

Ethics: mental health professional and multicultural competence

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Multicultural Competence and its Measures Abstract Mental health scholars consider multiculturalism as the forth force in psychology; the current multicultural movement elevates multiculturalism to an equal status as behaviorism, psychoanalysis, and humanism. The purpose of this paper is to review the literatures regarding multicultural competence and to define critical ethical issues and ethical dilemma specific to multiculturalism. This paper also proposes specific multicultural standards and competencies that should become part of graduate schools' curriculum for preparing a culturally competent counselor.

Finally, this literature review will evaluate culturally incompetent criteria, such as counselor's biases, stereotyping, and cultural encapsulation. There is an effective need for multicultural training in this rapidly changing world.

More research is needed regarding the specifications of multicultural competence and what it takes to be culturally competent counselor.

Multicultural Competence and Its Measures Competence is a difficult concept to define because there are many possible levels along a continuum (Herlihy & Dufrenr, 2011), however, it is a major concern for mental health professional (Corey, Corey, & Callanan, 2011).

Cottone and Tarvydas (2007) define competence as “ a counselor's capability to provide a minimum quality of service within the counselor's (and his or her profession's) scope of practice” (p. 499). According to Corey, et al. (2011), competence is both ethical and legal issue. From an ethical perspective, counselor's incompetence may cause harm to clients, and from a legal perspective, incompetence counselors may face a law suit malpractice.

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Competence is a multifaceted issue and being competent to work with certain populations in one area in counseling at certain times does not mean being competent to work with all the populations in all areas at all times. Ridley, Mollen, & Kelly (2011) conceptualize counseling competence as a more complex way than do traditional models. They include cognitive, affective, and behavioral components to their competence model, and defined as, “the determining, facilitating, evaluating, and sustaining of intended outcomes” (p. 835).

The purpose of this paper is to review the literatures regarding multicultural competence and to define critical ethical issues and ethical dilemmas specific to multiculturalism. This paper also proposes specific multicultural standards and competencies that should become part of graduate schools' curriculum for preparing a culturally competent counselor. Finally, this literature review will evaluate culturally incompetent criteria, such as counselor's biases, stereotyping, and cultural encapsulation. Multicultural Competence

The demographic characteristics of the United States are becoming increasingly diverse (U. S. Census Bureau, 2005). The U. S. Department of Health and Human Services estimates that by the year 2050, people of minority will constitute a majority of the population (U. S. Department of Health and Human Services, 2001). As the U. S. populations increase in number, a corresponding amount of multi-culturally trained counselors will be needed to provide effective counseling and psychological services for them (Poyrazli, 2011; Choa, 2005).

Multiculturalism, according to Pedersen (2007; Ridley, et al. , 2011), is a term that indicates any relationship between and within two or more diverse group; it involves the inclusion of all cultures and ethnic groups (Cottone & Tarvydas, 2007). Multiculturalism in counseling psychology has been noted and emphasized in theory and research, as well as in training, supervision, and practice (Pedersen, 2007). Researchers, educators, and practitioners have recognized multicultural counseling as the “ fourth force” in psychology (Pedersen, 2007; Cottone & Tarvydas, 2007, p. 13), and defined it as intervention and process that defines contextual goals consistent with the life experiences and cultural values of clients, balancing the importance of individualism versus collectivism in assessment, diagnosis, and treatment (Sue & Sue, 2008, as cited in Corey, et al. 2011). Multicultural counseling competence is defined as a combination of counselors’ attitudes/beliefs, knowledge, and skills regarding experiences of racial and ethnic minorities and cultural differences from White-Americans (Sodowsky, Taffe, Gutkin, & Wise, 1994; Sue, Arredondo, & McDavis, 1992).

Recent literatures regarding multicultural competence have focused on the importance of awareness, knowledge, and skills (Pedersen, 2007). “ Given that counselors are ethically mandated to practice only within the bound of their competence, they must be proactive in gaining multicultural awareness, knowledge, and skills” (Cottone & Tarvydas, 2007, p. 216).

Multicultural competency begins first with awareness; counselors should be aware of the values, beliefs, and attitudes of their own culture and of their clients’ as well.

Sue and Sue (1999, as noted in Chao, 2005) listed six characteristics of culturally competent counselors: awareness of sociopolitical forces that have impacts on clients, awareness that differences in culture, social class, and language can be barriers to counseling, awareness of the impact of worldviews, awareness of how expertness, trustworthiness, and lack of similarities can influence clients' receptivity of counseling, knowledge and skills about appropriate communication styles among different cultural groups, and awareness of counselors' racial biases. P. 2) Second, counselor should be knowledgeable about their own cultural background and how it is affecting them personally and professionally, and regarding how they perceive normality versus abnormality. They must also acknowledge their own biases, assumptions, and stereotypes regarding certain ethnic group. While awareness helps counselors ask the right questions, knowledge helps them find the right answers to those questions (Pedersen, 2007). The third competency is skills; both awareness and knowledge competencies are two obviously essential prerequisites to developing adequate multicultural skills. These skills include the ability to conduct interviews in a culturally sensitive manner, the ability to accurately conceptualize unbiased assessment, and the ability to implement unbiased treatment plans being able (Choa, 2005). Skilled mental health professionals should be familiar with research findings regarding mental health that affect various ethnic groups. Measures of Multicultural Competencies There are several different measures that have been developed to assess multicultural competence.

Most of these measures assess competence through awareness, knowledge, and skills. For example, The Cross-Cultural Counseling Inventory-Revised (CCCI-R) measures the counselor's multicultural competence on 20 Likert scale items (LaFromboise, Coleman, & Hernandez, 1991). The Multicultural Awareness-Knowledge-Skill Survey includes three 20-item scales (D'Andrea, Daniels, Heck, 1991). The multicultural Counseling Inventory (MCI), unlike the other scales, consists of four factors: awareness, knowledge, skills, and counseling relationship.

The Scale ranges from 1 (very inaccurate) to 4 (very accurate), for example, " I am confident that my conceptualizations of client problems do not consist of stereotypes and biases", " I experience discomfort because of their different physical appearance, color, dress, or socioeconomic status" (Sodowsky, et al. , 1994). Multicultural education Since the early 1970s, there has been increasing in both literature and graduate training programs regarding the need to develop multicultural awareness, knowledge, and skills in attempt to train mental health professions in multiculturalism (Sue, et al. 1992; Poyrazli, 2011). Research has found that multicultural education is associated with more positive outcome in counseling (e. g. , Holcomb-McCoy & Myers, 1999; Hills & Strozier, 1992; Sodowsky, et al. 1994). In addition, the more educated counselors in multicultural competency the less the chances that they will impose their own values and biases toward their clients (Poyrazli, 2011). Hills and Strozier (1992) surveyed 61 APA-accredited counseling psychology programs. They have found that 87% of those programs offer at least one course on multicultural issues, which is very encouraging.

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Furthermore, Holcomb-McCoy and Myers have found that taking a multicultural course significantly enhances professional counselors' self-perceived multicultural knowledge and racial identity competence. Hence, counseling educators should provide appropriate multicultural training experiences that enrich graduate students' multicultural competence (Holcomb-McCoy & Myers, 1999). According to ACA Code of Ethics (2005), "Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices.

They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-play, discussion questions, and other classroom activities that promote and represent various cultural perspectives" (F. 11. c.).

Stereotypical Tendency and Cultural Bias Research indicates that exposure to racial and ethnic stereotypes in the mass media affects an individual's beliefs and perceptions of different racial and ethnic groups and, in turn, one could develop and adopt some stereotypes regarding those various groups (Holtzman, 2004).

Smith (2004, as cited in Poyrazli, 2011) defines a stereotype as " a generalized (and therefore oversimplified) belief about a group that is often used to distinguish that group from others and to interpret actions of that group's members. " (p. 336). Counselors—and people in general—may think that they are not culturally biased; nonetheless, they usually continue to hold stereotypical beliefs and biases that may affect their practices (Corey, et al. ,

2011). Counselors need to recognize cultural differences, yet they must be aware not to pre-judge clients based on their racial or ethnic group.

People have a tendency to put a descriptive label, or stereotype, on the various groups; thus, counselor should be aware of this tendency. The impression and the assumption that everyone from a group is the same can lead counselors to inaccurately assess clients and to be inattentive to the clients' individual differences (Poyrazli, 2011). Corey et al. (2011) give an excellent example regarding these stereotypical beliefs and faulty assumptions. They noted that “ therapists not trained in addiction treatment can bring harm to their clients dealing with substance abuse due to the therapists' faulty assumptions” (p. 126).

One of these assumptions is that will power alone is sufficient for recovery. Cultural Encapsulation Gilbert Wrenn (1962, as cited in Cottone & Tarvydas, 2007; Pedersen, 2007) first introduces the concept of cultural encapsulation. He defined it as a tendency for people to judge others according to their own cultural assumptions and being insensitive to cultural differences, assuming that their own view is the only right one (Cottone & Tarvydas, 2007; Pedersen, 2007). According to Pedersen (2007), the profession of counseling is even more encapsulated than it was 50 years ago when Wrenn coined the term in 1962.

Pedersen gives many examples of the presence of cultural encapsulation in counseling and the mental health professions. Most notably is the emphasis on the appropriate use of the Diagnosis and Statistical Manual of Mental Disorders (DSM-IV) (for examples of current cultural encapsulation, see <https://assignbuster.com/ethics-mental-health-professional-and-multicultural-competence/>

Pedersen, 2007). Hence, Counselors and mental health professional must guard against imposing their own values, beliefs, and assumptions on their clients; they must consider their own cultural perspectives and that of their clients' as well (Cottone & Tarvydas, 2007).

Counselors and psychologists should acknowledge the collectivistic perspective as well as the dominant individualistic perspective and apply both of them accordingly. It is essential for helping professionals to provide ethical service to all clients regardless of their cultural background in an unbiased manner. Counselors and helping professionals should be aware of their own biases, stereotypical, and fault assumptions in order to avoid causing harm to their clients.

In addition, counseling programs should have a balance between the three competence objectives, which are awareness, knowledge, and skills; an overemphasis of one of these objectives over the other may cause inadequate training. For example, being painfully aware without the appropriate knowledge and skills, the counselor may fail in applying the right procedure. Research (e. g. , Pedersen, 2007) indicates that self-awareness is the most important component in counseling competence in general and multicultural competence in particular, nevertheless, self-awareness is not sufficient in and by itself for practicing competently.

More research is needed to pinpoint the specific requirements for training multicultural competent counselors who will provide the best appropriate, unbiased service. References American Counseling Association. (2005). ACA code of ethics. Alexandria, VA: Author. Choa, R. (2005). Counselors'

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