appreciate that. I've never discussed values in therapy, so let's do a trial run.

In contrast to this productive supervisory exchange, there may be occurrences when supervisees raise concerns about their ability to work effectively with a supervisor due to a supervisee-supervisor value conflict. For example, a female supervisee may find it difficult to work with a supervisor who tells her that training too many women will drive down the value of the profession. To determine if the value conflict merits a change in supervisor, it is imperative that supervisee and supervisor participate in an honest and thorough value-conflict examination. We reiterate for emphasis that supervision in a trusting, nonjudgmental context is an invaluable resource for helping supervisees engage in such self-exploration. Supervisees may also benefit from personal psychotherapy to explore issues (e.g., identity concerns) that they do not feel comfortable exploring within supervision. It is recommended that training programs encourage all supervisees to seek personal psychotherapy as a tool for experiential learning and developmental growth from the onset of training to reduce the likelihood that such a recommendation might be perceived to be punitive or stigmatizing. Where change in supervisor based on value conflict is deemed necessary, supervisees should still be encouraged to engage in values work once the new supervisor takes over. If a supervisee attempts to avoid this aspect of training, a critical opportunity for competency development may be missed.

It is also important to note that in instances where the supervisee's handling of value conflict is clearly negatively impacting the client's well-being, supervisors have the responsibility to note this to the supervisee and offer suggestions for how to mitigate harm and improve competency in this area (see Farnsworth & Callahan [2013] for additional details). If a decision is made to refer a client due to an issue of competency and/or a preemptive value conflict, the supervisor's responsibility is to remain supportive of the supervisee and assist in the referral process. Because assisting supervisees with value conflicts is challenging, we recommend that supervisors remain mindful of seeking consultation from experienced colleagues in such cases. Consultation that provides a sufficient contrast with supervisors' personal values and perspectives can be helpful,

exposing possible instances of confirmation bias. Consultants who align with the supervisee's perspective can also be especially helpful. Finally, supervisors are not impervious to the effects of bias and may need to engage in their own personal values exploration and examination in order to provide effective supervision. In addition, we encourage programs to reflect on what resources and educational opportunities they are offering to supervisors to facilitate continued growth and development in these areas. McCarthy Veach and colleagues (2012) noted that most of the supervisors participating in their study reported receiving only informal training on value conflicts, with some reporting no training in this area. These findings suggest that this remains a training gap that needs to be addressed by the field.

Unfortunately, when supervisors lack insight or willingness to address these issues, supervisees may not be adequately allowed to discuss value conflicts in supervision. When supervisees are not given adequate opportunity to address the conflict with their supervisor, it is suggested that they seek guidance from another member of the program, such as a research advisor or program ombudsman. Unfortunately, it is possible a student may still understandably fear possible negative consequences and not feel empowered to use these routes. As a final option, where a supervisee-supervisor value conflict is impeding the supervisory process, the program should find the supervisee an alternative supervisor.[4] Similar to a client referral, a decision to transfer supervisees to a new supervisor should not be made without thorough consideration of the possible impact on client care and supervisee development. Ideally, programs will have multiple experienced supervisors/faculty available to discuss the pros and cons of such a decision before taking action.

Revisited: The importance of the supervisory relationship for addressing value conflict

Conflicts in the supervision process are inevitable, naturally occurring phenomena: Because supervisees are expected to be simultaneously open to feedback, take risks, and be vulnerable, the supervisory situation "can be rife with the potential for conflict" (Wade & Jones, 2015, p. 161). Not surprisingly, reports about counterproductive supervision experiences and their negative consequences have persisted for decades (e.g., Ellis, Berger, Hanus, Swords, & Siembor, 2014). Numerous studies and clinical accounts have also affirmed that conflicts and negative experiences contribute to supervisee withdrawal and non-disclosure in supervision and can lead to supervisory alliance ruptures (Knox, 2015; Watkins, Reyna, Ramos, & Hook, 2015). McCarthy Veach and colleagues (2012) identified worldview differences (involving cultural, political, and religious differences) and power differentials (dealing with the inherent power-disproportionate nature of the supervision relationship) as common situations that give rise to supervision value conflicts (e.g., *Ward v. Wilbanks*).

Although it may be tempting to simply avoid the potential for adverse outcomes by not addressing supervisee-supervisor conflict, ignoring value conflicts is ineffective (McCarthy Veach et al., 2012). Instead, McCarthy Veach and colleagues (2012) have advocated that supervisors develop strong supervisor-supervisee working alliances and, thereby, make discussion about each other's values a less threatening possibility. Core clinical skills such as unconditional positive regard for the supervisee, empathy and perspective taking, and exploration of the supervisee's values and cultural background are essential elements of building such an alliance.

Another factor contributing to this challenge may be the emotionally charged nature of value conflicts. For example, Haidt and Kesebir (2010) argued that political liberals' and conservatives' judgments of morality tend to be automatic, gut feelings that are based on moral intuition instead of deliberative reasoning. Thus, when a supervisee and supervisor differ in value judgments, particularly moral ones, it may be difficult for either to meaningfully participate in a deliberative, reasoned dialogue on the issue. Such intuitive processes might have contributed to the apparent breakdown in communication in the *Ward v. Wilbanks* case, where the court noted that the training program's review was "not a model of dispassion" (*Ward v. Polite*, 2012, p. 11). Similarly, strong discussion around conscience clause legislation has occurred, with some questioning whether personal values render some supervisees a priori unsuitable for practice (Plante, 2014). Supervisees with conservative and/or religious values are perhaps more likely than ever to be acutely aware of the potentially negative implications of expressing a value conflict with their supervisor. Supervisors are thus strongly encouraged to be aware of, acknowledge, and regulate their own moral and emotional reactions as they help supervisees address values conflicts.

For example, emotionally charged language, derogatory labels, and black-and-white thinking by supervisors and program directors (within or outside of supervision meetings) may unintentionally alienate supervisees and foreclose opportunities for their personal and professional growth (Hathaway, 2014). One way this might manifest is implying that supervisees from socially conservative value traditions are not fit for the counseling professions. How could supervisees be expected to improve in their ability to honor client values when they feel they are not afforded the same treatment by their supervisors? As Hathaway (2014) aptly indicated, "We simply do not have at present a scientific basis to warrant treating students (or applicants) with conventional religious convictions on these matters as ipso facto impaired in their potential to work with clients across value divides" (p. 99). We maintain that identifying supervisees with socially conservative views as unfit for practice not only unfairly marginalizes the worldview from which they operate (and by extension clients who likewise hold these worldviews); it also implicitly casts the values of more liberal professionals as superior to those of their more conservative peers. The argument for restricting

entrance into the profession on the claim that value conflicts threaten diversity lacks substantive foundation and is self-defeating (i.e., in the name of tolerance, it marginalizes dissonant perspectives).

It is true that supervisees, given their developmental level, will often require additional supervision and training to develop self-awareness and multicultural competency. However, supervisors should not assume that additional values work (e.g., exploring, categorizing, and taking steps to protect the client) is necessary for a supervisee simply because the supervisee holds personal values that conflict with a client and/or the supervisor.[5] For example, a clinician who has expressed strong personal pro-life beliefs may also remain mindful of her or his value of being a loving, nonjudgmental Christian when working with a client seeking an abortion; thus, some clinicians are certainly able to find ways to manage conflicting personal and professional values without supervisor/program intervention.

Accordingly, we caution that the developmental assumption of our model (value conflicts as a normative part of clinician development) should not be used as a pretext that supervisees, given sufficient time and more training exposure, will adopt what a supervisor may personally consider as the "correct" side of a value conflict. The developmental argument is impartial and recognizes that supervisees can move toward either the more liberal or conservative side of the values continuum. Although becoming increasingly conservative tends to be far less likely in our experience, it remains a viable values position that some supervisees choose and deserves to be honored as such. Likewise, just as conservative-minded supervisees can have value conflicts with some clients, such as where issues of sexual orientation are concerned, liberal-minded supervisees can similarly have value conflicts in working with conservative-minded clients (e.g., when an atheist counsels Christians or Muslims). Supervisors thus need to recognize and communicate in supervision that value conflicts in training are not solely matters of liberal or conservative perspective, and therefore can apply to all supervisees.

Conclusions

Supervision value conflicts inevitably occur, but existing supervision literature provides little guidance on navigating such challenges. Given supervision's central role in clinical training, we highlight the importance of supervisors proactively addressing value conflicts in a developmentally appropriate manner, while closely monitoring the impact of supervisor-supervisee value conflicts on client outcomes. Paralleling the Farnsworth and Callahan (2013) model, a Detect-Articulate-Respond framework for addressing supervision value conflicts has been proposed: Supervisors are encouraged to maintain a stance of acceptance and respect toward

supervisees, while also emphasizing the need for supervisees to participate in values exploration and examination work with an open and willing mind. The proposed framework should be applied consistently, regardless of values being considered, to ensure fair treatment of supervisees. It is hoped that, in doing so, this framework will also reduce the risk for litigation against training programs by providing a clear pathway for effective conflict resolution.

Training programs would benefit from supervisors and supervisees engaging in active discussions about the types of issues and recommendations outlined in the present model. Program leaders may wish to carve out protected time in faculty meetings, group supervision, and multicultural coursework/training to ensure adequate exploration and understanding of this complex topic. Our hope is that ongoing discussion within training programs will spark inventive ideas and approaches to build upon the existing model and extant research. Finally, research assessing the effectiveness of the present model for both individual and group supervision and to better understand the relationship between supervisor-supervisee value conflicts and clinical/training outcomes may be a beneficial step toward improving the ability of supervisors to effectively address value conflicts in supervision. Qualitative data from supervisors trained in the framework could provide useful insight into the accessibility and applicability of the present model. In addition, future research examining the clinical application of the model would benefit from the inclusion of outcome variables assessing both the clients' and supervisees' perspectives.

Notes

1. Quotation excerpts from McCarthy Veach and colleagues (2012) are verbatim responses provided by 17 clinical supervisors participating in their study's focus groups exploring value conflicts in supervision.
2. Values are not to be confused with prejudice and discrimination, which are uniformly unprofessional and harmful to clients (American Psychological Association [APA], 2010).
3. Consideration of client-supervisor value conflicts is largely unconsidered herein so that we may focus on the complexities of supervisee-supervisor dyads in conflict. However, in our opinion, the original Farnsworth and Callahan (2013) model is applicable and transferable to navigating client-supervisor conflict in essentially the same manner as client-supervisee conflicts.
4. To some extent this resembles the Farnsworth and Callahan (2013) model in that a supervisory referral is being made because the supervisor is not demonstrating sufficient competence to assist the supervisee.
5. It is important to note that there are certain practices (e.g., conversion therapy, imposing personal values on clients) that the American Psychological Association has clearly identified as unethical.

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