

Culturally Sensitive Treatment and Ethical Practice

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Attention to diversity, and cultural competence, have become of great importance in recent years as our society has become increasingly diverse. While attention to all forms of diversity is of vital importance, this brief article focuses on ethical practice with clients from diverse cultural, ethnic, and racial backgrounds. Several relevant facts are well-established at present:

1. The U.S. population continues to diversify at a rapid rate.
2. In some regions, people of color now make up the majority population.
3. Immigrants are no longer concentrating in a few urban areas. They are populating all geographic regions across urban, suburban, and rural areas.
4. The APA Ethics Code (APA, 1992) and the APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (APA, 1993) offer clear guidance against utilizing a Eurocentric or monolithic perspective in working with these individuals.
5. For psychology to remain relevant as a profession we must ensure we are able to effectively meet the needs of the many different individuals who will need mental health treatment services.

It is clear that each psychologist must have a sensitivity to diversity issues and general knowledge about the many groups who may seek or need our services. But beyond this, we must incorporate specialized knowledge of each individual's background and beliefs into our professional interactions with them. We also must be knowledgeable of the profession's ethics code and strive to provide services in a competent and ethical manner. Unfortunately, our efforts to accomplish both of these goals may create dilemmas for us.

The APA Ethics Code (APA, 1992) requires psychologists to be knowledgeable and aware of "cultural, individual, and role differences" and to

"accord appropriate respect to the fundamental rights, dignity, and worth of all people" (Principle D: Respect for People's Rights and Dignity, p. 1599). Further, psychologists are instructed to obtain the necessary knowledge and training to maintain competence in working with individuals of diverse backgrounds (Standard 1.08, Human Differences) and to respect the diverse opinions, values, and attitudes of clients (Standard 1.09, Respecting Others). Psychologists are also instructed to maintain high standards of competence in our work, yet we must attend to the varying competencies required for working with individuals of diverse backgrounds (Principle A: Competence).

It would seem that attending to these guidelines would not only be appropriate, but necessary for providing services to clients of diverse backgrounds. Yet, our efforts to meet these standards may create other ethical dilemmas for us. How can this be so? Consider the following:

Aviera (2002) reports that clinicians who are experienced as cold or distant by their Latino clients will experience high attrition rates. He further describes the cultural expectation of disclosing personal information "which helps the Latino client feel that the therapist is a caring and real person" (p. 18). Self-disclosure and being personable are described as essential aspects of the foundation of the psychotherapy relationship. A similar phenomenon is described for many African American clients as well (Sue & Sue, 2002). Further, Welfel (2002) addresses how the use of non-erotic touch is an integral part of many cultures (e.g. kissing and touch upon greeting) and clinicians who avoid or withdraw from such touch may alienate their clients.

When discussing psychotherapy with Native American and other indigenous clients Pedersen, Draguns, Lonner, and Trimble (2002) emphasize that "counselors may have to put aside conventional counseling styles and pay attention to what Indian and Native clients value in respected healers" (p. 67). This requires clinicians to be willing to discuss

a wide range of issues, to be willing to meet outside the office and remain accessible to clients at all times, to be willing to provide direct advice on a wide range of topics as an 'elder', and be willing to incorporate into treatment traditional spiritual and healing activities and customs that may be such a large part of the client's belief system. Examples may include the use of talking or healing circles, the use of sweat lodges, and other traditional healing ceremonies. Acceptance, and inclusion into treatment, of what one might consider as 'folk beliefs' of the client can be of great importance as well. One may also need to establish what Hiegel (1994) refers to as 'treatment partnerships' with traditional healers in an effort to integrate traditional healing practices into treatment.

Clinicians must also be willing to be able to function in a variety of roles to be effective with clients of diverse backgrounds such as the role of advocate. Additionally, Welfel (2002) describes the need to interact with clients on multiple levels and in multiple roles, both in and outside the office. With many cultures "concern with the therapist's and client's roles is subordinated to concern with genuineness of human interaction" (Pederson et al, 2002, p. 37).

Many authors emphasize the need to leave behind the traditionally conceived role of the psychotherapist when working with clients of diverse backgrounds. The use of barter with many clients of diverse backgrounds may be the norm, especially in those cultures with a collectivist orientation. Nathan (1994) also advises us to respect each culture's rules for hospitality. Failure to accept a gift from some clients may be disrespectful and insulting. Pedersen et al (2002) note the need to leave behind traditionally dictated role stereotypes when working with African American clients. The "power distance" typically seen in the psychotherapy relationship is found to be quite alienating for many in this group, perpetuates stereotyped roles, and leads to attrition. Openness, informality, and personal sharing may be needed to effectively work with some of these clients.

Thus, the dilemma for psychologists who strive to be culturally sensitive and competent is how to incorporate these issues into their work with clients

while at the same time adhering to ethical guidelines on boundary issues, self-disclosure, touch, barter, multiple relationships, and competence in our professional work. Perhaps our efforts to respect others' rights and dignity would result in us *not* promoting their autonomy and independence, or privacy and self-determination, due to a collectivist cultural belief system. Perhaps attention to individual differences *would* promote the crossing of accepted boundaries and 'respecting' these boundaries would give offense and result in damage to the treatment relationship. Perhaps staying within our particular areas of competence would result in *not* integrating folk beliefs and healing practices into treatment and clients thus *not* receiving the assistance they need. Yet, showing respect for others' rights, dignity, and worth would involve doing just that.

Ethical psychologists must possess the necessary training to provide competent care to clients from a wide range of diverse backgrounds. They should be aware of the guidelines and standards in the APA Ethics Code as well as their inherent limitations. They understand that a strict adherence to ethical standards may result in substandard care of clients from diverse backgrounds and that, at times, to be ethical will involve going beyond majority values and conceptions of appropriate treatment practices and relationships so that each client's treatment needs are met in a thoughtful, sensitive, and effective manner. These guidelines and standards must be interpreted and implemented with attention to and understanding of each client's background and beliefs.

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