Chapter

18

Ethical Issues in Multicultural Counseling

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In the United States, ethical considerations in counseling have reached a cultural turning point. Society's continually changing demographics have mandated that the profession and its attending ethical processes and procedures be expanded to consider people and situations in broad and intersecting contexts. Hays (2008) guided practitioners to do this with her ADDRESSING model. The name of the model is an acronym for the cultural distinctions of age, developmental and acquired disabilities, religion and spirituality, ethnicity, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender (Hays, 2008). Although the model does not encompass every identity, counselors are challenged to mind the significance of expanded viewpoints in their work with clients. This chapter captures this philosophy to examine issues, frameworks, and strategies relevant to ethical practice with diverse client populations.

The Nature of Ethics: Principle and Virtue Ethics

Ethics refers to the philosophy of morals and moral choices made by an individual within the context of his or her interactions with others. Issues involving behavior that is good or bad, or right or wrong, play a part in how ethics are viewed (Remley & Herlihy, 2010). In relating this philosophy to the counseling arena, Remley and Herlihy (2010) framed it as those postures judged as good or correct that guide members of the counseling profession. Ethics in the counseling context, then, speaks to one's professional conduct and interactions.

Two important principles are believed to be fundamental to the moral philosophy. First, counseling as a profession has generally aligned itself with principle ethics, which is the model of ethics emphasized in medicine and bioethics (Cottone & Tarvydas, 1998; Urofsky, Engels, & Engebretson, 2008). Principle ethics focuses on the applica

tion of the rules and directives that guide one's acts and choices in a given situation (Freeman, 2000). Five duties associated with principle ethics were identified by Kitchener (1984) in her eminent work:

1. *Autonomy.* This principle addresses one's right to self-determination. This right is also accorded to others. Counselors encourage clients to direct their own beliefs and personal courses of action.
2. *Nonmaleficence.* This concept entails doing no harm to others. Counselors shun behaviors that intentionally hurt clients. Counselors also avoid behaviors that risk inflicting harm on others.
3. *Beneficence.* Beneficence refers to the quality of charitableness. Counselors are obligated to contribute to the well-being of clients through good and helpful service.
4. *Justice.* Justice is associated with the idea of fairness. Counselors treat clients in an appropriate manner, all the while weighing equal versus fair versus different treatment.
5. *Fidelity.* Fidelity involves ideas surrounding faithfulness, commitment, and loyalty. Counselors respect their therapeutic obligations and fulfill these obligations in a trustworthy manner.

Remley and Herlihy (2001) added a sixth moral principle that has also been commonly cited in the professional counseling literature, *veracity,* which refers to the quality of truthfulness. Counselors are expected to interface with clients in an honest and factual capacity.

The second moral principle, virtue ethics, incorporates a more global view in its vision. Virtue ethics promotes the idea that ethics are more than just the sum of moral actions. Emphasis is placed on the examination of those personal qualities that will lead one to become a better individual and a productive citizen. A virtue ethics stance is complementary to, albeit totally different from, a principle ethics stance (Meara, Schmidt, & Day, 1996; Urofsky et al., 2008). Virtue ethics considers counselor characteristics integral to responsible practice, whereas principle ethics emphasizes the tangible, concrete, and cognitive aspects of the counseling process (Tarvydas, 1998); virtue ethics embraces the ideals to which counselors aspire, whereas principle ethics are bound by prima facie obligations (Meara et al., 1996); virtue ethics ponders the Aristotelian question "Who shall I be?" rather than the question "What shall I do?" (Vasquez, 1996).

Meara et al. (1996) delineated five characteristics of virtuous agents as well as virtues considered germane to mental health professionals. A virtuous individual (a) is motivated to do good; (b) is clear-sighted; (c) understands how affect influences the assessment of appropriate conduct; (d) is highly self-aware; and (e) is involved in the community and understands the interface between the community and political, economic, and social forces.

The following four virtues are based on those believed by Meara et al. (1996) to contribute to the betterment of ethical decisions and policies and to the improvement of the character of mental health professionals:

1. *Prudence.* This is a multidimensional concept that encompasses planfulness, cautiousness, foresight, and good judgment. Counselors are motivated to do what is good on the basis of sound goals and the deliberate planning it takes to accomplish them.
2. *Integrity.* This virtue involves upholding one's beliefs and integrating them into judgment and action. Counselors have the ability to articulate to others their views of and adherence to moral values.

3. *Respectfulness.* This virtue addresses the respect accorded to another individual on the shared basis of humanness. Counselors believe in the worthiness of others yet are receptive to others' personal views on the meaning of respect and how others might wish to be respected.

4. *Benevolence.* Benevolence means wanting to do good. Counselors protect the welfare of others and contribute to the common good of society.

Meara et al. (1996) contended that an increased focus on virtues may be a reaction to what some consider the extremes of individual rights. As far as multicultural contributions are concerned, Meara et al. believed that a virtue ethics approach emphasizes self- and other awareness, focuses on similarities and differences of cultural groups, promotes the evaluation and development of virtues appropriate to the profession, and considers the inclusion of ideals to ensure that ethical behaviors take place in professional multicultural interactions. Kitchener (1996) stated that too much reliance on community-specific virtues promotes ethnocentrism. She wisely cautioned that "neither principles nor virtues are absolute guarantees of ethical responses to others" (p. 95).

There is room to include both principle and virtue ethics in the philosophical debate concerning the appropriateness of one or the other of these perspectives (Urofsky et al., 2008). A complementary rather than a dichotomous view of these approaches "provides concrete direction to virtuous traits and prudence to principles and rules" (Freeman, 2000, p. 97).

Ethical Guidelines and Multicultural Counseling

A code of ethics is a written document of ethical standards and guidelines meant for particular professionals. The code of ethics used by professional counselors is the *ACA Code of Ethics* (American Counseling Association [ACA], 2005). These guidelines encompass measures of protection, education, accountability, motivation, regulation, and stabilization for professional counselors and the public they serve (Remley & Herlihy, 2010).

The historical path toward multiculturally sensitive ACA ethical guidelines has been circuitous. Watson, Herlihy, and Pierce (2006) described this journey as beginning in 1961 with the publication of the first American Personnel and Guidance Association (now ACA) code of ethics. This code contained no references to cultural awareness. However, the 1974 revision of the American Personnel and Guidance Association code of ethics referred twice to diverse clients in its Measurement and Evaluation section. In addition to these two references, a third reference was included in the third revision of the code in 1981. This additional standard urged counselors to be aware of the ways in which discrimination and stereotyping can impact the counseling dynamic.

The 1995 ACA *Code of Ethics and Standards of Practice* was the fourth revision of this code and the first to directly address multicultural issues (Watson et al., 2006). The *Code's* preamble stated, "Association members recognize diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual" (ACA, 1995, p. 1). Threaded throughout this code were 13 standards that highlighted cultural diversity (Welfel, as cited in Watson et al., 2006).

Despite these efforts, the 1995 *Code* continued to be criticized for its lack of cultural foresight (Watson et al., 2006; Wiggins Frame & Braun Williams, 2005). The Western views that permeate principalism were in some cases antithetical to non-Western views. For example, ethnic minority groups traditionally stress group cooperativeness rather than individual feats. Intuitiveness may be valued over rationality.

Religion and spirituality may not be con*The Counselor as Human Being* • 298 •

sidered distinct from the self but an everyday and holistic part of the self. Meara et al. (1996) related that principalism emphasizes autonomy and self-determinism over communal issues. Its rational framework deemphasizes emotionalism. Secularism competes with spiritual wisdom. In essence, it promotes myopic ethical objectives. Given these and like points, the 10-year revision of the 1995 *Code* portended a redress of such criticisms.

During his tenure as ACA President in 2002, David Kaplan created a 10-member ACA Ethics Code Revision Task Force that was specifically charged with attending to issues of multiculturalism, diversity, and social justice (Kaplan et al., 2009; Kocet, 2006; Watson et al., 2006). Task Force member Courtland Lee stated that the work of the committee was guided by two questions that encompassed (a) a need to consider the impact of demographics on multicultural considerations and (b) an examination of any missing code components that would add cultural inclusiveness (Kaplan et al., 2009).

New or revised standards oriented toward diversity can be found throughout the *ACA Code of Ethics* (ACA, 2005). Examples include Standard A.1.d., which has been revised to emphasize "Support Network Involvement" rather than "Family Involvement," particularly because a client's source of personal support may encompass more than his or her biological family (Glosoff & Kocet, 2006). New to the 2005 *Code* is Standard F.11.c ("Multicultural/Diversity Competence"). This standard directs counselor educators to incorporate multicultural and diversity competencies into their work with students in the classroom, in supervision, and in any other teaching capacities (Kaplan et al., 2009). Standard A.6.a. ("Advocacy") is also new to the 2005 *Code* (Kocet, 2009). Though multicultural counseling and advocacy are separate entities, they are intertwined. When issues of power, privilege, and the "isms" (e.g., ableism, classism, sexism, racism) arise, counselors may be called on to address client issues at successively broader levels. This standard allows the counselor to focus on the systemic as well as individual contexts that may inhibit client growth.

A Dilemma to Contemplate

Dr. Taft began his career as a counselor educator 32 years ago. He has seen many changes take place in the field over that period of time. He believes that some of those changes have been creeping into the way he runs his class, which he is not too happy about. Just last week a student came to him during his office hours to talk about accommodations because of her learning disability. Dr. Taft told the student that no accommodations were necessary because he taught class in a way that everyone could understand. Apparently the student did not like that answer and reported him to his chair and to the Disability Office. First the chair and then a Disability Office representative contacted Dr. Taft to discuss the matter and offer suggestions about how to promote a more sensitive classroom style. Following these conversations, Dr. Taft thought, "I've been teaching this long to all kinds of students, and now someone has to tell me how to do things the correct way? I'm a counselor—now I have to be a social worker, too?" Dr. Taft has summarily dismissed the conversation because "someone has to take a stand." He is tired of all the treatment "those disabled students get anyway" and believes that most of them are just trying to cheat the system. He goes on to think, "When will all the social politics in the classroom end?"

Multicultural Analysis and Synthesis

Dr. Taft brings decades of experience to his job as a counselor educator. Unfortunately, he is willing to be neither understanding nor flexible in addressing multicultural issues in the classroom. Rather than speak to the needs of his student, he has chosen to take the situation personally. Dr. Taft has dismissed the student's request and taken those of his chair and the Disability Office *Ethical Issues in Multicultural*

representative as affronts rather than as constructive criticism. It appears that he is also questioning issues of professional identity as well as what role advocacy plays in his classroom. Ethically speaking, it would behoove Dr. Taft to review two particular sections of the *ACA Code of Ethics.* Section F.11.b. ("Student Diversity") includes the statements that "counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing diverse cultures and types of abilities students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance" (ACA, 2005, p. 16). Dr. Taft also needs to review Section A.6.a. ("Advocacy"), given the importance of addressing the individual-level barriers that he has enacted that prevent his student from accessing learning opportunities. In addition, Dr. Taft's language is biased. In his musings about the student, he defines her by her disability, rather than by her individuality (Sue & Sue, 2008). The use of people-first language (i.e., "person with a disability" instead of "disabled person") is most appropriate. Hopefully, Dr. Taft will take the time to consider what is being asked of him by his student, chair, and university representative. Failing to do so would be an ethical breach. Moreover, his stand may prove to be a legal breach as well.

Selected Practice Issues in Multicultural Counseling

The Counseling Relationship

The counseling profession struggles with questions, concerns, and inquiries regarding counseling relationships (Glosoff & Freeman, 2007; Herlihy & Watson, 2003). From a multicultural perspective, differences between individualist and collectivist perspectives have been a source of tension (Herlihy & Watson, 2003). Helms and Cook (1999) confronted the issue of dual relationships as related to considerations of race, culture, and multiple relationships at a time when counselors were ethically bound to avoid such relationships if at all possible. The authors stated that although they adamantly endorsed the principle of doing no harm to clients, they did believe that "relationships outside of the therapy room per se need not harm the client. Rather, we view such interactions, when handled properly, as extensions of the therapeutic relationship" (p. 196).

After years of contemplation, significant ethical changes have now taken place with regard to this issue. One such change, located in Section A of the *ACA Code of Ethics* (ACA, 2005), is the use of the descriptive terms "potentially beneficial interactions" or "roles and relationships" versus the more questionable term "dual relationships" (Kaplan et al., 2009, p. 244).

This change of events validates examples of multiple role considerations that may be found in the African American community (Parham, 1997). Ideas of collectiveness and interconnectedness are central to the African worldview. The ethics that guide this thinking are concerned with proper ways of being rather than with Western principles that seek to control behavior. The traditional expectation for African Americans is that they will help others. This might involve them assuming multiple roles, such as supporter adviser, protector, and instructor. As persons interact with one another in these capacities, the positive intent of the helper is stressed over the possibility of exploitation. There is the likelihood, then, that a counselor would be expected to participate in multiple roles, especially if both the counselor and the client believed the relationship to be in the best interest of the client.

Evaluation, Assessment, and Interpretation

Because of biases in mental health treatment, diverse populations have been psychiatrically mislabeled and treated on the basis of mainstream definitions of what is normal. A Mexican *The Counselor as Human*

American woman who resides at home with her parents until she marries is not necessarily displaying enmeshed tendencies. Her living situation may be a result of a gender-role expectation in her family, of which she approves. Symptoms of major depression in a 76-year-old adult male should not be ignored or simply attributed to the aging process. Assessment and treatment may be warranted, as these symptoms are not a natural part of getting older. For some individuals who hail from the southern United States, hearing the voice of very close but recently deceased relative does not necessarily denote schizophrenia. This may be a self-expressive state that is condoned in the respective culture during trying life events. All traditional Sioux folk healers should not be dismissed as charlatans. These professionals may be part of a client's support system and act as a point of therapeutic intervention in conjunction with the work of the therapist.

Sue and Sue (2008) noted that in addition to differential diagnoses, ethnic minorities have tended to receive less favored treatment modalities. Section E.5.b. ("Cultural Sensitivity") of the *ACA Code of Ethics* asks counselors to be cognizant of how culture impacts a client's perceptions of his or her problems. Moreover, Section E.5.c. ("Historical and Social Prejudices in the Diagnosis of Pathology") reminds counselors that there are "historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment" (ACA, 2005, p. 12).

In 1979, a decision was rendered in California in the case of *Larry P v. Wilson Riles.* Litigation was focused on the disproportionate representation of minority children in educably mentally retarded special education classes (Lambert, 1981). The use of IQ tests to place children in these classes was ruled unconstitutional if the use of the tests resulted in the disproportionate placement of African American children in these classes. This case is a classic example of how sectors of ethnic minority populations can be tested and subsequently labeled on the basis of mainstream normative measures. Section E.6.c. ("Culturally Diverse Populations") of the *ACA Code of Ethics* states, "Counselors are cautious when selecting assessments for culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for the client population" (ACA, 2005, p. 12). Section E.8. ("Multicultural Issues/Diversity in Assessment") addresses diversity in assessment and states the following:

> Counselors use with caution assessment techniques that were normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation and socioeconomic status on test administration and interpretation, and place test results in proper perspective with other relevant factors. (ACA, 2005, p. 13)

Counselors also need to understand that the idea of counseling may vary depending on one's background. Some clients may not be familiar with the process of counseling as it is traditionally known and practiced in the United States. For example, the Babalawo is a traditional Yoruba healer in Nigeria, West Africa. This individual works from a holistic perspective and is perceived to have powers that can be used to call on the client's ancestors to facilitate the wellness process for that individual. In this instance, the expectations of a counselor that a traditional Yoruba client residing in the United States and a traditionally trained U.S. counselor would have would diverge. Thus, the counselor cannot assume that the client has been informed about his or her qualifications to work with diverse populations, the goals and procedures of the process, or treatment outcomes. *Ethical Issues in Multicultural Counseling* • **301** •

Supervision, Training, and Teaching

Counselors' roles and responsibilities may be quite varied in their work with counselors-in-training. These professional relationships are often manifested in the form of supervisor, educator, trainer, and advocate. In focusing on the supervisory relationship, Section F.2.a. ("Supervisor Preparation") of the *ACA Code of Ethics* states, "Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills" (ACA, 2005, p. 14). This section does not stand alone, however, as Section F.2.b. ("Multicultural Issues/Diversity in Supervision") goes on to state, "Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship" (p. 14). Clearly, an integral part of ethical supervisor training involves paying attention to multicultural competence.

It is ironic that little attention has been given specifically to the counselor educator's awareness of her or his own prejudices (Brown & Landrum-Brown, 1995; Midgette & Meggert, 1991), as much of the literature in this area is tilted toward counselor training. This situation is changing for counseling professionals, though, as new multicultural competency literature, research, and ensuing conversations are put forth (Holcomb-McCoy, 2004; Utsey, Ponterotto, & Porter, 2008).

Henderson (2009) provided one such conversation with her comprehensive look at the culturally skilled supervisor. Culturally astute supervision includes three main ideas, each with related areas of concentration. The first involves the manifestation of *cultural responsiveness.* This refers to an awareness that supervisors, supervisees, and clients are all part of a larger multicultural context. It is necessary to acknowledge this broader environment while at the same time understanding that clients are unique in their individual experiences. Counselors risk alienating clients if they ignore, downplay, or minimize the salience of their clients' identities.

Second is the importance of supervisors accepting responsibility for their supervisees' cultural competencies (Henderson, 2009). This involves providing ethical and multicultural competency resources. Supervisors must also assist their supervisees in appropriately communicating with diverse populations in verbal and nonverbal capacities. Supervisees must then take this information into consideration as they continue to gather knowledge and understanding about the various cultural facets of specific populations.

Third is a focus on the strategies that undergird a culturally responsive supervisor, supervisee, and client support system (Henderson, 2009). Henderson promotes departmental commitment to the affirmation of diversity by way of philosophical stance, belief system, and modeling. Supervisors are also encouraged to continuously self-examine through professional development opportunities. Recruiting, employing, and retaining departmental staff that are representative of the client base also demonstrates cultural commitment. This extends as well to an assessment of culturally relevant service delivery systems that interface with the department.

There is no question that the field of multicultural counseling is now an established discipline. This means that serious and deliberate training in this area involves more than topical attention. A counselor who chooses to work behind a facade of multicultural competency is committing academic fraud. Sue and Sue (2008) reminded counseling professionals that the courage to acknowledge one's own multicultural liabilities is a strength and an ethical responsibility.

A Dilemma to Contemplate

Tanis Johnson is a 42-year-old counseling student who is near the end of her master's program. She is currently enrolled in a practicum course. For the past 3 months she has been *The Counselor as Human Being*

working with a 24-year-old man who has struggled to overcome personal and financial hardships at home that have affected his performance at work. Since coming to counseling, the client has made excellent progress, and now he is even being promoted on the job. The client believes he is ready to terminate his counseling sessions, as does Ms. Johnson, and a final session is scheduled. When they meet for the final time, Ms. Johnson would like to give him a gift, which is not unheard of in her Native American culture. She has the perfect one in mind—an inexpensive plaque that says "I Did It." As she was driving to the mall to purchase the gift she cringed and thought that giving a client a gift might not be such a good idea. She also remembered that the *ACA Code of Ethics* says something about gift giving. Ms. Johnson immediately turned around, drove home, and called her supervisor to set up an appointment to talk about her sudden quandary.

Multicultural Analysis and Synthesis

Ms. Johnson is to be commended for her attentiveness to ethical issues and the role they play in her practicum experience. It appears that she and her client have been working closely together to help him achieve his goals. She would like to commemorate his efforts on the last day they will be meeting. At the same time, she is feeling enough discomfort to check in with her practicum supervisor about her idea.

At their meeting, Ms. Johnson's supervisor informs her that although there is no specific section in the *ACA Code of Ethics* about counselors giving gifts, they could be guided by Section A.10.e. ("Receiving Gifts"), which highlights the acceptance of gifts from clients. The supervisor helps Ms. Johnson to see that there are times when accepting or even giving a gift to a client may be appropriate. To help Ms. Johnson decide whether to give a gift, her supervisor asks her to further explore her relationship with her client, how much the gift will cost, and the reason Ms. Johnson believes it is important to give the gift. Her supervisor also tells her that she will need to document this interaction in her notes. After some thought, Ms. Johnson comes to the conclusion that in this case maybe the gift giving was more about her own personal expectations than something that was therapeutically necessary. With the help of her supervisor, Ms. Johnson looks at how she can structure her termination session to more appropriately focus on the needs of her client.

Research and Publication

The amount of research encompassing mental health and diverse populations has seen a significant increase in the past 40 years (Trimble, 2010). Concomitant to this development is unease among diverse groups about the nature of this research and the researchers themselves (Trimble, 2010). This unease is not unfounded. Examples of the negative treatment of various cultural groups by researchers abound, as do examples of research that ranges from questionable to nefarious. For example, the Tuskegee syphilis experiment was conducted over a period of 40 years (beginning in 1932) on approximately 600 African American men who had contracted syphilis (Sue & Sue, 2008), and the 1970 Tearoom Trade study examined 100 male sexual encounters in public restrooms (Humphreys, 1970). Finally, renowned anesthetist Henry Beechler wrote an article in 1966 that exposed the use of unethical medical practices with unsuspecting patients, many of them adults and children with intellectual disabilities and older persons (Harkness, Lederer, & Wikler, 2001).

The introduction of Section G ("Research and Publication") of the *ACA Code of Ethics* stresses, in part, that "counselors minimize bias and respect diversity in designing and implementing research programs" (ACA, 2005, p. 16). Moreover, Section G.1.g. ("Multicultural/Diversity Considerations in Research") states that "when appropriate to research goals, coun*Ethical Issues in Multicultural Counseling* **• 303 •**

selors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate" (p. 17). This stance leads the way to responsible scholarly inquiry. Sue and Sue (2008) aptly pointed out that research is a powerful and useful tool that can be used to inform, rather than misinform, the literature.

Ethical Decision Making

In the face of an ethical breach, ethical codes can seem daunting. Cottone, Tarvydas, and Claus (2007) reframed this situation by stating that "ethical dilemmas are not so much a failure of ethical codes as a natural and appropriate juncture of recognizing the importance of professional judgment" (p. 86). The juncture that Cottone et al. mentioned comprises the process of ethical decision making. It is a process that links the use of teaching and learning skills to the counselor's own intuitive inferences.

Numerous counseling and psychology models are available to guide counselors in their determination of appropriate courses of action in the wake of ethical dilemmas (Cottone & Claus, 2000). These models represent theoretical, practice-based, and specialty practice conceptualizations (Cottone & Claus, 2000; Cottone et al., 2007). In their look toward future directions for multicultural ethics, LaFromboise, Foster, and James (1996) called for the resolution of ethical problems through new or different approaches that consider culturally astute moral reasoning within social environments such as the workplace, professional organizations, and the broader community.

One answer to this call seems to lie in the area of postmodernism in counseling. One psychological construct borne out of this trend is social constructivism. This idea contends that reality is construed from the conversations of people (Nystul, 1999). Nystul (1999) noted that the theory suggests that "human experience is a highly individualized process based contextually on the interactions of cognition, social-cultural forces, language, and narratives. Knowledge and the concept of 'truth' are therefore subjective and generate the possibility of multiple realities" (p. 69). The counseling process in this context focuses on an exploration of personal narratives to elicit insights that generate new personal perspectives. The ready acknowledgment of culture and language as components to this conceptual rubric is a powerful fit for the multicultural counseling discipline.

A Postmodern Ethical Decision–Making Approach

Postmodernist thinking is central to Cottone's (2001) proposal of a social constructivist approach to the ethical decision-making process. Several decision-making models have been construed as autonomous (Cottone, 2001; Sperry, 2007), with an abundance of attention paid to individual, intrapsychic, and intuitive processes, thereby deemphasizing an interpersonal process. This is a reflection of the Western worldview that permeates the counseling process and that is, in some cases, antithetical to non-Western views.

The social constructivist position to ethical decision making stresses group and cooperative work values. This position maintains that there is no absolute reality; there are several ways in which the world can be understood. Reality is considered to be the outcome of the interaction and construction of a people's understanding of the world. Social constructivism also asserts that certain understandings prevail in a given field because they serve a function. Lastly, social constructivism dictates that one's understanding of the world has direct implications for one's perceptions of and responses to the environment. Following this mode of thought, Cottone and Claus (2000) indicated that "the social

constructivism *The Counselor as Human Being* • **304** •

perspective of the ethical decision making takes the decision out of the 'head,' so to speak, and places it in the interactive process between people" (p. 277). Exemplifying this philosophical concept is Cottone's Social Constructivism Model of Ethical Decision Making (Cottone, 2001; Cottone et al., 2007).

Cottone's (2001) model incorporates multicultural elements into the definition of good ethical procedure. Cottone et al. (2007) underlined the model's connection to relational theory, infusion of diversity, and acknowledgement of multicultural limitations. The model is composed of five steps: (a) gathering information from each party, (b) assessing the nature of current relationships, (c) consulting professional peers and experts (this includes ethical standards and other pertinent literature), (d) negotiating when disagreement exists, and (e) responding in a consensual fashion about continued negotiation (Cottone, 2001). A lack of consensus entails continued negotiation, consensus, or possible arbitration (Cottone, 2001). These steps are illuminated in the next section.

A Postmodern Ethical Decision-Making Model in Action

Case Study

Mrs. Anita McKee is a high school counselor who has worked in the field for 11 years. She is the assigned counselor for Khaleem Jackson, a ninth grader who is new to the district. Khaleem came to her office the first week in November to tell her that a girl in one of his classes was bothering him. On further questioning, Khaleem stated that the student, who happened to be White, was calling him "monkeyish" and making remarks that Black people were no good. Mrs. McKee told Khaleem that she would look into the situation. The next week, Khaleem came back to her office to tell her that the girl would not stop with the comments. Now she was saying that he was a "Black ass" and that he had "big Black people lips three times bigger" than hers. Mrs. McKee appeared worried and said that she would think about what needed to be done. In the meantime, Khaleem's mother called Mrs. McKee and said that her son had told her he was being called derogatory names by a certain female student. Mrs. McKee acknowledged that Khaleem had notified her of the incidents and expressed her concerns to the mother. She told the mother that she was a little torn about what to do, as "it's probably just a situation where the young woman is attracted to Khaleem and doesn't know how to express herself appropriately. You know how kids are at that age." Mrs. McKee went on to say that she sure hoped it was not anything more serious than that. Khaleem's mother became upset and demanded that something be done, as she believed her son was being harassed. When Mrs. McKee was again contacted by Khaleem's mother early the following week, Mrs. McKee stated that she had decided to call the young woman into her office and tell her "in no uncertain terms" that she was bothering Khaleem. Unfortunately, the young woman became angry at Khaleem for telling on her and enlisted the help of some of her friends to make fun of Khaleem, throw things at him, and continue with the name calling when their teacher was not around. When Khaleem and his mother reported this, Mrs. McKee stated that she planned to bring Khaleem and the young woman in for a mediation session. At that point, Khaleem's mother told Mrs. McKee that she was going to report her unethical behavior to her supervisor and then the school board.

Multicultural Analysis and Synthesis

This is a case in which ignoring or downplaying racial issues has caused a situation to spiral out of control. Rather than immediately confronting the harassment that Khaleem was *Ethical Issues in Multicultural Counseling* • *305* •

experiencing, the counselor chose to ignore his complaints over a period of weeks. Mrs. McKee tentatively committed to taking action only after a second visit from the student and a call from his mother. It appears that on some level Mrs. McKee was aware of the racial elements of the case but chose to provide a less threatening reason for the young woman's behavior—a teenage crush. The counselor's solutions to the harassment only became more tenuous as the situation became more problematic and, consequently, more insulting to Khaleem and his mother. Mrs. McKee worked to keep the situation quiet and contained, thereby limiting the number of effective options for all concerned.

In contrast, handling this case from a social constructivist decision model perspective involves understanding that steps need to be actively taken to resolve the situation in a collective and culturally sensitive manner. This would involve a supervisor meeting separately with Mrs. McKee, Khaleem and his mother, and the young woman in Khaleem's class to get their interpretation of events (gathering information from those involved). If Mrs. McKee and the student do not deny the charges made by Khaleem and his mother (assessing the nature of the relationship), the supervisor would proceed to the next phase. In Mrs. McKee's situation, the supervisor can seek the opinion of colleagues regarding the case, which should be presented anonymously (consulting colleagues). It would also be important for the supervisor to be familiar with the *ACA Code of Ethics* (consulting the ethical standards), particularly Sections A.1.a. ("Primary Responsibility"), A.4.b. ("Personal Values"), and C.2.a. ("Boundaries of Competence"). Should the supervisor conclude that the counselor did not behave in an ethical manner, he or she would meet with Mrs. McKee to discuss this as well as the issue of the appropriate handling of racial harassment complaints. The supervisor would point out that Mrs. McKee's ethical actions, or lack thereof, around these blatantly racial incidents served as a barrier to a student's safety and equitable access to learning. These actions include Mrs. McKee's inappropriate suggestion that Khaleem meet with the young woman in question for mediation in this type of case instead of a solid reprimand to the young woman and parental notification. Mrs. McKee would also be reprimanded for her lack of school protocol in harassment situations.

The supervisor would also need to meet with Khaleem and his mother to inform them of how the school will handle the process from this point forward (negotiation). It would be important to acknowledge Khaleem and his mother for bringing the racial harassment incident to the school's attention as they sought to rectify the situation. The supervisor would also inform Khaleem and his mother that this situation is now being actively addressed with his counselor, the young woman, and her parents. Should both Khaleem and his mother be satisfied with this intervention, the case would close, although follow-up with both parties would be encouraged. If at any point in the process there is disagreement with those involved, continued negotiation and even arbitration would be warranted (negotiation, consentualization).

Clearly, this episode and others like it do not have to be swept under the rug or the participants placated or dealt with intrapsychically. This case was resolved in a private and consensual manner, all in the midst of a highly social, interactive, and culturally astute process.

Conclusion

Ethics in multicultural counseling is an ever-changing enterprise. Nested within the considerations for diverse cultural elements may be issues of power, privilege, and oppression to which counselors must attend. Responsible ethical practice, then, demands responsible multicultural and advocacy sensibilities. These process and procedural efforts require a *The Counselor as Human Being* • **306** •

deliberate and focused use of the counselor's time, effort, and skills. Counselors who are versed in these fundamentals prepare themselves to take on ethical issues in a multicultural context, regardless of what form they take. This stance serves to uphold the spirit and practice of the *ACA Code of Ethics* (ACA, 2005) to more fully address the well being of clients and society.

References

American Counseling Association. (1995). *Code of ethics and standards of practice.* Alexandria, VA: Author.

American Counseling Association. (2005). *ACA code of ethics.* Alexandria, VA: Author.

Brown, M. T., & Landrum-Brown, J. (1995). Counselor supervision. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 263–285). Thousand Oaks, CA: Sage.

Cottone, R. R. (2001). A social constructivism model of ethical and professional issues in counseling. *Journal of Counseling & Development, 79,* 39–45.

Cottone, R. R., & Claus, R. E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling & Development, 78,* 275–283.

Cottone, R. R., & Tarvydas, V. M. (Eds.). (1998). *Ethical and professional issues in counseling.* Upper Saddle River, NJ: Prentice Hall.

Cottone, R. R., Tarvydas, V., & Claus, R. E. (2007). Ethical decision-making processes. In R. R. Cottone & V. M. Tarvydas (Eds.), *Ethical and professional issues in counseling* (3rd ed., pp. 85–113). Upper Saddle River, NJ: Pearson Education.

Freeman, S. J. (2000). *Ethics: An introduction to philosophy and practice.* Belmont, CA: Wadsworth.

Glosoff, H. L., & Freeman, L. T. (2007). Report of the ACA Ethics Committee: 2005–2006. *Journal of Counseling & Development, 85,* 251–254.

Glosoff, H. L., & Kocet, M. M. (2006). Highlights of the 2005 *ACA Code of Ethics.* In G. R. Walz, J. C. Bleuer, & R. K. Yep (Eds.), *Vistas: Compelling perspectives on counseling, 2006* (pp. 5–10). Alexandria, VA: American Counseling Association.

Harkness, T., Lederer, S. E., & Wikler, D. (2001). Laying ethical foundations for clinical research. *Bulletin of the World Health Organization, 79,* 365–372.

Hays, P. A. (2008). *Addressing cultural complexities in practice* (2nd ed.). Washington, DC: American Psychological Association.

Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process.* Boston, MA: Allyn & Bacon.

Henderson, P. G. (2009). *The new handbook of administrative supervision in counseling.* New York, NY: Routledge.

Herlihy, B., & Watson, Z. E. (2003). Ethical issues and multicultural competence in counseling. In F. D. Harper & J. McFadden (Eds.), *Culture and counseling: New approaches* (pp. 363–378). Boston, MA: Pearson Education.

Holcomb-McCoy, C. (2004). Assessing the multicultural competence of school counselors: A checklist. *Professional School Counseling, 7,* 178–183.

Humphreys, L. (1970). *Tearoom trade: Impersonal sex in public places.* Chicago, IL: Aldine.

Kaplan, D. M., Kocet, M. M., Cottone, R. R., Glosoff, H. L., Miranti, J. G., Moll, E. C., . . . Tarvydas, V. M. (2009). New mandates and imperatives in the revised *ACA Code of Ethics. Journal of Counseling & Development, 87,* 241–256.
Ethical Issues in Multicultural Counseling • *307* •

Kitchener, K. S. (1984). Intuition, critical evaluation, and ethical principles: The foundation for ethical decisions in counseling psychology. *The Counseling Psychologist, 12,* 43–55. doi:10.1177/0011000084123005

Kitchener, K. S. (1996). There is more to ethics than principles. *The Counseling Psychologist, 24,* 92–97. doi:10.1177/0011000096241005

Kocet, M. M. (2006). Ethical challenges in a complex world: Highlights of the 2005 *ACA Code of Ethics. Journal of Counseling & Development, 84,* 228–234.

Kocet, M. M. (2009). Multicultural ethical perspectives. In C. C. Lee, D. A. Burnhill, A. L. Butler, C. P. Hippolito-Delgado, J. Humphrey, O. Munoz, & J. Shin (Eds.), *Elements of culture in counseling* (pp. 193–210). Upper Saddle River, NJ: Pearson Education.

LaFromboise, T. D., Foster, S., & James, A. (1996). Ethics in multicultural counseling. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (4th ed., pp. 47–72). Thousand Oaks, CA: Sage.

Lambert, N. M. (1981). Psychological evidence in *Larry P v. Wilson Riles:* An evaluation by a witness for the defense. *American Psychologist, 36,* 937–952. doi:10.1037/0003-066X.36.9.937

Meara, N. M., Schmidt, L. D., & Day, J. K. (1996). Principles and virtues: A foundation for ethical decisions, policies, and character. *The Counseling Psychologist, 24,* 4–77. doi:10.1177/0011000096241002

Midgette, T. E., & Meggert, S. S. (1991). Multicultural counseling instructions: A challenge for faculties in the 21st century. *Journal of Counseling & Development, 70,* 136–141.

Nystul, M. S. (1999). *Introduction to counseling: An art and science perspective.* New York, NY: Allyn & Bacon.

Parham, T. A. (1997). An African-centered view of dual relationships. In B. Herlihy & G. Corey (Eds.), *Boundary issues in counseling* (pp. 109–112). Alexandria, VA: American Counseling Association.

Remley, T. P., & Herlihy, B. (2001). *Ethical, legal, and professional issues in counseling* (1st ed.). Upper Saddle River, NJ: Prentice Hall.

Remley, T. P., Jr., & Herlihy, B. (2010). *Ethical, legal, and professional issues in counseling* (3rd ed.). Upper Saddle River, NJ: Pearson Education.

Sperry, L. (2007). Multicultural, relational, and spiritual issues in ethics. In L. Sperry (Ed.), *The ethical and professional practice of counseling and psychotherapy* (pp. 37–52). Boston, MA: Pearson Education.

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th ed.). New York, NY: Wiley.

Tarvydas, V. M. (1998). Ethical decision-making processes. In R. R. Cottone & V. M. Tarvydas (Eds.), *Ethical and professional issues in counseling* (pp. 144–155). Upper Saddle River, NJ: Prentice Hall.

Trimble, J. E. (2010). The principled conduct of counseling research with ethnocultural populations: The influence of moral judgments on scientific reasoning. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (3rd ed., pp. 147–161). Thousand Oaks, CA: Sage.

Urofsky, R. I., Engels, D. W., & Engebretson, K. (2008). Kitchener's principle ethics: Implications for counseling practice and research. *Counseling and Values, 53,* 67–78.

Utsey, S. O., Ponterotto, J. G., & Porter, J. S. (2008). Prejudice and racism, year 2008—Still going strong: Research on reducing prejudice with recommended methodological advances. *Journal of Counseling & Development, 86,* 339–347.
The Counselor as Human Being • ***308*** •

Vasquez, M. J. T. (1996). Will virtue ethics improve ethical conduct in multicultural settings and interactions? *The Counseling Psychologist, 24,* 98–104 doi:10.1177/0011000096241006

Watson, Z. E. P., Herlihy, B. R., & Pierce, L. A. (2006). Forging the link between multicultural competence and ethical counseling practice: A historical perspective. *Counseling and Values, 2,* 99–107.

Wiggins Frame, M., & Braun Williams, C. (2005). A model of ethical decision making from a multicultural perspective. *Counseling and Values, 3,* 165–179.

Additional Resources

The following websites provide additional information related to ethics and multicultural counseling.

ACA Code of Ethics http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx

Association for Multicultural Counseling and Development http://www.amcdaca.org/amcd/default.cfm

Counselors for Social Justice http://counselorsforsocialjustice.com/

Ethics Updates http://ethics.sandiego.edu

Multicultural Pavilion http://www.edchange.org/multicultural/

National Institute of Mental Health www.nimh.nih.gov

National Institute for Multicultural Competence http://www.coedu.usf.edu/zalaquett/nimc/nimc.html

Southern Poverty Law Center www.splcenter.org