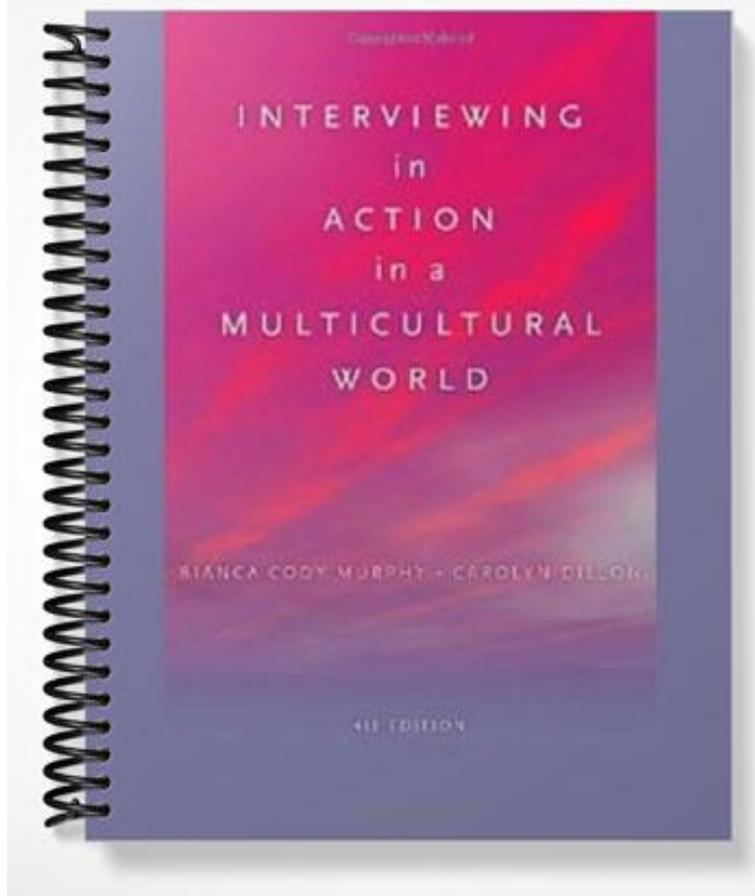


SOLUTIONS MANUAL



Chapter 2: Responsible Practice – Cultural Awareness and Professional Ethics

This chapter focuses on two key issues that are the bedrock of effective and responsive practice. Clinicians must attend to multiculturalism, differences, and diversity; and they must work from a solid base of professional ethics. In the first half of the chapter we discuss prejudice, discrimination, and racism, with a special focus on the effects of microaggressions. We review salient issues and research findings regarding multiculturalism, personal dimensions of identity, and how these factors inform, enliven, and complicate clinical practice. The chapter emphasizes the critical importance of clinicians' own self-awareness and readiness to grow when working with clients whose class, race, age, gender, religious and spiritual beliefs, sexual orientation, and abilities differ from their own. We conclude the first half of the chapter by discussing multicultural practice and guidelines for multicultural competencies. The second half of the chapter introduces students to ethical principles, standards, and professional codes of ethics. We discuss methods for resolving common ethical dilemmas that clinicians face. We discuss the ethical principles concerning competence, informed consent, multiple relationships and confidentiality. We address the ways in which clinicians can put ethical principles of social responsibility to work by becoming involved in political, social justice, human rights, and peace activism. We note that new technology and online interventions provide new ethical challenges. We conclude by discussing the Positive Psychology concept of positive ethics: ethical behavior is more than avoiding doing harm. A theory of positive ethics suggests that moral values and virtuous human behaviors should characterize clinicians' thinking and work with clients.

Chapter Outline

I. Multiculturalism, Difference, and Diversity

➡ EXERCISE 2.1 I Am What I Am

- A. Multiculturalism
 - 1. Common terms
 - a. culture
 - b. ethnicity
 - c. race
 - d. minority status
 - e. multiracial and multiethnic

➡ EXERCISE 2.2 Your Ethnocultural and Racial Background

- f. gay culture
 - g. Deaf culture
 - h. culture of disability
 - 2. Racial and ethnic identity
 - a. identity is socially constructed

- b. identities are stated
 - c. identity development
 - d. White people have a racial identity
- B. Difference
 1. Not limited to racial or ethnocultural differences
 2. Salience of identity varies over time
 3. There are multiple dimensions of identity
 4. Diversity within groups and invisible differences
 5. Unseen differences or unspoken values
- C. Prejudice, Discrimination, and Racism
 1. Stereotypes are fixed oversimplified images of members of a group

➡ **EXERCISE 2.3 Stereotypes**

2. Prejudice is positive or negative bias
 3. Discrimination is unfair treatment of people based on prejudice
 4. Racism combines prejudice and discrimination with institutional power
 - a. individual racism
 - b. institutional racism
 - c. cultural racism
 - d. aversive racism
 - e. racial microaggressions
 5. Homophobia and heterosexism
- D. Personal Dimensions of Identity
1. Dimension A—generalizeable human characteristics
 2. Dimension C—global contexts that affect the individual
 3. Dimension B—consequences of A and C—educational background, geographic location, relationship status, work experience, religion, etc.



CLIP 2.1 CLINICIANS' IDENTITIES AND VALUES

- E. Multicultural Practice
1. “Cultural competencies” necessary to work with people different from oneself
 2. Professional organizations have guidelines and standards
 - a. aware of our own ethnic, gender, and cultural heritage
 - b. acquire knowledge about the cultures and customs of the clients with whom we work
 - c. devise flexible strategies for intervention that are effective and congruent with client values

➡ **EXERCISE 2.4 Multicultural Standards**

➡ **EXERCISE 2.5 Matching**



CLIP 2.2 MULTICULTURAL PRACTICE

II. Professional Ethics

A. Ethics

1. Professional code of ethics
 - a. ethical principles are aspirational
 - b. ethical standards proscribe conduct

➔ EXERCISE 2.6 Ethical Principles

B. Ethical Dilemmas

C. Ethical Decision Making

1. Ethical assessment screen
2. Corey, Corey and Callanan's seven-step model



CLIP 2.3 ETHICAL DILEMMAS

D. Professional Standards

1. Competence
 - a. develop and continually enhance our knowledge and skills
 - b. do not practice outside area of expertise or beyond level of competence
 - c. certification
 - d. professional license

➔ EXERCISE 2.7 Competence

2. Informed consent
 - a. informs clients of potential risks and benefits
 - b. starts at initial interview but is ongoing
 - c. use easily understood language
 - d. clients sign form before beginning work

➔ EXERCISE 2.8 Managed Care

3. Multiple relationships
 - a. protects both the client and the clinical relationship
 - b. when clinician has more than one professional role with a client
 - c. when there are both personal and professional roles
 - d. when clinicians and clients socialize together
 - e. limit relationships with people close to client
 - f. not all social interactions are prohibited



CLIP 2.4 MULTIPLE RELATIONSHIPS

4. Prohibition of sexual relationships with clients
 - a. sexual or romantic relationships with current clients are forbidden
 - b. clinicians should not have sex with former clients
5. Confidentiality
 - a. ensures the privacy of client-clinician communication
 - b. use of computers and Internet services complicates confidentiality
 - c. limits of confidentiality—clinicians may breach confidentiality to prevent serious harm or danger to client or others
 - d. duty to warn and to protect

➔ **EXERCISE 2.9 Duty to Warn**

- e. privileged communication—legal protection of confidentiality
- f. client records are confidential
- g. clients have a legal right to see their records

➔ **EXERCISE 2.10 Confidentiality**



CLIP 2.5 CONFIDENTIALITY

6. Social justice and advocacy
 - a. advocate for just and equitable public policy
7. Ethics and online interventions
 - a. new technologies require new competencies
8. Positive Psychology, positive ethics
 - a. more than avoiding misconduct



CLIP 2.6 WORDS OF WISDOM

III. Conclusion

Suggested Activities

1. Have students read Peggy McIntosh's article on white privilege (see Suggested Readings at end of Chapter 2). Ask students to discuss what stands out for them most. Were they aware of all of the aspects of privilege McIntosh describes? Have the class think about how privilege negatively affects even those who have privilege.
2. A good discussion can follow about how clinicians are attributed privilege by many clients and communities, and about the ways that clinicians can also assert privilege over clients without realizing or acknowledging that they are doing so. Give examples of clinicians' assertions of privilege over clients and clinical agency administrators' assertions of privilege over clinicians and clients.

3. Ask students to describe instances in which they were hurt or offended by remarks or behaviors directed at them due to color, age, size, sexual orientation, or cultural differences, characteristics, or practices. Have them recount their various reactions and thoughts when these offenses took place. How did they choose to respond? Ask them how they might respond differently now. Recalling that clinicians as well as clients have experienced firsthand the effects of bias, prejudice, and disrespect may increase the students' understanding of how widespread and hurtful discrimination is.

4. If students have had experience seeing clients in an agency or other formal setting, have them discuss instances in which they may have seen some form of discrimination directed toward a client because of racism, sexism, ageism, homophobia, etc. Discuss with the class some steps a student or entry-level clinician might realistically take when colleagues speak or behave disrespectfully toward someone.

5. Have students read Sue et al's (2007) article in which Derald Sue and his colleagues discuss various forms of microaggressions and their impact on clinical work. Ask students to give examples of microassault, microinsult, and microinvalidation that they have observed or experienced themselves. Ask them to respond to the authors' statement that "Almost all interracial encounters are prone to microaggressions"

6. The film *Crash* can lead to powerful and provocative conversations about the assertion of White privilege and the nature of racial and ethnic discrimination in the United States. You might hold a screening of the film outside of class time and then discuss it during class. We think it is worth spending a whole class period showing the film and having a discussion immediately following it.

7. Have students give examples of clients different from themselves with whom they've worked with successfully. What were the differences between clinician and client? Did the student tailor questions or responses any differently in order to accommodate client needs, strengths, and preferences? Did the client provide the student with any feedback about approach that helped the student alter his or her understandings, interpersonal style, or methods? What did the student learn from the encounter(s)?

8. Ask students to identify a culture about which they would like to learn more. Have them find two recent articles about the culture. One should describe the culture: its history, values, norms, etc. The second should focus on cultural descriptions of "help-seeking" behaviors. Sometimes having a student call a multicultural health center social worker or town hall human service worker can help identify articles, books, or other research materials on these subjects. Students can report back to class what they learned.

9. Create a role-play about working with differences in which the students choose what the difference(s) between clinician and client are going to be. The differences can be of any kind: sexual orientation; marital/partnering/parenting status; mobility; ethnicity; age; religion, primary language spoken, and so on. Either the clinician or client will try early on to mention the apparent difference and ask how the other feels about working together. The goal of this activity is to give students and instructors a chance to see, early in the semester, what participants' natural impulses and skills are around confronting differences and

eliciting client and clinician responses regarding these. Ask students to discuss what the clinician might do differently. End with your own comments, given what has unfolded around this activity.

10. Give the class examples of working with teammates to resolve ethical dilemmas. If any students have had such experiences in work teams, have them share what the process was like, how thorny ambivalences were resolved (or lived with), and how compromises were worked out.

11. Have a colleague from your state association's Ethics Committee speak to the class about the types of cases that have come before the panel. Ask the speaker to discuss how both serious and less serious ethical breaches are handled.

12. Obtain and distribute HIPAA forms to students, discussing their provisions and requirements of clinicians. Find out to what degree your state affords in its confidentiality statutes the same legal protections for intern-client conversations in practice as it does for clinicians with advanced licensure. Discuss the implications of your findings with the class. Give examples of common workplace ethical missteps such as chatting about clients in elevators or bathrooms; leaving client files where others can read them; taking client materials home without agency permission; telling one client about another because the clients are friends; affirming by phone with an unknown caller that, yes, Person X is a client of the agency but you cannot say anything more about him.

13. Madelyn Isaacs and Carolyn Stone conducted a survey of mental health counselors in which they asked them under what conditions they would break confidentiality with minors. They presented counselors with a number of variables including age of client (11, 14, or 17) and a number of issues such as smoking cigarettes, smoking marijuana, sneaking out of the house, having sexual intercourse with a boyfriend or girlfriend, seeking an abortion, shoplifting, suffering from depression, having thoughts of suicide. An interesting conversation can occur by presenting situation in a PowerPoint presentation and having students raise their hand if they would break confidentiality if the client was 11, 14 or 17. (See: Isaacs, M. L. & Stone, C. (2001). Confidentiality with minors: Mental health counselors' attitudes toward breaching or preserving confidentiality. *Journal of Mental Health Counseling*, 23(4), 342-354.)

14. Discuss the importance of advocacy for client benefits, rights, and opportunities and how these actions relate to client empowerment in the clinical relationship. You might develop a role-play in which a client asks the activist clinician if she will join her in the Take Back The Night March coming up. One student can demonstrate the responses of a clinician who doesn't believe in outside activities with clients. Another can demonstrate the responses of a clinician who thinks that social action with clients strengthens their shared work mission and bond.

15. From our discussion of Positive Ethics on p. 57 of the textbook, frame an ethics discussion with the class. Have them break into groups of four and delineate some differences between professional ethics that often reflect clinician and agency self interest and client protection, and Positive Psychology's focus on the moral ethics flowing from a clinician's character, courage, and benevolent intentions. Some think that we can't trust

individuals and institutions to do right by clients without regulations. Give the class an example you're aware of in which a professional clinician did right in a complex situation without regulation. Then give an example of a situation you're aware of in which a clinician wronged clients in spite of regulations and standards. This kind of discussion can demonstrate the ambiguities in practice and the importance of becoming a trustworthy colleague and practicing with integrity

Using the DVD Video Clips

1. In Clip 2.1, Donna and Luz describe instances in which their own values and assumptions about clients similar to themselves proved incorrect. Have students discuss similar situations in which their expectations about someone have been distorted by their own experiences and assumptions.
2. In Clip 2.1, Donna had to decide whether to "come out" as a lesbian when she became pregnant and a client asked her who her husband was and other things about herself. Ask students to think about other hidden aspects of identity that clinicians might not want to disclose, and why.
3. In Clip 2.2, Mojdeh ("raining cats and dogs") and Michael (calling his supervisor "Chula") recount how misunderstandings around language can get clinicians into hot water with clients or others. Have the class share their own examples of misunderstandings resulting from language differences or nuances. You may want to add your own experiences as well.
4. In Clip 2.2, the clinicians talk about physical contact with clients. Discuss the pros and cons of clinician hugs, cheek kisses, hand holding, or arm touches when clients come from cultures where such behaviors are regarded as natural and normal. Discuss with the class several perspectives on clinician-client physical contact.
5. In Clip 2.4, Donna talks about agreeing to be a client's birth coach in a shelter program in which the client had no one else to turn to. How do the students react to this decision? What would they do in such an instance? Discuss your own thoughts about the decision.
6. Discuss Michael's assertion in Clip 2.3 that "we never get too big to consult around ethical dilemmas" and that we may be "a danger to our clients if we don't."