

## FOCUS ON ETHICS

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### Ethics and Multiculturalism: Advancing Cultural and Clinical Responsiveness

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The provision of ethical and responsive treatment to clients of diverse cultural backgrounds is expected of all practicing psychologists. While this is mandated by the American Psychological Association's ethics code and is widely agreed upon as a laudable goal, achieving this mandate is often more challenging than it may seem. Integrating culturally responsive practices with more traditional models of psychotherapy into every practitioner's repertoire is of paramount importance when considering the rapidly diversifying population we serve. Psychologists are challenged to reconsider their conceptualizations of culture and of culturally responsive practice, to grapple with inherent conflicts in traditional training models that may promote treatments that are not culturally responsive, and to consider the ethical implications of their current practices. Invited expert commentaries address how conflicts may arise between efforts to meet ethical standards and being culturally responsive, how the application of outdated theoretical constructs may result in harm to diverse clients, and how we must develop more culturally responsive views of client needs, of boundaries and multiple relationships, and of treatment interventions. This article provides additional considerations for practicing psychologists as they attempt to navigate dimensions of culture and culturally responsive practice in psychology, while negotiating the ethical challenges presented in practice.

*Keywords:* ethics, multicultural, psychotherapy, culture, cultural competency

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## Ethics and Multiculturalism: Where the Rubber Hits the Road

By Miguel E. Gallardo

The first step in the evolution of ethics is a sense of solidarity with other human beings.—Albert Schweitzer

The delivery of ethical and culturally consistent therapeutic approaches has continued to challenge practitioners today because of demographic changes throughout the country, professional mandates, and the complex manner in which culture is understood and manifested therapeutically. In addition, applied psychology is still challenged in adequately translating our theories and discourse around multicultural issues into practice. Another systematic challenge in the profession is the lack of ethnic and racial students in the pipeline and psychologists in the field. There remains a gap between the rapidly changing demographics and professional practitioners to meet the needs of these communities therapeutically. Hence, the need for the profession to continue to evolve in our understanding of what is cultural and culturally responsive practice. As the profession continues to navigate culturally responsive practices in ethical ways, it will be important that psychologists continue to expand the lens through which we understand, and manifest, our roles as culturally responsive providers. This article addresses how practicing psychologists can continue to reexamine the notion of culture and culturally responsive practice in psychology, while negotiating the ethical challenges presented in practice. Ultimately, it is hoped that our continued evolution as applied psychologists will expand our possibilities in treating a demographically diverse nation.

As we continue to modify, adapt, revise, and reconceptualize ethical guidelines and codes for psychologists (American Psychological Association, 1981, 1992, 2002), we must also reflect upon, revise, and reconceptualize the philosophical underpinnings of psychology as a field. Historically, proponents of the multicultural movement have highlighted some of the challenges that practitioners are faced with when addressing the needs of culturally diverse communities, while simultaneously attending to ethical guidelines and codes (American Psychological Association, 1982; Sue, Arredondo, & McDavis, 1992; Pedersen, 1989; Pedersen & Marsella, 1982). Some of these challenges have included negotiating boundaries within the therapeutic context, advice giving and providing solutions, and struggling with internal personal values when these values may differ from those of culturally diverse clients (Sadeghi, Fischer, & House, 2003). As a result of these challenges, applied psychologists have often struggled in negotiating culturally responsive treatment within an ethical framework. Further reflection on the relationship between ethics in psychology and culturally responsive care yields two very important themes: (a) the importance in the practice of psychology to place our desire to be culturally responsive as central to all that we do; and (b) the need for practitioners to expand the lens by which they understand the nature of culture and its manifestation within the therapeutic context. What is also relevant in this particular discourse about ethics and multiculturalism is that one issue should not be more relevant to the other, but that both frameworks need to be considered and implemented when treating all clients, regardless of ethnic or cultural background.

## *Cultural Responsiveness*

The multicultural literature has been fueled by an increasingly diverse nation (U.S. Census Bureau, 2008) that has impacted the nature of how we assess, diagnose, and treat all individuals. Several authors have suggested that accounting for clients' values, culture, and context is an ethical responsibility (Arredondo & Toporek, 2004; Fowers & Davidov, 2006; Trimble & Mohatt, 2002) and that an absence of these considerations within the therapeutic context results in cultural malpractice (Hall, 1997). Sue and Sue (1999) argued that many clinicians lack cultural competence; however, more recently, Worthington, Soth-McNett, and Moreno (2007) conducted a 20-year content analysis of the Multicultural Competencies Research and found that there have been increases in the number of articles published and research conducted in these areas. While the results of the Worthington et al. study indicate that we have continued to make progress in our understanding of multicultural counseling competencies, the gap between theory, research, and application remains intact. In the recently adopted *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* (American Psychological Association, 2003), there is a call for the profession to envision our own conceptual models as a way to begin to change the philosophical nature by which we educate, train, and practice; additionally, Guideline 5 states, "This guideline further suggests that regardless of their practice site and purview of practice, psychologists are responsive to the Ethics Code" (p. 390).

So what is our current challenge as practicing psychologists? One challenge that continues to surface in the profession today is that while we have made, and continue to make, progress in our harmonization of ethically and culturally responsive practice, there are some who continue to call into question cultural issues and cultural competence in the profession (Satel, 2000; Satel & Forster, 1996), thereby placing more credibility on being clinically responsive, sans cultural responsiveness. In essence, if the philosophical underpinnings of psychology, in both theory and practice, placed culturally responsive practice first and foremost, our discourse, and continued debate in the interpretation and utilization of the ethics codes, might look different. The ethics guidelines and codes do not need to be called into question when implementing culturally responsive practices. While the dialogue about these two domains continues to evolve, much of our focus in applied psychology is to ensure that practitioners and trainees have a strong clinical foundation, "to do no harm" (American Psychological Association, 2003, p. 3). While doing no harm is of critical importance, it is of paramount importance that we place our desire to be culturally responsive alongside our desire to be clinically responsive when attempting to do no harm. It is important that our discussions about ethics and multiculturalism not be an either/or debate, but a both/and discussion.

The profession continues to make progress in incorporating issues of culture in our training programs (Fouad, 2006), thereby impacting the practice of psychology in the field. However, for many practitioners and students alike, many ethical and clinical dilemmas continue to challenge the therapeutic encounter. One challenge in particular has to do with practitioners' decision-making skills when faced with dilemmas therapeutically. That is, do practitioners and students begin their therapeutic decision-making process with an ethical lens first and foremost, or do they

begin the therapeutic process with a cultural lens at the forefront? More specifically, when practitioners are faced with a “dilemma” therapeutically, which lens supersedes the other, the “ethical lens,” which potentially places the needs of the clinician before the client, or the “cultural lens,” which places the needs of clinician and client at the forefront? What remains debatable in this latter point is that when the ethical lens supersedes the cultural lens in a potentially “unclear” therapeutic encounter, thereby placing the clinician before the client, the clinician’s desire to “self-protect” may overshadow the clinical needs of the client. As with all scenarios much of this depends on the situation, context, and individual client and therapist, but nonetheless, when we begin to dissect the relationships between the ethics codes with multicultural practice, the lines can become blurred. While many would argue that our ethical guidelines and codes are in place to protect the client, first and foremost, when confronted with potentially unclear and indistinct therapeutic situations, practitioners may utilize our guidelines and codes as a measure of self-protection rather than therapeutic responsiveness. As a result, the ethical lens that many practicing psychologists rely upon is the assumption that we need to do what we can to protect our own professional and personal livelihood rather than assume that our primary intent is to respond in a culturally, and clinically, consistent manner for the betterment of our clients. A resultant outcome of this underlying premise is that most psychotherapists find themselves practicing on the defense, thereby reacting to therapeutic situations, rather than being proactive in their approaches under certain circumstances (Lerman & Porter, 1990). Many practitioners and students are left attempting to reconcile practice with demographically diverse individuals and communities, while negotiating a decision-making process that potentially sets up well-intentioned practitioners and students perpetuating unintentional violations in cross-cultural encounters.

For many, the negotiating process begins while in graduate training programs. While some state that we have made progress in incorporating multicultural issues in training programs (Fouad, 2006), others continue to argue that training programs do not adequately prepare psychologists to address ethical dilemmas within a multicultural framework, rendering their graduates culturally incapable of negotiating cross-cultural encounters therapeutically (Caldwell & Tarver, 2005). Moreover, what appears to be more debatable in this discourse is our “standard of care” within a multicultural framework. While mandates should not have to be the answer to culturally responsive practice, some in the profession are left wondering when our desire to situate the need to be culturally responsive first and foremost will supersede our desire to be clinically responsive (Sue & Sue, 2003). Our minimum standard of competence is insufficient, if not culturally insensitive at times. It is not enough for practicing psychologists to simply “follow” the ethics codes by meeting the minimum standards of care. The argument in this article is that if we begin with a cultural framework at the outset, the lens by which we view our ethics codes, and minimum standards, also evolves to more accurately reflect the cultural realities inherent in our services.

While some authors would argue that clinical competence should include diversity (Barnett, Doll, Younggren, & Rubin, 2007), there still appears to be a gap in this area. As an example, the applied psychology’s more “traditional” clinical model of psychotherapy informs the average psychotherapist that his or her client should arrive to a specified place, at a specified time, to

receive unfamiliar services with someone whom they have never met before. While this more “traditional” or Eurocentric model is useful in certain contexts and with certain communities, working with some culturally diverse communities may require that we modify or alter our more traditional therapeutic framework in certain contexts, with clients who hold certain worldview belief systems, and extend the role of the psychotherapist within a psychotherapeutic context (Aldarondo, 2007; Moodley & West, 2005; Paniagua, 2005; Sue & Sue, 2003).

If we make the assumption that most psychotherapists have been professionally socialized into believing that the Eurocentric model is the way to conduct psychotherapy, then before one even attempts to connect therapeutically, they have already potentially limited their capacity to do so within a cultural framework. The idea of extending the couch to the community or of expanding one’s role as a provider for most psychotherapists seems daunting and, more specifically, ethically challenging. The culmination of ethical practice and multiculturalism requires the expansion of one’s role as a provider of services to all individuals (American Psychological Association, 2006; National Center for Cultural Competence, 2004).

Our historical context indicates that there are critical reasons for the implementation of ethical guidelines and codes (Barnett, Lazarus, Vasquez, Moorehead-Slaughter, & Johnson, 2007); however, practitioners who respond in fear of violating the ethics codes (Caldwell & Tarver, 2005) continue to challenge the profession as we attempt to interpret and implement good ethical practice with culturally diverse communities. Moreover, when a client from a culturally diverse background appears in the psychotherapist’s office and attempts to change the “therapeutic status quo,” it is possible that psychotherapists may find that this situation challenges their already existing schema for psychotherapy. For example, a Mexican American client whom you have seen in psychotherapy for several months for marital concerns comes to his next appointment and asks that the two of you engage in a spiritual ceremony together, which is consistent with his indigenous and spiritual beliefs, in order to further heal and cleanse his impure sexual thoughts about other women. He states that he views you as a healer and believes that engaging in this spiritual ceremony together will create a space for healing in the room (Field, Vasquez, Rodriguez, & Behnke, 2009). This situation raises the question of who defines what a “dilemma” is and how it “should” be resolved.

While we have made progress in our profession, our discussions today are sprinkled with similarities of the same discourse as that of the 1980s (Pedersen, 1989; Pedersen & Marsella, 1982). Why? The profession’s greatest “dilemma” as it pertains to the synthesis of ethics codes and culturally responsive practice lies in our continued struggle as practicing psychologists to begin with a cultural framework as our primary lens through which we view the practice of psychology in the 21st century. Let me reiterate again for the readers who might disagree with this analysis, the ethics code of psychologists is useful and valid. Rather than discuss the utility of our ethics code as it pertains to culturally responsive practice, let us *shift* to a model whereby we place our desire to be culturally responsive as primary. Our current model of infusing a clinical focus does not always include culturally responsive practice for most of the communities it intends to serve (Sue & Sue, 2003), as has been demonstrated by several authors (Aldarondo,

2007; Moodley & West, 2005). Many in the profession consistently challenge these notions by stating, "We are already doing this, and everybody is interested in culture." How can one body of literature, and professionals, continue to argue for the inclusion and integration of culturally responsive education, training, and practice, while another set of professionals report that "we are already doing this?"

Fowers and Davidov (2006) addressed some important components of this dialogue in their discussion of virtue ethics and multiculturalism. They stated that our genuine openness to the other facilitates our own personal transformations through a willingness to question our own core beliefs and commitments.

Fowers and Davidov (2006) further stated,

This openness constitutes an invitation to dialogue with culturally different others in which both points of view are compared, contrasted, and questioned . . . Dialogue provides a way both to take cultural truth claims seriously and yet avoid the tendency to claim universal truth. No one can predict the directions that this kind of dialogue will take. It is an open-ended endeavor that requires courage and a steadfast commitment to learning. The aims of this kind of conversation are to better appreciate the truths in each perspective, to better articulate and live up to the truths in one's own cultural standpoint, and to address the tensions and shortcomings in one's worldview. (p. 593)

What is our interest in multiculturalism, diversity, culture, and so on? Are we invested because we "should" be, or are we invested because we have a genuine interest in understanding the "other?" My fear is that, as practitioners, we are reacting to a wave of culturally diverse peoples and ideologies that are too overwhelming for us to understand, without the much-needed foundation to respond in ways that are contextually consistent. If it is a genuine interest that we have, then we know our commitment is life-long and ever evolving and to say that "we are doing that already" is simply inconsistent and culturally irresponsible.

To be culturally responsive means having a set of defined values and principles and requires individuals and organizations to "have the capacity to value diversity, conduct self-assessment, manage dynamics of difference, institutionalize cultural knowledge, and adapt to diversity and cultural contexts of the communities they serve" (National Center for Cultural Competence, 2004, p. vii). This framework permits us to view "difference" without pathologizing, blaming, or invalidating the experiences of the "other." It is important to reiterate that to be culturally responsive is not a concept at which one arrives, but more a process that is life-long and ever evolving. Knipscheer and Kleber (2004) reported that culturally diverse clients consider a psychotherapist's cultural responsiveness and understanding of their worldview as more relevant than ethnic matching. If we believe in the core of what it means to be culturally responsive, then we also believe that we have not arrived yet, nor are we where we need to be. Similarly, critical in our discourse on cultural responsiveness is an understanding of culture that is more expansive and inclusive.

### *Culture*

The walls of history are hard to penetrate, but as we continue to move forward in our debates and deliberations concerning the

synthesis of ethical behavior and multiculturalism, one of our principle foci must be on culture. In this discussion about culture, it becomes evident that the rubber has hit the road, and it will be important that we are durable enough to withstand the rapid changes ahead. If not, practitioners need to be concerned with falling short as we attempt to treat culturally diverse communities that are underserved. In our continued dialogue towards fusing these two areas, it is anticipated that the professional lens through which we understand the ethical mandates of the profession will likely be better understood and interpreted to reflect the cultural realities of those whom we serve.

As we move along the culturally responsive continuum, we need to call into question our understanding of culture and its manifestations therapeutically. Whaley and Davis (2007) enhanced our understanding of culture as they indicated that culture influences the therapeutic process more than the therapeutic outcome. Additionally, the manifestation of culture in psychology has been primarily limited to discussions of race and ethnicity only (Lakes, Lopez, & Garro, 2006). In other words, when we equate or make synonymous culture with race and ethnicity only, we have once again limited our capacity to respond in culturally appropriate ways therapeutically. Culture is more than race and ethnicity and should include identities such as religion and spirituality, gender, sexual orientation, class, and disability, to name a few. Future discourse on multiculturalism will continue to expand our definition of culture to include the multiple dimensions of analysis that contain the various contexts and aspects of our client's lives. In addition, culture is dynamic and changing, not static. Culture changes as the condition of the people change and as their interactions with the larger society change (Abney, 1996). In essence, political and religious turmoil, economic depression, and environmental changes all impact the manifestation of culture. As these societal changes impact our client's culture, we as practitioners are also changed and impacted culturally by these very same social changes and interactions. Ultimately, this deepens the complexity as we strive for a life-long process of being culturally responsive practitioners, not only in theory but also in practice.

As we expand this lens, the complexity of therapeutic encounters between psychotherapist and client will also change. However, with this complexity comes opportunity. As the fourth force in psychology (Pedersen, 1991), multiculturalism has had many advocates. For years, supporters of multiculturalism have discussed the importance of expanding our roles beyond the therapy room and expanding the limitations set forth by the profession. Today more than ever, psychology has begun to embrace the importance of extending psychology into the community (Newman, 2006). Extending psychology into the community can be understood as simply getting out and getting connected to those whom we intend to serve. As practitioners we are already moving in this direction, in theory, but our translation and application from theory to practice continue to reflect a more restricted or limited lens as providers. In keeping with this trend, practitioners will also need to be mindful of how we continue to synthesize our ethical guidelines and foundation, with a more expanded practice regime. In continuing to make these changes, it implies that as individual practitioners we are faced with *shifting* our current therapeutic paradigm.

As we continue to expand our understanding of culture and its multiple dimensions, our ability to negotiate therapeutic situations in ethically responsive ways will also continue to expand the profession's impact. In essence, our discussion of what is culturally responsive and of what is cultural go hand in hand. Our discourse on various cultural groups as "one" group (Latinos, African Americans, etc.) is changing to a more culture-specific understanding of the within-group diversity that exists. We should no longer view Latinos as simply Latinos generically but should appreciate the diversity within each cultural group. In doing so, indigenous ideologies, eastern philosophies, culture-specific practices (i.e., Mexican Americans vs. Peruvian Americans), and other religious and spiritual practices will expand our "clinical toolbox" when working in cross-cultural situations. It will be important that we are prepared and ready to respond to the changing demographics, which simultaneously change the way we practice.

Additionally, as we approach the era of evidence-based practices with multiculturally diverse populations (American Psychological Association, 2006; Bernal & Scharron del Rio, 2001; Kazdin, 2008; Hwang, 2006; Whaley & Davis, 2007), and enhance our understanding of the multiple identities each individual client brings into the therapeutic encounter, the complementary roles of ethically and culturally responsive practices provide opportunities for us as practitioners to either respond to the call or remain stagnant. This is where the rubber truly hits the road, ethically. While our discussion on boundaries and multiple relationships (Barnett et al., 2007) is essential, our discussion as practitioners needs to extend beyond this discourse if we are going to respond as culturally responsive providers, both in theory and in practice. While these discussions remain critical in our discourse, we need to challenge the profession to understand that as long as our philosophical differences remain intact between those practitioners who believe we are "already there" as a profession and those practitioners who endorse the ever-evolving, life-long process of cultural responsiveness, we will continue to have the same debates 20 years from now that we had 20 years ago.

Furthermore, there is a continued challenge among trainees who state that some supervisors express sentiments of reservation or hesitancy when trainees attempt to expand the therapeutic context and process by addressing the needs of their diverse clients in ways that may challenge the therapeutic status quo. These stories should be of great concern to the professional practice of psychology. More specifically, these fear-based responses situate our professional licenses and reputations before our desire to make decisions on what is best, therapeutically and ethically, for our clients. Ultimately, a cultural framework (culture specific, feminist theory, liberation psychology, etc.) informs us that our power over another is limited and that to internalize one's power over another is contraindicated in working in culturally appropriate ways. Our willingness as practitioners to embrace a more expanded understanding of culture might actually help us put in perspective the power that we ascribe to our work and our own ability to "heal" others.

Paul (1967) asked the critical question, "What treatment, by whom, is most effective for this individual, with that specific problem, and under which set of circumstances?" (p. 111). If we begin with the assumption that everyone has culture, including Whites, then it becomes imperative that we begin with a culturally responsive framework, while utilizing our existing

clinical and ethical foundations. We can no longer regulate culturally responsive practices to only "people of color" while reserving all other treatments for everyone else (La Roche, 2005). If we embrace the notion that culture is more expansive than simply race and ethnicity, then we also understand that culturally responsive practice should be our standard and norm and not the exception. It is important that as a profession we recognize that our ethics code requires us to be competent with all those with whom we work therapeutically and that it is our professional responsibility to maintain the competencies and knowledge needed to do so. In failing to meet this standard, we are failing to meet our ethical and cultural responsibility as practitioners. A clinically responsive lens or definition may not automatically imply cultural responsiveness. It is for this reason that we need to extend our reach as practitioners to strive for more than the minimum standard required to practice in "ethical" ways with diverse communities.

### Conclusion

As we move into a new cultural landscape in this country and begin to delve into the infinite ways that culture impacts every facet of our existence, it will be important that we challenge professional psychologists to transcend all historical and traditional barriers. Furthermore, culturally responsive practice needs to remain central in all that we do. Should we stalemate applied psychology's progress, we will continue to leave the most impacted in our society underserved and in need. Reflecting on the relationship between ethics in psychology and the practice of culturally responsive care creates a number of intriguing dialogues and, for some, dilemmas. Our greatest dilemma as practitioners is that we have not placed our desire to be culturally responsive at the outset of all that we do. In failing to do so, we continue to create internal dilemmas for the practice of psychology with all populations. While the clinical foundations that underlie the conceptual and therapeutic models remain critical to the practice of psychology, they must do a better job of including the core cultural foundations discussed in this article. While this article has only scratched the surface, it has outlined some larger conceptual issues that capture some of the "dilemmas" within an ethical and multicultural framework. As we continue to advance in these areas and continue to synthesize our efforts in concert with one another, it will be important that we be intentional about our dialogue and active in our pursuit to become culturally responsive psychologists in a diverse world.

The invited expert commentaries that follow provide more specific examples of many of the issues raised in this article. The authors add their professional and personal perspectives and experiences on how to negotiate being a culturally responsive practitioner within an ethical framework. Additionally, the invited experts provide examples of the multiple dimensions of culture and its manifestation therapeutically. Their intentional focus and attention to potential challenges that present within a therapeutic context, while addressing culture as a central feature, contribute to our understanding and progress on this essential topic.

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## Ethics and Multiculturalism: Merging, Not Colliding

Josephine Johnson

*Ethics and Multiculturalism: Where the Rubber Hits the Road* makes the very powerful observation that there are multiple intersections that may lead to collisions between traditional clinical training and newer approaches acknowledging the central role of culture. It

provides examples of how interpretations of our ethics code can lead to conflicts between meeting minimal standards and treating clients from a culturally responsive perspective. At these intersections, interpretations should merge rather than collide. Providing culturally informed treatment *is* meeting the minimal standard.

The American Psychological Association's ethics code (2002) is internally consistent; its principles and standards are not in conflict. Where the principles call for fairness and justice entitling all persons to access to and benefit from the contributions of psychology (Principle D) and respect for cultural, individual, and role differences (Principle E), they are not in competition with standards calling for competence in the provision of services (Standard 2.01). The standards and principles are equally valid, simply not equally enforceable. Adhering to one aspect of the code does not place one in jeopardy with another.

As Miguel Gallardo (2009) points out, difficulties arise when therapy conditions are unclear. In such situations he states that the ethics code may be used as a measure of self-protection. It often feels safer to travel traditional routes rather than to take a course that might require one to learn different skills and maneuvers. It has been said that all interactions are cross-cultural (American Psychological Association, 2003, p. 382) Are we less likely to retreat to the safety of a "minimum standard" when the cross-cultural variable is age, gender identity, or religion? Is the "road less traveled" more often the multicultural road? Practitioners more readily avail themselves of learning opportunities related to treatment innovations, diagnostic tools, or mandated ethics presentations than of training in culture-centered approaches.

How do we make multicultural competence as appealing, as necessary, or perhaps even as "safe" as we do meeting the minimal standards? Regarding the latter, ethics boards can help. They might consider developing consultation documents (e.g., publishing formal responses to real or potential conflicts that psychotherapists identify), addressing these cultural versus clinical, principles versus standards dilemmas. Such documents may provide additional guidance (safety) in arriving at an ethical course of action, decreasing the probability of what Gallardo (2009) describes as "a decision-making process that potentially sets up well-intentioned practitioners perpetuating unintentional violations in cross-cultural encounters" (p. 427).

Gallardo (2009) states, "There remains a gap between the rapidly changing demographics and professional practitioners to meet the therapeutic needs of these communities therapeutically" (p. 425). There are, in fact, multiple gaps: in availability, relevance, and commitment. The availability gap begins with disparities in training. The supply of professional practitioners will never meet the demand if cultural competence is not integrated into training curricula. The American Psychological Association's Commission on Ethnic Minority Recruitment, Retention, and Training (CEMRRAT) in Psychology reported more than 10 years ago that fewer than 50% of fully accredited clinical, counseling, and school psychology training programs have multicultural course requirements (American Psychological Association, Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology, 1997, pp. 28–29). The availability gap can be tightened at the licensing or relicensing level, thereby making multicultural competence as necessary as minimum standards. A few states (e.g., Massachusetts, New Mexico, and Ohio) require multicultural education and

training for licensing or relicensing (American Psychological Association Office of Ethnic Minority Affairs, 2008, p. 65), but more need to do so. CEMRRAT has as a goal to "introduce and/or increase the enforceability of accreditation and licensing standards focused on services to/research with multicultural populations" (American Psychological Association Office of Ethnic Minority Affairs, 2008, p. 65).

Federally qualified health centers (<http://www.cms.hhs.gov/center/fqhc.asp>)—community-based organizations that provide comprehensive mental health, substance abuse, and other services to medically underserved areas/populations—offer some hope in closing this gap. As we consider the role of psychology in the current health care reform agenda, we need to be aware that psychologists can play a key role on community health teams. Psychologists can take advantage of placement opportunities in these facilities, where they will receive valuable training in multiculturalism in working with underserved urban (often ethnic minorities) and rural communities.

Most who write about the significance of multiculturalism refer to the changing demographics of the nation and the world. The data are compelling, or should be. The relevancy gap refers to the failure of psychologists to respond to the data—to prepare for the inevitable global changes. Some may rationalize by saying that they do not work cross-culturally, that the clients who seek them out are not unlike themselves. This perspective is flawed. As was noted earlier, all interactions, including treatment, are cross-cultural. Even phenotypic similarity on certain cultural factors (e.g., gender or age) does not negate within-group differences. The phenomenological experience of being female, or of having a disability, or of being a Muslim cannot be presumed. Working effectively with differences should be as important as working effectively with perceived similarities. Cultural competence becomes more appealing if one sees the personal and professional benefits. Competencies in working with racial differences may facilitate growth and openness in other areas, for example, spirituality or sexual orientation. Diversity research shows that cross-racial interactions between students lead to a higher level of motivation for perspective taking, acceptance of difference and capacity to perceive commonality amid the differences (highly valued skills in psychotherapy; Gurin, 1999), and faster or better problem solving in diverse groups (Page, 2007).

Some might argue that our ethics code sees psychologists as having a responsibility to the world community, not just to the community of people that finds its way into our offices (Principle B: Fidelity and Responsibility: "They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work"; American Psychological Association, 2002, p. 1062). There are mutual benefits to be derived from expanding our personal borders, stepping out of the comfort zone of our consulting rooms to go to others rather than waiting for "them" to find "us."

A commitment gap is defined here as the absence of the pledge we need to make to the future of psychology and psychologists. For those of us who train and supervise, we have an ethical obligation to prepare future psychologists to work with a diverse array of people. This obligation maintains whether our own practices or courses are diverse. Failure to do so perpetuates the status quo—preserving the availability and relevancy gaps. In a similar fashion, there are a number of psychologists who are undertaking training in psychopharmacology even though they may never be able to prescribe. They see it as an

investment in the future of psychology, a paving of the way for others to offer competent, coordinated care. Supervision offers a second opportunity to address the training gap.

It is also meaningful to note that the American Psychological Association ethics code (2002) states that “psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations” (p. 1062). Not only should psychologists be informed by the American Psychological Association’s (2003) *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, which should be required reading for all psychologists, but also by our policy and position on *Evidence Based Practice in Psychology* (American Psychological Association Presidential Taskforce on Evidence-Based Practice, 2006). American Psychological Association’s definition of evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. Our policy recognizes that “psychological services are most effective when responsive to the patient’s specific problems, strengths, personality, socio-cultural context, and preferences” (American Psychological Association, 2006, p. 278). We are assured on many fronts by many of our own documents that cultures must be considered.

*Ethics and Multiculturalism: Where the Rubber Hits the Road* is quite comprehensive in its purview. Though outside the parameters for discussion, the article does stimulate consideration of other forms of cross-cultural dynamics and their ethical implications. Cross-cultural intersections between minority psychotherapists and nonminority clients are fewer, but they add an important dimension to the cross-cultural dialogue. Where are the ethical fault lines when a White client at a group practice asks not to work with a Latino, Asian, or Black psychotherapist? When the politics of gender are factored in, the equation becomes much more complex. Issues of power reversals and privilege may arise. Consider the dimensions of contact when a middle-aged White man presents for treatment with a mid-30s Black female psychologist. What aspects of the patient’s culture need to be addressed?

Gallardo eloquently points out that there are no standards or mandates that will resolve every ethical or multicultural dilemma. I have always held to the guiding principle once heard in a seminar: Be willing to expose but not to impose one’s values.

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## Ethics and Multiculturalism: Synthesizing Apparent Opposites into Responsive Treatment

Thomas A. Parham

The necessity of providing culturally appropriate treatment to clients that are racially and culturally different is a challenge of tremendous proportion. Yet, there are practitioners in numerous settings who accept that challenge every day with the clients they counsel and treat, the students they teach, and the novice and experienced professionals whom they supervise. They do so with a commitment to serve and meet the needs of their client populations by using a combination of the training that they have received and the professional and ethical standards that they have sworn to uphold. Most do so with the intent of delivering whatever service they render with a high degree of competency and integrity.

Adding to the burden of meeting the needs of those clients is the necessity to use this plethora of services that are anchored in a code of ethics and professional standards (American Psychological Association, 2002) that are the cornerstone of psychology and counseling professions. These standards are carefully choreographed to both provide for the welfare of the consumer and help the professional to do no harm. Unfortunately, these professional codes of conduct are themselves anchored in a cultural value system that is clearly Eurocentric in their orientation, and this reality has a tendency to create potential conflicts when those values stand in opposition to the cultural traditions and values of the clients they are intended to protect and serve. The point that needs to be made here, as it has been in the past (Parham, White, & Ajamu, 1999), is that the problem is not necessarily in the theoretical constructs but rather in the application of those constructs to populations they were not normed and standardized on.

Gallardo (2009) has done a marvelous job of articulating the range of issues involved in balancing the needs for culturally responsive treatment with the psychology’s ethical standards. In doing so, he acknowledges the complex manner in which culture is understood and how it needs to be broadly applied beyond the domains of race and ethnicity. Additionally, he rightly points out that in many contexts, more salience is placed on clinical responsiveness than on cultural responsiveness, the implication being that the former is more beneficial to the therapeutic outcome than is the latter. He is also insightful in commenting on the fact that many practitioners use the ethical and professional codes as a measure of self-protection rather than as a guide that helps them better meet the needs of their clients. Beyond that, Gallardo clearly articulates the challenges that emerge from factors such as boundary issues, advice giving, and conflicting personal values when attempting to traverse the landscape between the responsiveness of clinical/counseling

imperatives and cultural imperatives. For this, his efforts deserve our commendation.

Beyond the recognition and insight this article provides, there are several elements that demand more attention and conceptual depth. None is more important than the construct of culture. Recognizing that culture is a construct that is more elaborate than simply race and ethnicity is important. However, to rely on other elements of demography such as disability, age, and sexual orientation as the explanations for expanding the definition of culture is simply insufficient. Those elements of culture appear at the surface structure of understanding rather than at the level of the deep structure. In my opinion, culture helps to center and order our experiences in ways that are congruent with historic traditions. Culture, as I and others have argued previously, is a complex constellation of mores, values, customs, and traditions that provides a general design for living and a pattern for interpreting reality (Nobles, 1986; Parham, 2002; Parham et al., 1999). Thus, exploring how the variables of culture, responsive treatment, and ethical standards intersect must rigorously question how client worldview assumptions converge and diverge with the protocols of a particular treatment regimen and with the ethical practices that may be in harmony with or in opposition to them. To do so, as I have mentioned earlier, requires that readers of this article commit themselves to understanding culture at the deep-structure level rather than at the surface-structure analysis typically used.

For example, culture can be understood at the level of praxis, or systems of human interaction. Because some cultural traditions condone and even encourage contact between people, a culturally responsive psychotherapist might engage in that gesture as a way of helping the client to feel more welcome and comfortable. In this instance, the prohibitions that typically exist against client–psychotherapist hugs or embraces in traditional ethics codes may not be as relevant, principally because there is no intent of exploitation, sexual or otherwise, as is implicitly assumed in some ethical standards. Thus, a more important question practitioners need to ask may have less to do with clinical versus cultural responsiveness and more to do with the most appropriate ethical standard that one should use in serving clients who are culturally different from those populations on which the ethics codes were first based.

In that regard, it is also interesting that Gallardo makes a strong point of noting how cultural responsiveness is treated with less priority than is counseling and clinical responsiveness. Presumably, clinicians and other professionals prioritize these factors on the basis of adherence to the American Psychological Association's or the American Counseling Association's ethical standards (American Counseling Association, 2005; American Psychological Association, 2002), which are implicated as one source of the problem. Yet there is no mention of other standards of professional conduct or ethics codes that are culturally specific that might render a more satisfactory outcome to the cultural versus clinical responsiveness dilemma. For example, the Association of Black Psychologists developed a document as early as 1983 detailing ethical standards for Black psychologists (Akbar & Nobles, 1983, 2002). Those have since been revised and reprinted with the Association of Black Psychologist's (2008) Licensure, Certification, and Proficiency in Black Psychology initiative. These standards are organized into eight

categories, which include responsibility, restraint, respect, reciprocity, commitment, cooperativeness, courage, and accountability. They begin with a preamble anchored in the ontological principle of consubstantiation, which is defined as a belief that elements of the universe are of the same substance. These standards appear to answer the question of cultural versus clinical responsiveness, because rather than treat the two variables as distinct, they are assumed to be synthesized into the same intervention. Essentially, you cannot have clinical responsiveness without taking into account the cultural aspects of that particular situation or circumstance. In the circumstance listed above, for example, in which the psychotherapist might hug a client, an ethics code that is anchored in a more African-, Asian-, Indian-, or Latino- centered ideology may not provide the level of restriction that a more Eurocentrically oriented American Psychological Association ethics code does. What I want to suggest here is that the possibility to develop the flexibility Gallardo seeks in managing both culturally and clinically responsive interventions may rest with either a revision of the traditional ethical standards that psychotherapists now use or the imposition of an entirely different set of ethical standards that are centered in the cultural traditions of the people a psychotherapist is trying to treat, teach, or serve.

A final comment is reserved for the notion that ethics codes may be used as a source of protection for clinicians rather than as guides of how to be more culturally responsive. I think that this is an important observation. I agree that self-protection may be a motive in explaining how well-intentioned clinicians can be so culturally incompetent. After all, no one wishes to be outside of compliance with any ethical mandate. Yet strict adherence to ethical standards that are plagued by extreme levels of cultural sterility presents the clinician with a proverbial catch-22, with no way to really win or avoid critique from one position of intervention or the other.

As psychotherapists and counselors decide on choices between meeting the minimal standards to comply with ethical standards versus attending more to client demands, Gallardo (2009) asks the central question, of how one decides "which interpretation supersedes the other in a potentially unclear therapeutic encounter." His answer to resolve the dilemma seems to propose shifting to a model that places the desire to be more culturally competent and responsive as primary rather than secondary. However, I question whether that really resolves the challenge most clinicians face in balancing two competing priorities. While this may work for some whose abasement about abandoning ethical standards in favor of culturally responsive treatments may be low, others may find the choice as difficult as prior decisions that place clinical and ethical compliance above cultural responsiveness. In reality, the resolution will come only when the profession finds a way either to revise current codes by synthesizing cultural responsiveness into existing ethical principles and standards or to conclude that a more culturally specific model of ethical and professional standards must be used. For my preference, the latter appears to be a more relevant choice, essentially because it abandons culturally restrictive models and embraces codes of professional conduct that are anchored in the worldview analysis of the cultural traditions of the people whom we are committed to liberating with our healing interventions.

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## Extending the Frame: Managing Boundaries in a Culturally Responsive Manner

Jean A. Carter

It is an honor to comment on a respected colleague's work, and this is no exception. Miguel Gallardo urges us to explore the intersection of multiculturalism, culturally responsive practice, and ethics, as well as the logical and philosophical implications of that intersection. Rapidly changing demographics and increasingly sophisticated understandings of culture require that we include cultural responsiveness in the provision of ethically appropriate and effective services to a broad population. The case can be made that attention to culture is an ethical responsibility because it is attuned to the needs, characteristics, and values of clients and because it is essential to maintaining appropriate competence. Gallardo's assertion that culture is ubiquitous and a central concept creates a shift in perspective that places cultural understanding, inclusion, and responsiveness as foundational tenets within psychotherapy. This presents both a challenge and an opportunity to broaden our perspectives on the relationship frame within which psychotherapy occurs. The parameters of psychotherapy—what belongs inside and outside of psychotherapy—and the psychotherapy relationship are reflective of the cultural perspective within which psychotherapy occurs. Here I present an alternative conceptualization of the nature of psychotherapy boundaries, and the inevitable multiple relationships that follow, which may prove helpful in advancing this continuing dialogue.

The American Psychological Association *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002) provides essential guidance on boundaries and multiple relationships, which are among the most frequent ethical concerns faced by psychologists. While multiple relationships may be unavoidable and will inevitably create ethical dilemmas (Younggren & Gottlieb, 2004), the dilemmas have increasingly

been considered from a risk-management perspective rather than primarily from an optimal practice perspective. From a risk-management perspective, multiple relationships create a multitude of opportunities for dangerous boundary problems and ethical dilemmas and should be avoided whenever possible. From an optimal practice perspective, boundaries define the context in which psychotherapy occurs for this particular client and psychotherapist combination within their worldviews, cultures, and experiences. It provides a framework within which the psychotherapist can create a responsible and responsive context for the client. Psychotherapy boundaries are important because they provide a milieu of safety for clients and responsibility for the psychologist, and they typically include such parameters as the time and place of psychotherapy, touch, self-disclosure, and the role of gifts and money (Barnett, Lazarus, Vasquez, Moorehead-Slaughter, & Johnson, 2007).

The traditional view is that “[b]oundaries may be respected [i.e., never crossed], crossed, or violated. The distinction between crossing and violating a boundary is multifaceted” (Barnett, 2007, p. 402). How might we understand this kind of clarity of line and boundary within a context of culturally responsive practice? Cultural perspectives vary on parameters such as those noted above, as well as language, use of personal space, participation in significant life events, participation with significant relationships and family members, and therapeutic and spiritual activities. If, as Gallardo suggests, culture is an ubiquitous and central concept and culturally responsive practice is an ethical requirement, I believe that we are obligated to re-envision our fundamental understanding of the boundaries and parameters that contain the psychotherapy. Rather than maintaining a dichotomous view of boundaries (i.e., that there are clear lines around what belongs inside and outside the therapeutic frame) within which changes in boundaries to accommodate a client's culture and worldview are reviewed for crossing and violation, I suggest a more flexible conceptualization of boundaries.

I propose that the frame in which psychotherapy occurs needs to broaden and become more flexible in order to accommodate the demands of culturally responsive psychotherapy. The parameters or boundaries create the frame that defines what belongs inside the psychotherapy hour and how it should be handled; they may be more helpfully understood from a more inclusive perspective.

From this perspective, the boundaries of the psychotherapy may be viewed as more like a living cell wall than like a box, and more like a dynamic organism that is responsive to its environment, while still maintaining its integrity. A cell wall defines what belongs inside and what does not. It is permeable and flexible, which allows growth and change, and it can take in new or different information while still maintaining its essential being. It can give, bend, and stretch to include additional possibilities that are appropriate to the culture and worldview of our clients without breaking. The boundaries still define what is within and what is outside of the boundary and can contain and hold what belongs inside the therapeutic relationship and the understanding of what more appropriately belongs outside.

Culturally responsive psychotherapy will necessarily include parameters that are different from those that are based in the traditional White male European perspective that provided the basis of early knowledge about psychotherapy. Although the dimensions may be the same (i.e., touch, self-disclosure, gifts, and

money), the psychotherapists' choices of how to understand, approach, and include culturally different worldviews and life experience will differ. From a culturally responsive perspective, the therapeutic premise would be, "What are adaptive, responsive, and responsible ways to incorporate culture, race, ethnicity, all forms of diversity, and their intersection within the context of this person's worldview and culture?" From this perspective, attending the graduation of a young Latina who is the first in her family to attend college and sharing her pride and her family's joy could be understood as an ethical flexing and extension of the therapeutic frame.

Gallardo states—I believe appropriately—that "culturally responsive practice should be our standard and norm and not the exception" (Gallardo, 2009, p. 429). If culture is part of each one of us and we believe that culturally responsive practice is therefore both necessary and inevitable for good, effective, and ethical practice, then we need to understand what belongs within psychotherapy through the broad and inclusive vision that culturally responsive practice brings. Changing our understanding of the nature of the therapeutic frame rests on an assumption that the boundaries of the therapeutic hour are themselves a product of cultural assumptions and that our own assumptions should be challenged as we move toward culturally responsive practice. We must ask ourselves, What are the essential parameters that are

included within psychotherapy and that need to be redefined, moved, or stretched to support culturally responsive practice within the ethical guidance provided by the American Psychological Association code of ethics? I propose that we must extend the frame to incorporate the unique values, perspectives, and characteristics of each one of our clients and that we must envision that frame as flexible, expansive, and responsive, that is ethically responsible and ethically responsive.

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### New Editors Appointed, 2011–2016

The Publications and Communications Board of the American Psychological Association announces the appointment of 3 new editors for 6-year terms beginning in 2011. As of January 1, 2010, manuscripts should be directed as follows:

- *Developmental Psychology* (<http://www.apa.org/journals/dev>), **Jacquelynne S. Eccles, PhD**, Department of Psychology, University of Michigan, Ann Arbor, MI 48109
- *Journal of Consulting and Clinical Psychology* (<http://www.apa.org/journals/ccp>), **Arthur M. Nezu, PhD**, Department of Psychology, Drexel University, Philadelphia, PA 19102
- *Psychological Review* (<http://www.apa.org/journals/rev>), **John R. Anderson, PhD**, Department of Psychology, Carnegie Mellon University, Pittsburgh, PA 15213

**Electronic manuscript submission:** As of January 1, 2010, manuscripts should be submitted electronically to the new editors via the journal's Manuscript Submission Portal (see the website listed above with each journal title).

Manuscript submission patterns make the precise date of completion of the 2010 volumes uncertain. Current editors, Cynthia García Coll, PhD, Annette M. La Greca, PhD, and Keith Rayner, PhD, will receive and consider new manuscripts through December 31, 2009. Should 2010 volumes be completed before that date, manuscripts will be redirected to the new editors for consideration in 2011 volumes.