Association for Spiritual, Ethical, & Religious Values in Counseling

INTERACTION

President's Welcome

"stronger in community with each other"

Dear ASERVIC members and guests,

Welcome! We are so glad you have found your way to this page.

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) has existed since 1951 as a division within the American Counseling Association (ACA). We are devoted to the pursuit of understanding how to integrate religion and spirituality into counseling, acknowledging that this pursuit includes working with a vast range of beliefs, values, and practices that people draw upon to encounter deeper meaning and divine guidance in their lives. We believe in the sanctity of religion and spirituality as a pathway to healing, and as an important component of cultural competency in counseling.

At ASERVIC, we hold a pluralistic respect for all religions and forms of spirituality. One aim as an organization is to provide resources, training, guidance, and research to fill in gaps in training, as many counselor training programs do not have specific course content in spiritual and religious integration. ASERVIC has been a leader in developing Spiritual and Religious Competencies, and we have a committee currently working on revising these competencies based on research-based knowledge and insight.

Our journal, Counseling & Values, contains the latest research in the field and fills an important role in publishing articles focused on spiritual and religious integration, as well as consideration of ethics and values in the counseling process. Additionally, we provide webinars throughout the year, and aim to have an annual conference each summer. In this way, ASERVIC strives to provide rich content and valuable training for both members and nonmembers. We hope you will check out some of this work!

We also have an amazing team of elected board members , who are passionate about this work and who bring their diverse experiences and expertise to leadership. In addition to the leadership team, we rely on the involvement of our members! We would love to find ways to include you on a committee if you have the interest and the time to serve in this way. We also welcome ACA members to join us on ACA Connect , an online discussion board that allows us to send out messages and lets members engage with each other. We believe that we are stronger in community with each other and welcome you to connect in meaningful ways within the organization.

We are so glad you are here and hope you will consider ways to get involved in the many exciting things ASERVIC is doing!

In Community,

Hannah Bayne, PhD, LPC
ASERVIC President 2023 – 2024
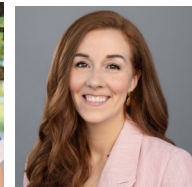
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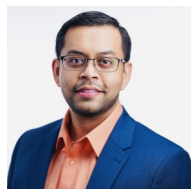Treasurer

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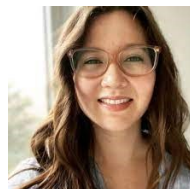Board Member

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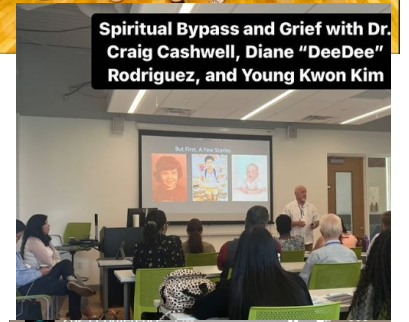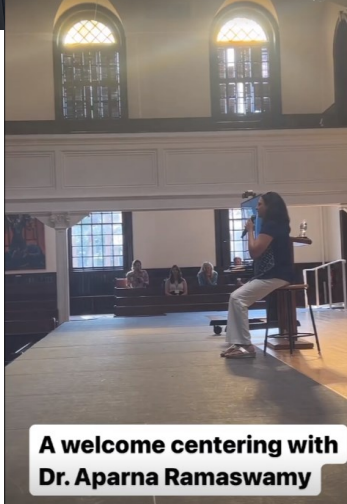
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Highlights ASERVIC Conference 2023

New ASERVIC President Hannah Bayne
presenting on
Religious Values Conflict Resolution Styles

Religious Values in Counseling

Such awesome poster sessions today!

drzsays

@ASERVIC_ACA

SPIRITUALITY AS A PATH TO TRAUMA RECOVERY AND GROWTH

@KATNESSBADASSIN

#ASERVIC2023CONFERENCE

Members of the ASERVIC Board

Dr. Lisa Miller
Spirituality Mind Body Institute
Columbia University

Thrilled to have Dr. Lisa Miller!
@dr.lisamiller

Spiritual Bypass and Grief with Dr. Craig Cashwell, Diane "DeeDee" Rodriguez, and Young Kwon Kim

But First, A New Stories

We were so lucky to have had some amazing volunteers!

One of ASERVIC's 2023 Research Award recipient

Colleen Grunhaus

Congrat
Colleen

Thank you, Tom, Caroline, and Catherine!

A welcome centering with Dr. Aparna Ramaswamy

members of the ASERVIC Board, beginning July 1!

ASERVIC Grad Students' Social
raffle winner
Alonzo Turner!

the art of ethical spiritual integration

FROM AMATEUR TO ARTIST
LEARNING THE ART OF ETHICAL SPIRITUAL INTEGRATION

Melissa Ostrander, Ph.D., LCMHC, LMHC, NCC
Christopher Ostrander, Ph.D., LCMHC, LMHC,
LPC, NCC

ASERVIC Grad Students' Social!

ASERVIC Presidents (past and president-elect!)

STETSON UNIVERSITY

ASERVIC Competencies Revision Update

Drs. Janeé Avent Harris and Craig Cashwell

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New Member Spotlight

What drew you to membership in ASERVIC ?

I am a second-year doctoral student in Counselor Education and Supervision at Ohio University and a Licensed Professional Counselor in Ohio. Recently, I heard Lisa Miller on the Rich Roll podcast, and I was so moved that I read her book, The Awakened Brain. She reinforced my thoughts about using spirituality in counseling, so I started looking for a counseling organization that was into spirituality. My program chair, Dr. Christine Bhat, mentioned ASERVIC to me, and I was so happy to find an ACA division devoted to spirituality.

Sunder Singhani

## How did you get here? What is your spiritual story?

I was born as a Hindu in India. However, my upbringing was more spiritual than religious due to my parent's involvement with a spiritual mission. I learned a lot from the spiritual leader of this mission, including meditation. I was a seeker from a young age, trying to answer existential questions like – who am I, and what's my purpose on this planet?

After immigrating to the USA and spending about 30 years working in the software industry in the Northeast, I had a midlife reset, and the universe guided me to the counseling field, so here I am. The teachers who have inspired me on this spiritual journey are - Anita Moorjani, Brian Weiss, Wayne Dyer, Eckhart Tolle, Ram Dass, Richard Bach, and Sharon Salzberg. I am also a fan of mindfulness and Buddhist philosophy, which led me to become an MBSR teacher.

How do you see yourself working with ASERVIC?

I have much to learn about the work that ASERVIC has done so far, especially related to spirituality in counseling. As a counselor and a future counselor educator, I would like to explore ways in which spirituality can be infused into counseling and then educate my students to use it in an ethical and culturally sensitive manner. To that end, I would like to collaborate with ASERVIC members to further the knowledge related to spirituality in counseling. I am also open to other possibilities of working with ASERVIC.

New Member Spotlight
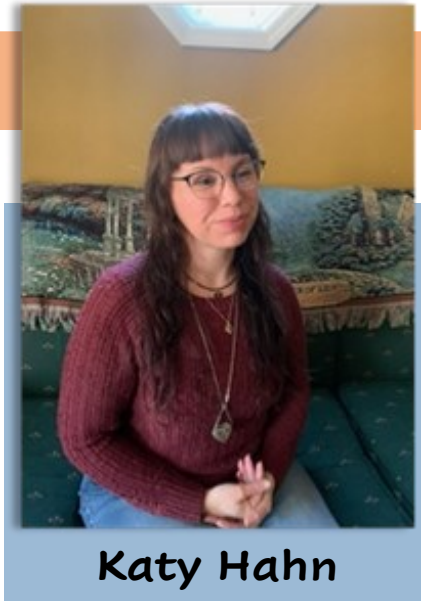
What drew you to membership in ASERVIC ?

Katy Hahn

Becoming a counselor has been something that I have wanted to do since my teenage years. Now, in my mid-30s I am very happy to rekindle that desire. With life's ups and downs, my devotion and faith have remained a constant reminder that everything will work out. As I begin my studies in clinical mental health and school counseling, I am being supported by a firm foundation in faith and spirituality.

How did you get here? What is your spiritual story?

As a child I joined my grandparents every Sunday at church. Initially, we attended a Baptist church, then a nondenominational church where I became active in youth groups. I stopped attending church at 16 when I started working, however I continued to study on my own. My spiritual path deepened as I explored ways to connect spiritually to the world around me. I also noted a trend in my personal mental health. Being and staying connected spiritually lifted me out of depression, decreased my anxiety, and helped me to remain optimistic.

How do you see yourself working with ASERVIC?

After discovering I am the host to a rare disease, I began to meditate as a way of managing my health. Through meditation I noticed a connection between my spiritual and physical self. What drew me to ASERVIC is my own beliefs and experiences connecting spirituality to mental health. This is the guiding force of my studies and something that I believe needs more attention in modern times. With the current state of the world and society, mental health is becoming more of a struggle for many. I want to work with ASERVIC to publish works, speak at assemblies and conferences, and do everything I can to help people find their own autonomous paths to better mental health.

Support for Counselors at Christian Colleges and Universities

Michelle August and Rob McKinney
Department of Counselor Education, Gonzaga University

Nearly **22%** of postsecondary institutions are religiously affiliated (National Center for Education Statistics, 2021).

Many of these institutions employ counselors to meet the critical need for mental health services among students (Huiskes, 2021). A Christian College or University (CCU) counselor does many tasks of a typical counselor (e.g., individual counseling, group counseling, educational/programmatic planning, career work; Van Brunt & ACCA, 2010). On top of these demands, CCU counselors might assist students through spiritual formation, as well as offer spiritual guidance related to academic, professional, and/or personal concerns. Underlying all of these tasks may be the requirement for CCU counselors to regularly model Christ-like behavior (Frawley, 2014).

On-campus counselors are of critical importance to students at CCUs, who have been shown to utilize counseling services at a higher rate than their non-religious institution counterparts (Fowler, 2022). As of fall 2019, over 1.8 million students were enrolled at a religiously affiliated institution (NCES, 2021). Primary concerns among college-aged students include anxiety (Blanco et al., 2008) and depression (Eisenberg et al., 2013). College students also reported concerns related to suicide (Downs & Eisenberg, 2012), disordered eating (Eisenberg et al., 2011), and an increased use of alcohol and illicit drugs (SAMHSA, 2013). Counselors at CCUs should also be prepared for additional considerations, such as students struggling to integrate their biblical worldview with their current mental health concerns (Kinghorn, 2015). Some students may over-emphasize spiritual health while neglecting mental health (Dinse et al., 2022). Others may feel a pressure to become engaged or even married before graduation (Keogh George, 2016). More extensively, there can be stigma within some Christian environments around counseling (Lifeway, 2014).

The ACA division of ASERVIC provides helpful considerations for this work. Their mission statement empowers counseling professionals to "competently integrate spiritual, ethic, and religious values into our work with clients" (ASERVIC, n.d.). Counselors at CCUs can enact this powerful declaration in a variety of ways. While traditional counseling theories (e.g., CBT, SFBT, etc.) and techniques can be used for student concerns, ASERVIC competencies note that counselors can modify elements to include a religious perspective (ASERVIC, n.d.). Illustratively, CCU counselors could integrate faith-based elements into their work (Wichterman, 2017), such as prayer, scripture, or devotional practices.

Counselors must seek to understand students' beliefs as a critical piece of their worldview that can impact psychosocial functioning (ASERVIC, n.d.). CCU counselors need to recognize students' religious development and respond to religious conversations with sensitivity (ASERVIC, n.d.). Incorporating such elements from the intake through termination is essential. Working in these ways aligns with the ASERVIC mission statement—seeing worth in the spiritual and religious beliefs of a person and intentionally integrating this mission throughout the counseling process.

Needed Support

CCU counselors need support to complete this work. Partial support can come from the system in which CCU counselors work, as CCUs can increase mental health resources, educate faculty and staff about student mental health needs, destigmatize counseling, and work with student leadership to create conversations around mental health (Shaler et al., 2020). Other support comes through advocacy. Counselors have a professional responsibility to advocate on behalf of their   clients to reduce potential access barriers at various systemic levels (ACA, 2014). When counselors at CCUs advocate for their institutions to implement more mental health resources, they are advocating for themselves and the professional support they need to meet the increasing student demand.

Other supports can be more internally focused. While CCU counselors may often talk with their student-clients about self-care and wellness, these ideas are equally important for counselors (Thomas & Morris, 2017). Therefore, CCU counselors need to know, make time for, and engage in effective self-care. Counselors should maintain active exploration of their own beliefs and values (ASERVIC, n.d.). This critical engagement of self-awareness (Skovholt & Trotter-Mathison, 2011) will allow counselors to work from a more congruent stance as they meet the needs of their students. Additionally, counselors do not have to work alone. Counselors should be consulting, seeking supervision, and referring clients to religious and spiritual leaders when appropriate (ASERVIC, n.d.).

Conclusion

CCU counselors are an invaluable resource to their students, colleagues, and institutions. As the need for counseling increases among emerging adults, CCU counselors need support to effectively meet the ever-growing list of mental health concerns students bring to counseling. To bolster their work, essential documents (e.g., ethical codes, competencies, etc.), as well as divisions like ASERVIC and their mission statement, provide CCU counselors with a pathway toward providing effective care.

Author Note
Correspondence for this submission should be directed to the first author, Michelle August, current M.A. graduate student in Clinical Mental Health Counseling at Gonzaga University: mcoria@zagmail.gonzaga.edu.

References

American Counseling Association. (2014). *ACA code of ethics.* https://www.counseling.org/resources/aca-code-of-ethics.pdf

Association for Spiritual, Ethical, and Religious Values in Counseling. (n.d.). *Competencies for addressing spiritual and religious issues in counseling.* https://aservic.org/spiritual-and-religious-competencies/

Blanco, C., Okuda, M., Wright, C., Hasin, D., Grant, B., Liu, S., & Olfson, M. (2008). Mental health of college students and their non-college-attending peers: Results from the national epidemiologic study on alcohol and related conditions. *Arch Gen Psychiatry. 65*(12), 1429–37.

Dinse, L., Weaver, S., Gehman, V., Esh, N., & Koeshartono, Valerie. (2022). Perception of mental health on Christian college campuses: A case study. *Social Work & Christianity, 49*(2), 164–180. https://doi.org/10.34043/swc.v49i2.238

Downs, M.F., & Eisenberg D. (2012). Help seeking and treatment use among suicidal college students. *Journal of American College Health. 60*(2), 104–114. https://doi.org/10.1080/07448481.2011.619611

Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: Variation across student subgroups and across campuses. *Journal of Nervous Mental Disorder, 201*(1), 60–7.

Eisenberg, D., Nicklett, E. J., Roeder, K., & Kirz, N. E. (2011). Eating disorder symptoms among college students: Prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health. 59*(8), 700–707. https://doi.org/10.1080/07448481.2010.546461

Fowler, M. (2022, July 21). *At religious schools, Gen Z students are breaking mental health stigmas.* Christianity Today. https://www.christianitytoday.com/news/2022/july/gen-z-mental-health-christian-college-school-counseling-sur.html

Frawley, R. (2014). The impact of leadership on the role and mission of a Christian college. *Journal of Applied Christian Leadership. 8*(2), 34-48. https://digitalcommons.andrews.edu/cgi/viewcontent.cgi?article=1230&context=jacl

Huiskes, H. (2021, December 17). *It takes a campus: Pandemic expands mental health resources at Christian colleges.* Christianity Today. https://www.christianitytoday.com/news/2021/december/christian-college-mental-health-counseling-pandemic-demand.html

Kinghorn, W. A. (2015) American Christian engagement with mental health and mental illness. *Psychiatric services (Washington, D.C.), 67*(1), 107–110. https://doi.org/10.1176/appi.ps.201400542

Keogh George, S. (2016). *Beyond the "ring by spring" culture. The Institute for Faith and Learning at Baylor University.* https://www.baylor.edu/content/services/document.php/277020.pdf

Lifeway Research. (2014). *Study of acute mental illness and Christian faith.* http://research.lifeway.com/wp-content/uploads/2014/09/Acute-Mental-Illness-and-Christian-Faith-Research-Report-1.pdf

National Center for Education Statistics. (2021, February). *Fall enrollment and number of degree-granting postsecondary institutions by control and religious affiliation of institution: Selected years, 1980 through 2019.* U.S. Department of Education. https://nces.ed.gov/programs/digest/d20/tables/dt20_303.90.asp

Shaler, L., Goss-Reaves, L., Boatner, J., Johnson, S., & Atkins, K. (2020). Experiences of college sophomores' utilization of counseling services at a faith based university. *The Qualitative Report, 25*(11), 3778-3793. https://doi.org/10.46743/2160-3715/2020.4558

Skovholt, T. M., & Trotter-Mathison, M. J. (2011). *Resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals (2nd Ed).* Routledge.

Substance Abuse and Mental Health Services Administration (2013). *Results from 2012 national survey on drug use and health: Summary of national findings.* U.S. Department of Health and Human Services Administration. https://www.samhsa.gov/data/sites/default/files/NSDUHresults2012NSDUHresults2012.pdf

Thomas, D. A., & Morris, M. H. (2017). Creative counselor self-care. *Vistas Online.* https://www.counseling.org/docs/default-source/vistas/creative-counselor-self-care.pdf?sfvrsn=4#:~:text=Because%20counselors%20absorb%20and%20hold,compassion%20fatigue%2C%20and%20vicarious%20trauma

Van Brunt, B., & ACCA PAPA Committee. (2010). *The preparation and role of college counselors (ACAPCD-36).* American Counseling Association. https://www.counseling.org/resources/library/ACA%20Digests/ACAPCD-36.pdf

Wichterman, A. (2017). *What is a Christian counselor: A CCU professor's perspective.* Colorado Christian University. https://www.ccu.edu/blogs/cags/2017/08/what-is-a-christian-counselor-a-ccu-professors-perspective/

Association for Spiritual, Ethical, and Religious Values in Counseling

Webinar Offering
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2/14/2024
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With Dr. Rick Balkin
Ph.D., LPC, NCC

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Questions: Kailey Bradley at kailey@allrefuge.com; *Link will be active for 30 days after the live even*t

Tradeoffs, Blurs, Conflicts, and Threats: Refining Ethical Concepts in Counseling

Before anyone can legally drive in the United States, they have to learn the rules of the road. Along the way, they are introduced to key concepts that help them to classify various types of hazards, risks, or dangers that they might encounter behind the wheel, along with the best ways to mitigate those risks. The field of mental health counseling does something similar—or, at least, it tries to. Like beginning drivers, beginning counselors are introduced to a wide range of theories, terms, techniques, norms, and practices that help them to operate the vehicle under ordinary circumstances. But when they learn how to keep themselves and their passengers safe while navigating unforeseen difficulties, all of that complexity falls away and everything centers on a single concept, namely, the ethical dilemma. Indeed, one recent ethics textbook explicitly defines an ethical dilemma in counseling as any situation whatsoever that causes ethics-related consternation or confusion in a counselor (Cottone et al., 2022).

Imagine if drivers were not trained to respond to individual problems (low visibility, slippery road surfaces, mechanical instability, wild animals in the road, etc.) but rather learned to consider everything a "driving dilemma," complete with one or more ostensibly comprehensive "driving dilemma decision-making models." No matter how useful the concept of a dilemma may be, it cannot reasonably bear this much weight. Just as responsible drivers benefit from being able to refer to a detailed list of specific dangers, counselors of all stripes (students, clinicians, supervisors, educators, and researchers) would benefit from having a more refined ethical vocabulary.

Indeed, defining the shape of a dilemma is a common early step in ethical decision-making models (Cottone & Claus, 2000). For example, the authors of the American Counseling Association's (ACA) Guide to Ethical Decision Making instruct practitioners to ascertain the "nature and dimensions" of any dilemmas they face (Forester-Miller & Davis, 2016). Helpfully, one class of dilemma is already starting to emerge in the literature based on a shared set of ethical factors. This class, the value-based conflict (Ametrano, 2014; Grunhaus et al., 2018; Kocet & Herlihy, 2014; Roberts, 2021), occurs when a counselor's cultural values run counter to their clients' in such a way as to interfere with the counseling process. Elsewhere, the ACA's Guide describes a second class of dilemma, in which multiple ethical principles compete with each other, thereby forcing a practitioner to prioritize one over another (Forester-Miller & Davis). By recognizing ethically relevant patterns such as these, several counseling scholars have published issue-specific ethical decision-making models (e.g., Frame & Williams, 2011; Ling & Hauck, 2017; Luke et al., 2013a) to support counselors' ethical practice.

To help it advance, we offer representative examples of dilemmas, noting which features they share and which they do not; contextualize those cases via a brief review of the literature on ethical dilemmas; and then propose a division of ethical hazards which breaks down dilemmas into four categories. Those categories include tradeoffs, in which multiple accepted ethical values are in conflict with one another; blurs, in which it is easy to identify the relevant ethical value but difficult to know whether the scenario in question violates or does not violate that value; conflicts, in which the ethical course of action is clear but requires a counselor to make decisions that run contrary to their personal way of life; and threats, in which a counselor has been implicitly or explicitly warned not to act ethically by a manager, supervisor, or some other power-wielding authority figure. Finally, we use these new concepts to propose new directions for research, education, and advocacy.

A Dilemma Variety Pack, Featuring Pat, Rosa, Camille, and Megz

Below are four sample ethical dilemmas which have been adapted from articles in Counseling and Values, Counselor Education and Supervision, Journal of Social Work Values & Ethics, and American Journal of Dance Therapy. The counselors in these examples are Pat, Rosa, Camille, and Megz.

Pat, an early-career counselor who works at a mental health agency, has run into an ethical quandary: their supervisor has told them to do things that are blatantly unethical. From falsifying client records to changing diagnoses for the express purpose of making more money from insurance companies, Pat's supervisor's instructions have been both totally unambiguous and totally unjustifiable. Yet, for fear of losing their job, Pat does not feel as though they have any choice but to obey. This feeling of powerlessness makes Pat's workplace feel unsafe, and they are worried about their ability to stay in the field (adapted from Burkholder et al., 2020).

A school counselor named Rosa has a problem. One of her students, Natasha, has asked for information about abortion, but Rosa herself is a staunch Catholic who is morally opposed to abortion. Though Rosa knows that she is ethically bound to support Natasha's autonomous decision-making, she also does not want to promote a practice that she considers a sin (adapted from Luke et al., 2013b).

When Camille leaves her agency at the end of the day, she discovers that one of her car tires is flat. A client of one of her colleagues notices and offers to help. Camille herself has no ready alternative, but she worries that accepting help from a coworker's client may unethically alter that client's relationship to the agency (adapted from Pawlukewicz & Ondrus, 2013).

After discovering that their client, Juan, has been experiencing tactile, visual, and auditory hallucinations, Megz finds themselves in a tricky situation. Juan has already explained that he does not trust the medical establishment, which includes most of Megz's colleagues at the hospital at which they work. Moreover, his cultural background is inclusive of supernatural occurrences such as the ones he describes. As such, Megz feels as though Juan's case is a jumble of opposing principles. They believe that section E.5.a (proper diagnosis) of the American Counseling Association's Code of Ethics (2014) requires them to diagnose Juan with schizophrenia even though section E.5.b (cultural sensitivity) opposes such a diagnosis on cultural grounds. Also, even though section E.5.d seems to allow Megz to keep Juan's diagnosis to herself, Megz has obligations to disclose Juan's symptoms to their employer (D.1.g) and colleagues (D.1.d). Finally, they worry that describing Juan's experiences as disordered would harm the therapeutic relationship and potentially even cause him to terminate counseling altogether, thereby exposing him to a greater risk of harm and violating the duty to promote his welfare as laid out in section A.1.a (adapted from Roberts, 2021).

While these situations are all labeled ethical dilemmas and all feature counselors who are struggling with ethics in a broad sense, the details make each case distinct. Yet there are some ways to link them together so as to form useful points of comparison and contrast. Pat, Camille, and Megz face dilemmas which revolve around professionally and/or legally accepted ethical norms or principles, such as client confidentiality, cultural sensitivity, and mandated reporting. On the other hand, Rosa's dilemma exists precisely because she wants to place her own personal values above the ethical guidelines of her field. Another difference is that Rosa, Camille, and Megz are concerned about responding appropriately to clients, while Pat's struggles are focused on their fellow professionals

From another point of view, Camille's and Megz's cases are similar in that they would readily choose the most ethical course of action, if only they knew what it was. In Camille's case, the relevant ethical precept is easy to name: she is worried about maintaining appropriate professional boundaries. But the proper application of this ethical concept is ambiguous in her particular circumstances. For Megz, the situation is reversed: for them, ambiguity arises not in applying an ethical norm but in the act of identifying the operative ethical norms to begin with. But unlike Camille and Megz, Pat and Rosa seem to have an idea of what they are ethically obliged to do. As such, giving them more information may not help. Instead, they need the motivation and the maturity to do the right thing.

Pattern-Hunting in The Literature

Tradeoffs

All of these factors point to a need to develop narrower and more precise descriptions of various ethical dilemmas. Happily, scholars have provided a slew of real or imagined scenarios that they describe as ethical dilemmas, which gives us a large amount of material with which to work. Many ethical dilemmas in the literature follow the oft-cited pattern laid out by Kitchener and Anderson (2011) in which a counselor faces tradeoffs between accepted values or principles such as beneficence, fidelity, and autonomy. For example, when clients plan to pursue careers for which counselors believe they are not well suited, those

counselors have to choose between upholding the client's autonomy while failing to promote their best interests or vice versa (Cardoso et al., 2012). This is also the nature of Megz's dilemma, in that Megz was pulled in different directions by different ethical factors. Other examples pit justice against client welfare (Roberts, 2021; Sadeghi et al., 2003), confidentiality against the duty to warn (Foster & Black, 2007; Joe, 2018), and beneficence against autonomy (Tarvydas et al., 2017).

In short, tradeoffs occur when all of a counselor's choices come with significant ethical costs. When this happens, counselors have no choice but to pursue an ethically imperfect course of action while trying to mitigate the damage as best they can. However, every step of that process is difficult: it is difficult to know which flawed choice is best, it is difficult to embark upon a plan that has known flaws, and it is difficult to assess and minimize ethical harms in real time as the plan unfolds.

Blurs

Approaching ethical dilemmas from a different direction, Corey et al. (2005) describes cases involving confidentiality and the limits of the counselor/client relationship. Pawlukewicz and Ondrus (2013) echo these concerns and extend them even further by presenting several fictional vignettes centered on minor social interactions that may or may not violate established ethical norms, such as greeting one's client in a public space. Indeed, privacy (Johnson & Purgason, 2021; Ling & Hauck, 2017; Seehusen et al., 2020; Tarvydas et al., 2017; Warfield et al., 2013) and dual relationships (Bodenhorn, 2006; Burkholder et al., 2020; Ling & Hauck, 2017; Willow et al., 2018) are popular topics in the literature on ethical dilemmas, in part because there are so many real-life cases in which it is not feasible to achieve absolute confidentiality or the absolute lack of conflicted interests. Nor are those the only two ethical precepts that fall into this category: Camille's dilemma belongs here, and Johnson et al. (2021) report that counselors who work on cross-functional teams in hospital settings sometimes struggle to identify the limits of their scope of practice.

These scenarios show that ethical boundaries are not drawn with bright, sharp lines. To the contrary, all ethical concepts are blurry at the edges, making it difficult at times to know which actions are permissible, which are impermissible, and which are obligatory.

Conflicts

Elsewhere, Grunhas et al. (2018) examine a fictional ethical dilemma in which a Christian counselor struggles to provide the proper support to a client who seeks services that go against Christian teachings—a description that also fits Rosa's case. Kocet and Herlihy (2014) and Romig et al. (2018) reverse that formula by considering relatively secular counselors whose values jeopardize their ability to support relatively religious clients. Another article (Sadeghi et al., 2003) shows that counselor/client value conflicts need not center on religion, instead citing tensions between cultural values that are scientific (counselor) rather than traditional (client) and individualistic (counselor) as opposed to familial, role-based, or collectivistic (client). Counselors' personal values can also conflict with their legal obligations, as in Levitt et al.'s (2020) real-life case of a clinician who disputes the ethics of mandated reporting of potential child abuse.

In cases like these, the counselors in question already know what is expected of them. If asked to evaluate the situation from a neutral or third-party perspective, they would give the ethical answer. But because their personal morals conflict with the relevant ethical guidelines, they resist acting on their knowledge.

Threats

Still another category centers on workplace power imbalances that may frighten or intimidate counselors. When counselors interact with students, clients, supervisees, and research subjects, they have most of the power. But when they interact with managers, employers, funding agencies, supervisors, and other authorities, the power differential is reversed. This is the type of dilemma that Pat faced, and it appears elsewhere in the literature as well. Sadeghi et al. (2003) give the example of counselors whose agencies require the use of assessments that may not be culturally appropriate for all clients; Cardoso et al. (2012) describe counselors who believe that their employers' caseload policies are harmful to clients; and, according to Daniels (2001), many counselors are ethically opposed to the very idea of the managed care systems inside which they work.

In these conditions, counselors often face career-related threats if they refuse to follow policies or instructions that are unethical. These threats may be explicit or implicit. They may be financial, emotional, or reputational in nature. Whatever the details may be, a counselor's fear is the active ingredient in all ethical threats, whether it be a fear of reprisals, a fear of harming their colleagues, or the simple fear of opposing and thus separating themselves from a social group to which they want to belong.

Populating the Ethical Zoo

Thus, we see that the concept of an ethical dilemma does not describe a specific animal but rather names a genus that contains at least four different species, each of which is characterized by different barriers that a counselor must overcome in order to act ethically. Counselors like Megz and Camille face epistemological problems (that is, problems related to acquiring, organizing, and evaluating relevant knowledge). In tradeoffs, counselors must be able to weigh their ethical obligations carefully, search out creative solutions that achieve multiple ethical goals at once, and/or pursue multiple courses of action, each of which addresses a different ethical concern. Where ethical lines are blurred, counselors have to make painstaking judgments regarding the limits of ethical duties in light of the practical circumstances at hand.

As a result, any counselors who are caught in a tradeoff or blur will usually be able to proceed in an ethical manner once they know what to do (or, at least, what to avoid). On the other hand, counselors like Rosa and Pat already have all the knowledge they need in order to identify the proper course of action. What they lack are the internal and external resources that would make that course of action feel justifiable, safe, or praiseworthy. When faced with a conflict in values, a counselor's main task is to deprioritize their own point of view in favor of the client's, the profession's, and/or the law's point of view. And finally, when faced with threats, counselors need to find their power as ethical professionals by seeking out supportive second opinions (from peers, ethically competent mentors or supervisors, and/or ethical decision-making models), and developing economic and professional safety nets for themselves so that they can act without fear of reprisal.

Opportunities for Future Scholarship

Because of the differences between tradeoffs, blurs, conflicts, and threats, counselors will lead themselves into ethical danger if they conceptualize every ethical quandary as a "dilemma" without making any further distinctions. For example, tools that are specifically designed to fit one type of dilemma may prove either useless or counterproductive when applied to another. Consider ethical bracketing, a method by which counselors temporarily shelve their own personal values so that they can become more attentive to the other norms that are at play (Kocet & Herlihy, 2014). Ethical bracketing would do wonders for Rosa and other counselors who face ethical conflicts, as it would help them to focus on their client's understanding of their own best interests. But bracketing would be irrelevant for blurs like Camille's and tradeoffs like Megz's—and when counselors like Pat find themselves faced with ethical threats, what they need is a way to become more committed to their personal values, not less.

Similarly, many ethical decision-making models may not function as intended across all types of ethical dilemmas. For instance, some models instruct counselors to identify relevant stakeholders early on in the decision-making process (Cottone et al., 2022). Although this step is well-meant and is likely to work well in many cases, there are some situations in which it will actively lead counselors down an unethical path. In ethical conflicts, for instance, counselors and clients may disagree about which stakeholders are relevant—or even which stakeholders exist at all. Upon encountering one of these decision-making models, a highly individualistic counselor may well decide not to include their client's family as relevant stakeholders even if the client comes from a familial culture. Likewise, a secular counselor may automatically discount any supernatural stakeholders (gods, ancestral spirits, etc.) regardless of what their client believes, and a religious counselor (like Rosa) may include stakeholders (such as gestating fetuses) that have no moral standing in their client's point of view.

These examples show why it is important for counselors to be able to identify not just the presence of an ethical dilemma but its type or category as well. Yet even if a counselor does know which sort of dilemma they are facing, in order to act effectively they would also have to know which ethical tools are best suited to their situation. Before that can happen, researchers must empirically study all the various types of dilemmas empirically, with a specific focus on the strengths and weaknesses of specific ethical tools relative to those dilemmas.

For example, Luke et al. (2013b) found that the intercultural model of ethical decision making improved most students' ethical decision-making scores, but with some exceptions. First, they reported that students' overall scores were still low. And second, they noted that some students' scores decreased when using the model. Throughout their article, they discussed these findings as though they applied to "ethical dilemmas" per se. This is understandable, as the study's authors only had a single concept with which to work. Yet both of the ethical dilemma vignettes used in their study would count as conflicts in our terminology, meaning that their results did not provide any information about the effectiveness of the intercultural model of ethical decision making with respect to tradeoffs, blurs, or threats.

Much the same can be said for Mullen et al.'s (2017) study on the relationship between ethical dilemmas and stress among counselors. We know from Burkholder et al. (2020) that ethical threats typically make counselors feel insecure and powerless, which almost certainly means that those specific ethical dilemmas also cause stress.

> But are tradeoffs, blurs, and conflicts equally stress-inducing? Can counselors use the same methods to ease or avoid stress in all types of ethical dilemmas?

Right now, we cannot say.

From one perspective, this is a potential blow to the evidence base relating to ethical decision-making, counselor stress, and other topics connected to ethical dilemmas in counseling. Researchers may not have known as much as they thought. But from another perspective, the field is now better equipped to collect data going forward, both because we can describe the scope of our data more precisely and because we can make sure that we are gathering data on a wider (although not necessarily comprehensive) range of cases.

13

Counselor educators can also benefit from having an explicit list of ethical dilemma types. Just as clinicians are governed by the ACA's Code of Ethics, educators in the counseling field are governed by standards established by The Council for Accreditation of Counseling and Related Educational Programs (CACREP), the major accrediting body for counseling in the United States. CACREP mandates that all entry- and doctoral-level programs include material on ethics as it pertains to professional and legal codes (standard 2.F.1.i), human growth and development (2.F.3.i), career development (2.F.4.j), helping relationships (2.F.5.d), group work (2.F.6.g), assessment and testing (2.F.7.m), and research and program evaluation (2.F.8.j) (The Council for Accreditation of Counseling and Related Educational Programs, 2011). By combining these standards with the four types of ethical dilemmas that we describe, counselor educators can give their students a more complete education.

For example, Ametrano (2014) listed the following objectives for an ethics course that she designed for entry-level counseling students:

1. In making decisions that involve ethical dilemmas, students will identify relevant ethical standards and laws, ethical principles, and personal values.

2. Students will use multiple components (ethical standards, laws, personal values, ethical principles) of decision-making models.

3. Students' awareness of how they are making decisions will improve. They will be able to explain how they use these components in their decisions.

4. Students will move toward integration of personal values and professional ethics. They will begin to reconcile their own values with professional ethics (p. 155).

These course objectives provide a solid foundation from which future counselors can address most, but not all, types of ethical dilemmas. Objectives 1 and 2 teach students how to acquire more and better ethical information. As such, those objectives are directly applicable to ethical tradeoffs and blurs. Objectives 3 and 4 help students to develop the insight necessary to successfully identify and resolve ethical conflicts. Nevertheless, these objectives provide relatively little support for ethical threats. After all, ethical threats are not covert, confusing, or ambiguous in the way that other types of ethical dilemmas are.

Assuming that a counselor recognizes the presence of an ethical threat, they will already be able to identify some ethical standard that is being threatened (objective 1), apply that standard to their situation (objective 2), be aware of their reliance on the ethical standard in question (objective 3), and align their own values with the ethical standard against the threat (objective 4). Yet despite all of that, the threat will remain and will retain its full force.

Ametrano's course design also includes a number of hypothetical scenarios that cover different types of ethical dilemmas. But, again, while these scenarios do depict tradeoffs, blurs, and conflicts, they do not depict any threats. As such, objectives, classroom activities, and assignments related to ethical threats should be added to her original design. For example, it may be helpful to incorporate Levitt et al.'s (2019) use of mock ethics board hearings as classroom activities. These mock hearings helped to demystify the field's formal ethics processes and gave students a different angle from which to interrogate, sharpen, and reaffirm their ethical commitments.

Conceptual distinctions between different types of ethical dilemmas also have implications for advocacy within the field. In particular, counselors should never enter into a practical setting without being ready to resist and report ethical threats. The fact that they do so with some regularity (Burkholder et al., 2020; Cardoso et al., 2012; Daniels, 2001; Sadeghi et al., 2003; Seehusen et al., 2020) indicates that there is a fairly serious systemic

flaw within the profession that needs to be corrected, perhaps even at the level of ACA policy. Insofar as counselors fail to uphold our own ethical standards, we allow our profession to become an institutional obstacle to clients' flourishing—which, per section A.7.a of the Code of Ethics, makes the profession itself ripe for counselor advocacy (American Counseling Association, 2014).

Finally, although we have defined these concepts separately, they are animals that are often seen together in the wild. In other words, it is entirely possible for a counselor to encounter a situation that contains both tradeoffs and conflicts, both threats and blurs, or any other combination of dilemmas. Moreover, just like actual animals, ethical dilemmas have a way of changing and evolving to fit different environments and niches (Bettis, 2020; Tarvydas et al., 2017), so these four dilemma types should not be assumed to constitute an exhaustive list. There may well be other species that we have not identified in this paper, and even if there are not more right now, others may come into existence as technology, society, law, and the field itself change (Willow et al., 2018).

Stewards of the Road

It is important to bear in mind that we will never eliminate or permanently solve ethical dilemmas in the field of counseling. Just as driving is an inherently dangerous activity and drivers will always face the risk of encountering a sudden, unforeseeable hazard, counselors must always strive to practice, teach, supervise, and research safely, and they must remain alert to the possibility of unexpected ethical perils. The best we can do is to develop reliable practices that help us to evade potential ethical breaches wherever possible and navigate them capably when they turn out to be unavoidable.

Thus, we must not only detect the presence of an ethical dilemma but also identify its nature as well. By distinguishing ethical tradeoffs, blurs, conflicts, and threats from one another, researchers will be able to produce findings that are more precise and reliable; counselor-policymakers will be more closely attuned and responsive to the state of ethics in the field; supervisors and educators will be able to provide leadership that is more robust; and students will be better prepared for the ethical dilemmas they encounter when they practice.

Eli Horowitz   Madeleine Stevens   Marissa Wright

Department of Counselor Education and School Psychology, Duquesne University

References

American Counseling Association. (2014). *ACA code of ethics*. https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf

Ametrano, I. M. (2014). Teaching ethical decision making: Helping students reconcile personal and professional values. *Journal of Counseling & Development, 92*(2), 154–161. https://doi.org/10.1002/j.1556-6676.2014.00143.x

Bettis, J. M. (2020). Navigating multicultural considerations for in-home counselors: A case-study example. *Journal of Counselor Preparation and Supervision, 13*(1).

Bodenhorn, N. (2006). Exploratory study of common and challenging ethical dilemmas experienced by professional school counselors. *Professional School Counseling, 10*(2).

Burkholder, J., Burkholder, D., & Gavin, M. (2020). The role of decision-making models and reflection in navigating ethical dilemmas. *Counseling and Values, 65*(1), 108–121. https://doi.org/10.1002/cvj.12125

Cardoso, P. M., Taveira, M. C., Biscaia, C. S., & Santos, M. G. (2012). Psychologists' dilemmas in career counselling practice. *International Journal for Educational and Vocational Guidance, 12*(3), 225–241. https://doi.org/10.1007/s10775-012-9232-9

Corey, G., Corey, M. S., & Callanan, P. (2005). An approach to teaching ethics courses in human services and counseling. *Counseling and Values, 49*(3), 193–207. https://doi.org/10.1002/j.2161-007X.2005.tb01022.x

Cottone, R. R., & Claus, R. E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling & Development, 78*(3), 275–283. https://doi.org/10.1002/j.1556-6676.2000.tb01908.x

Cottone, R. R., Tarvydas, V. M., & Hartley, M. T. (Eds.). (2022). *Ethics and decision making in counseling and psychotherapy (Fifth edition).* Springer Publishing Company, LLC.

Daniels, J. A. (2001). Managed care, ethics, and counseling. *Journal of Counseling & Development, 79*(1), 119–122. https://doi.org/10.1002/j.1556-6676.2001.tb01950.x

Forester-Miller, H., & Davis, T. E. (2016). *Practitioner's guide to ethical decision making.* American Counseling Association.

Foster, D., & Black, T. G. (2007). An integral approach to counseling ethics. *Counseling and Values, 51*(3), 221–234. https://doi.org/10.1002/j.2161-007X.2007.tb00080.x

Frame, M. W., & Williams, C. B. (2005). A Model of Ethical Decision Making From a Multicultural Perspective. *Counseling and Values, 49*(3), 165–179. https://doi.org/10.1002/j.2161-007X.2005.tb01020.x

Grunhaus, C. M. L., Tuazon, V. E., Gonzalez, E., & Wagner, N. J. (2018). A counselor education case study: The counselor values-based conflict model in action. *Counseling and Values, 63*(2), 164–179. https://doi.org/10.1002/cvj.12086

Joe, J. R. (2018). Counseling to end an epidemic: Revisiting the ethics of HIV/AIDS. *Journal of Counseling & Development, 96*(2), 197–205. https://doi.org/10.1002/jcad.12192

Johnson, G. S., & Purgason, L. L. (2021). School counselors' experiences with ethical decision making. *Professional School Counseling, 25*(1). https://doi.org/10.1177/2156759X211018640

Johnson, K. F., Blake, J., & Ramsey, H. E. (2021). Professional counselors' experiences on interprofessional teams in hospital settings. *Journal of Counseling & Development, 99*(4), 406–417. https://doi.org/10.1002/jcad.12393

Kitchener, K. S., & Anderson, S. K. (2011). *Foundations of ethical practice, research, and teaching in psychology and counseling (2nd ed).* Brunner-Routledge.

Kocet, M. M., & Herlihy, B. J. (2014). Addressing value-based conflicts within the counseling relationship: A decision-making model. *Journal of Counseling & Development, 92*(2), 180–186. https://doi.org/10.1002/j.1556-6676.2014.00146.x

Levitt, D. H., Crawford, C. R., & Pamphile, S. (2022). Ethical decision-making of supervisors of color. *Journal of Multicultural Counseling and Development, 50*(2), 59–72. https://doi.org/10.1002/jmcd.12239

Levitt, D. H., Ducaine, C. S., Greulich, K., Gentry, K., & Treweeke, L. (2019). Teaching ethical decision-making in counselor education. *The Journal of Counselor Preparation and Supervision, 12*(3).

Ling, T. J., & Hauck, J. M. (2017). The ETHICS model: Comprehensive, ethical decision-making. *Vistas Online. American Counseling Association.*

Luke, M., Goodrich, K. M., & Gilbride, D. D. (2013). Intercultural model of ethical decision making: Addressing worldview dilemmas in school counseling. *Counseling and Values, 58*(2), 177–194. https://doi.org/10.1002/j.2161-007X.2013.00032.x

Luke, M., Goodrich, K. M., & Gilbride, D. D. (2013). Testing the intercultural model of ethical decision making with counselor trainees. *Counselor Education and Supervision, 52*(3), 222–234. https://doi.org/10.1002/j.1556-6978.2013.00039.x

Mullen, P. R., Morris, C., & Lord, M. (2017). The experience of ethical dilemmas, burnout, and stress among practicing counselors. *Counseling and Values, 62*(1), 37–56. https://doi.org/10.1002/cvj.12048

Pawlukewicz, J., & Ondrus, S. (2013). Ethical Dilemmas: The use of applied scenarios in the helping professions. *Journal of Social Work Values & Ethics, 10*(1), 2–12.

Roberts, M. (2021). Embodied ethical decision-making: A clinical case study of respect for culturally based meaning making in mental healthcare. *American Journal of Dance Therapy, 43*(1), 36–63. https://doi.org/10.1007/s10465-020-09338-3

Romig, C. A., Holeman, V. T., & Sauerheber, J. D. (2018). Using moral foundations theory to enhance multicultural competency. *Counseling and Values, 63*(2), 180–193. https://doi.org/10.1002/cvj.12087

Sadeghi, M., Fischer, J. M., & House, S. G. (2003). Ethical dilemmas in multicultural counseling. *Journal of Multicultural Counseling and Development, 31*(3), 179–191. https://doi.org/10.1002/j.2161-1912.2003.tb00542.x

Scaturo, D. J. (2002). Fundamental dilemmas in contemporary psychotherapy: A transtheoretical concept. *American Journal of Psychotherapy, 56*(1), 115–133.

Seehusen, C., Britton, R., & Duys, D. (2020). Managed care organizations in counseling practice, research, and education. *The Journal of Counselor Preparation and Supervision, 13*(1).

Tarvydas, V. M., Levers, L. L., & Teahen, P. R. (2017). Ethical guidelines for mass trauma and complex humanitarian emergencies. *Journal of Counseling & Development, 95*(3), 260–268. https://doi.org/10.1002/jcad.12140

The Council for Accreditation of Counseling and Related Educational Programs. *Section 2: Professional counseling identity.* CACREP. (2019, October 11). Retrieved February 10, 2023, from https://www.cacrep.org/section-2-professional-counseling-identity/

Warfield, H. A., Kennedy, S. D., & Tajlili, M. H. (2013). Why can't we be friends? Maintaining confidentiality. *VISTAS: Compelling Perspectives on Counseling.*

Willow, R. A., Tobin, D., Chong, W. Y., Jeffery, A., Strohmeyer, D., & Morine, N. (2018). A social media policy for clinical mental health counseling programs. *The Journal of Counselor Preparation and Supervision, 11*(2).

Embracing Ethical Values in Global Counseling Practices

Mary Whiting, MS, NCC, LPC Associate

The University of Texas at San Antonio

In counseling, ethical values serve as the cornerstone of professional conduct, guiding practitioners in their interactions with clients, colleagues, and the community at large. Ethical principles not only ensure the protection of clients' rights and well-being but also uphold the integrity and credibility of the counseling profession.

However, in an increasingly globalized world, characterized by the growing interconnectedness of economies, cultures, technologies, and societies (Rosenmann et al., 2016), the impact of globalization on the myriad ethical considerations in counseling is challenging to anticipate and quantify. Globalization brings both positive implications, such as the exchange of ideas and cultural practices, and negative implications, including a rapidly shifting landscape that requires counselors to continuously educate themselves and navigate these changes. Particularly significant is the increased mobility of migration, travel, and communication across borders (McAuliffe, 2021).

One of the primary concerns is differentiation between cultural competence and cultural humility, with an emphasis on continuously furthering understanding and commitment to humility regarding multicultural work (Ratts et al., 2016). In the ASERVIC realm, counselors are mindful that diverse spiritual and religious beliefs are just one of many cultural identities that may be constantly changing. It is essential for counselors to prioritize ongoing cultural sensitivity and awareness when working with diverse populations to effectively address their clients' beliefs, values, and backgrounds within the evolving global landscape. The concept of cultural competence does not align with the fast-paced nature of globalization.

Global counseling concerns necessitate that counselors uphold a professional duty to offer clear and comprehensive information to clients worldwide about the counseling process, confidentiality, boundaries, and the potential risks and benefits of counseling to secure informed consent. Furthermore, they must skillfully navigate broaching and handle self-disclosures in culturally sensitive manners. Counselors must tactfully weigh the repercussions of beneficial self-disclosures and their potential advantages against the risks of boundary transgressions, cultural insensitivity, or other harm to the counseling alliance.

Last, the rapid expansion of communication and collaboration due to the widespread adoption of digital technology presents a distinct challenge in global counseling practices. Managing technology and social media usage is increasingly complex, necessitating a careful balance between utilizing these tools while upholding ethical considerations around health, privacy, confidentiality, and professional boundaries to preserve the integrity of the counselor-client relationship (Deepa & Aiswarya, 2024).

By staying informed about current ethical topics, increasing self-awareness, and seeking support and consultation as needed, counselors can continue professional growth, uphold the ethical standards and values of the counseling profession particularly when faced with global ethical dilemmas. Together, let us commit to upholding ethical values and modeling the highest standards of professionalism, compassion, and ethical conduct. Through living our values and principles with integrity and commitment, we aim to make a positive impact on the lives of our clients, the counseling profession, and the communities we serve.

References

Deepa, K. C. & Aiswarya, S. (2024) Media facade transformation: Shaping youth culture. *International Journal of Science and Research Archive 11*(1), 520-525. https://www.doi.org/10.30574/ijsra.2024.11.1.0055

McAuliffe, M. (2021). International migration and digital technology: An overview. *Research handbook on international migration and digital technology*, 1-13.

Ratts, M. J., Singh, A. A., Nassar-McMillian, S., Kent Butler, S., McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development 44*(1), 28-48. https://www.doi.org/10.1002/jmcd.12035

Rosenmann, A., Reese, G., & Cameron, J. E. (2016). Social identities in a globalized world: Challenges and opportunities for collective action. *Perspectives on Psychological Science, 11*(2), 202-221. https://www.doi.org/10.1177/1745691615621272

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