Issues and Insights

A Model of Ethical Decision Making From a Multicultural Perspective

Marsha Wiggins Frame and Carmen Braun Williams

Because shifts in the world's ethnic and racial demographics mean that the majority of the world's population is non-White (M. D'Andrea & P. Arredondo, 1997), it is imperative that counselors develop a means for working ethically with a diverse clientele. In this article, the authors argue that the current *Code of Ethics and Standards of Practice* of the American Counseling Association (1995) does not adequately address the demands of working with non-White, non-Western clients. Using a universalist philosophy, an ethic of care (C. Gilligan, 1982; R. M. Kidder, 1995; J. G. Ponterotto & J. M. Casas, 1991), the context of power (M. Hill, K. Glaser, & J. Harden, 1995), and the process of acculturation, the authors offer a model for ethical decision making from a multicultural perspective.

The ethical practice of counseling and psychotherapy requires that practitioners have knowledge about and sensitivity to clients' cultural background and social context. Counselors are bound by professional and ethical obligations to "respect the dignity and promote the welfare of clients" (American Counseling Association [ACA], 1995, Section A.1.a.) and to practice competently. However, in order to uphold these standards in a multicultural world, counselors may well be caught in difficult double binds. For example, on one hand, the ACA (1995) *Code of Ethics and Standards of Practice* discourages dual relationships such as engaging in social activities with clients (Section A.6.a.), but on the other hand, the same activities may be precisely the vehicles for promoting client welfare. Such a paradox creates a significant ethical dilemma for mental health practitioners of all disciplines.

The purpose of this article is to suggest that the current ACA ethics code does not adequately address the demands of working with non-White, non-Western clients. By using a case involving a dual relationship, we showcase a practitioner's dilemma when caught between one interpretation of the ethics code and the implicit demands of a multicultural context. It is also the purpose of this article to offer a model of multicultural decision making based on a universalist philosophy, an ethic of care (Gilligan, 1982; Kidder, 1995;

Marsha Wiggins Frame, Department of Counseling Psychology and Counselor Education, University of Colorado at Denver and Health Sciences Center. Carmen Braun Williams, Diversity Initiative, Office of the Vice President for Academic Affairs and Research, University of Colorado System. Correspondence concerning this article should be addressed to Marsha Wiggins Frame, Campus Box 106, PO Box 173364, UCDHSC, Denver, CO 80217-3364 (e-mail: marsha.frame@cudenver.edu).

Ponterotto & Casas, 1991), the context of power (Hill, Glaser, & Harden, 1995), and the process of acculturation. Following is a case study that illuminates the double bind practitioners may find themselves in as they are forced to choose between standards-based ethical practice and the welfare of the client of color.

Case Illustration

Maria Elena Gutierrez, a 19-year-old Mexican American woman, was referred to counseling by her college academic adviser because of her ambivalence about continuing in college. In the first session, Maria Elena was withdrawn; made little eye contact with Barbara, the European American counselor; and spoke in hushed tones. When Barbara inquired about her family background, Maria Elena reported she was a second-generation Latina and that her family emigrated from Mexico when she was 7 years old. She told the counselor that she has two younger brothers, Juan, 15, and Pedro, 12, and a younger sister, Lucia, 8. Although Maria Elena attended two more sessions of counseling, she did not actively participate, and Barbara was unsure of how to proceed. Finally, Barbara asked, "What can I do to make counseling more helpful to you?" Maria Elena responded,

> You could come to my home for a meal and meet my family. In fact, why don't you come on Sunday? It is my little sister's First Communion and there will be a big family celebration after Mass. All of our relatives will be there . . . Maybe if my father met you, he wouldn't object so much to my coming to counseling. He thinks you are putting bad thoughts in my head.

In response to this case, some counselors in a peer supervision group began discussing various approaches to dealing with the ethical dilemma of avoiding a dual relationship while at the same time being sensitive to the cultural demands of working with Maria Elena. They discovered that group members held some divergent ethical perspectives based on differing philosophical assumptions that buttress ethical theory.

A Variety of Ethical Perspectives

One approach to ethics is known as utilitarianism. Individuals who hold this perspective believe that a behavioral code is morally right if the consequences of adopting it result in the greatest good for the greatest number of people (Hinman, 2001b). The emphasis here is on consequences, not intentions. Ethical relativism is the view that moral standards are grounded only in social custom (Fiesed, 2001). Those who subscribe to this position acknowledge the fact of moral diversity and believe that people should not pass judgment on practices in other cultures when they do not understand them. Indeed, proponents of this view claim that each culture is a right unto itself (Hinman, 2001a). Absolutist, or rule-based ethics, is based in the philosophy of Immanuel Kant. In opposition to utilitarianism, absolutists hold that the morality of an act must not be judged by its consequences but by its motivation. Thus, the underlying premise of absolutist-based ethics is that an

individual's actions can only be judged as ethical if he or she is basing those actions on a principle that he or she would accept as universal and applicable to all (Kierstead & Wagner, 1993). Universalism is a stance that honors diversity, but lifts up universal moral principles that are common to most cultures. The caring (Kidder, 1995) and reciprocal empathy (Ivey, 1987) perspective involves being able to enter another's world cognizant of one's own cultural background and of one's impact on another individual based on power and privilege. It includes knowledge of another's culture and presupposes a relationship in which difference is honored and values are not imposed on the other individual. Following is an example of how each of these positions was reflected in the peer supervision group.

Utilitarianism

Mark, a 35-year-old-European American counselor, believed that Barbara should do whatever would result in the greatest good for the greatest number of people. He argued that making Maria Elena's father happy might not be in the best interest of everyone involved, including the other counselors and clients in the center. Mark's approach to ethics is known as utilitarianism or "ends-based thinking" (Kidder, 1995, p. 24). This philosophical approach is also called "consequentialism," because at its heart is the principle of looking at projected outcomes as a means of determining ethical behavior (Kierstead & Wagner, 1993; Kultgen, 1988). Monica, a 42-year-old African American counselor disagreed with Mark, saying that she did not believe that Maria Elena should be deprived of a more familiar relationship with her counselor so that some "greater good" might be served. She reminded the group that it is usually the dominant culture that determines, based on its values, what the greatest good is.

Ethical Relativism

Enrique, a 32-year-old Mexican American counselor, suggested that Barbara should focus primarily on Maria Elena's culture and the behavioral expectations that go along with it. He claimed that Maria Elena would best be served if Barbara visited her client's home for the Sunday meal as a means of honoring her tradition and cementing the therapeutic relationship. He believed that the issue of a dual relationship was not so problematic when working with a client from a non-White ethnic background. Enrique took a position of ethical relativism, in which each reference group is allowed its own criteria for ethical behavior (Bayles, 1981). Thus, two beliefs or sets of norms that contradict each other can both be true. Moreover, ethical behavior is judged only on the basis of the group's or culture's standards, not those of other groups or cultures (Pedersen, 1995). This ethical perspective results in allowing each culture or group to generate its own ethical standards. For example, ethical standards consistent with cultural norms may be generated for working with Latinos and another set of culturally congruent standards developed for working with African Americans. These standards could

differ from one another despite being appropriate for a particular ethnic group. Mark said he thought Juan's idea was a possibility, but that it did not fully address the fact that both the counselors and the clients live in a *multicultural*, not a monocultural, world.

Absolutist, or Rule-Based, Thinking

Sarah, a 57-year-old European American counselor and supervisor, told Barbara that she thought keeping to the ethical standard of avoiding dual relationships (ACA, 1995, A.6.a.) was what was required in this case. "You can't just make exceptions whenever you want to because you think a particular client has special needs. That's why we have ethical standards—to keep counselors from behaving inappropriately." Sarah's perspective was one of rule-based, or absolutist, thinking. Referred to by Kant as the "categorical imperative" (as cited in Kidder, 1995), in this approach to be ethical is to act in such a way that one's behavior becomes a universal standard that others ought to follow. The absolutist applies the same rules across cultures with "the same fixed and unchanging perspective" (Pedersen, 1995, p. 35). Again, Monica raised her concern that by simply accepting the ethical standards at face value, cultural differences would be ignored. She said she was worried that such an approach would mean that White, Western persons would continue to determine the criteria by which all behavior is evaluated. Monica said that with all respect to her supervisor and her profession's ethics, she felt that not to struggle with cultural differences would be especially damaging in a pluralist society. She said she thought being so rule bound was dangerous because the approach used a single standard of ethical judgment.

Universalism

Marie, a 45-year-old European American counselor, said she thought "there must be a way to deal with this dilemma from a 'both/and' approach to ethics." She said that she thought it was important to affirm cultural differences while emphasizing commonalities that link cultures. She claimed that there were some universal moral principles that could guide Barbara, but that her actions might be different in different circumstances because of divergent cultural values. Pedersen (1995) explained that universalists "combine the search for culture-specific manifestations of difference with a search for fundamental similarities that link each cultural context with every other context" (p. 36). Ponterotto and Casas (1991), drawing on Pedersen's notion of universalism, outlined four such universal principles that influence ethical theory and practice. The first is altruism, which helps counselors focus on both psychosocial problems and psychocultural strengths of various cultural groups. Altruism also concentrates on real-world problems. Second, responsibility includes the coconstruction of problems and solutions, as well as reciprocal involvement across cultural groups. Justice requires refraining from exploitation and ensuring fairness in counseling relationships. Caring calls for "helping culturally different clients regardless of the consequences" (Pedersen, 1995,

p. 37). Marie concluded that using these principles could enable Barbara to have dinner with Maria Elena's family to build rapport and to meet her client's needs, and that by doing so Barbara would not be jeopardizing Maria Elena's welfare nor exploiting her.

Caring and Reciprocal Empathy

Rachel, a 29-year-old Jewish American counselor (who had done significant processing of her own ethnic, cultural, and religious background and the impact of her perspective on others), engaged Barbara in a dialogue about Barbara's perception of herself as a European American woman and her impact on Maria Elena, a Mexican American. She encouraged Barbara to begin exploring Maria Elena's world as a Mexican American woman and what her interactions are like with a European American woman who has a position of power and privilege. Rachel asked Barbara, "How much have you considered the vast differences between your world and Maria Elena's? What do you think are the implications of these differences for your relationship with Maria Elena and her family?"

Rachel's view mirrors Gilligan's (1982) care-based, or relational, ethics. The Stone Center relational model (Jordan, 1997) further reflects Rachel's emphasis on the impact of and need for sensitivity to cultural differences between therapist and client. Specifically, the Stone Center model emphasizes the healing power of cross-cultural therapeutic relationships in which therapists are able to operate from a place of understanding about the psychological effects of racism; to transcend hierarchical, racially based social arrangements; and to connect in a profoundly caring manner with clients (Jordan, 1997). Essentially, care-based ethics revolves around empathy for the client (Ivey, 1987). Ivey used the word *empathy* to mean "not only awareness and understanding of the unique individual . . . but also the broad array of cultural/historical factors that may underlie individual experiencing" (Ivey, 1987, p. 199). Defined this way, empathy involves counselors' self-examination regarding the impact of their background and possible privilege on their understanding of and potential for understanding clients who are ethnically or culturally different from themselves. Such empathy also includes counselors' knowledge of clients' cultural context. It requires appreciation of different cultural norms and a refusal to impose one's values on clients. Rachel said she thought her approach invited counselors and clients to enter into each other's worlds and perspectives at a deep and honest level.

A Model of Culturally Sensitive Ethical Decision Making

To help counselors such as Barbara make ethical choices that intentionally include values and worldviews of a diverse clientele and to counteract the constraints inherent in the current ACA (1995) *Code of Ethics and Standards of Practice*, we propose a model of ethical decision making from a multicultural perspective (see Table 1). Our model is grounded in universalist philosophy that recognizes cultural differences but emphasizes common principles such as al-

TABLE 1

Multicultural Ethical Decision-Making Model

Ethical Decision-Making Step	Components of the Process: Questions to Ask Oneself
Identify and define an ethical dilemma	What is the right vs. right issue? What are the conflicting, incompatible courses of action? What is the crux of the dilemma? Who is involved? What are the stakes? What are my values? What are those of my client, my supervisor, and others involved? What are the cultural and historical factors that are at play? How do the principles of altrusim, responsibility, justice, and caring apply? How could these principles issue in different behaviors based on cultural diversity? What insights does my client have regarding the dilemma? How is my client affected by the various aspects of the problem? How do I feel about the problem? What does my intuition tell me to do?
Explore the context of power	Where am I located in the power structures of my culture and community? Where is my client located? How could the use of power affect my decision? How could a power differential between myself and my client affect the welfare of my client? How can we share lenses to come to an ethical and just decision?
Assess acculturation and racial identity development	Where is my client in the process of acculturation? Where am I? How do these levels of acculturation affect my ethical thinking and acting? How far do I need to go to meet my client's needs? What about my needs?
Seek consultation	Who do I know that is a culturally competent counselor? What are the values, beliefs, meanings, cultural traditions of my consultant? How do these shape my consultant's perspective? What is my consultant's position in the context of power?
Generate alternative solutions	How does each of the options available to me fare when examined on the basis of the model's criteria above? What does my intuition tell me to do? What are my fears or misgivings about each option?
Select a course of action	What role has my client played in the decision-making process? What contributions has my client made? What are my motives in selecting this course of action? What is my rationale? What is the critique of my decision? Have I documented my plan of action?
Evaluate the decision	How does this choice fit with the ethical code? How were my client's cultural values and experiences taken into consideration? How were my own values affirmed or challenged? How was power used in the action? How would others appraise the action? What did I learn from the struggle to resolve this ethical dilemma?

truism, responsibility, justice, and caring (Ponterotto & Casas, 1991) that link cultures. The model also draws on Ivey's (1987) notion of empathy that invites reciprocal cultural understanding between client and counselor, such that each grasps the historical/cultural factors that contribute to the other's subjective experience. From feminist models of ethical decision making (Hill et al., 1995), we borrow the concepts of one's position in the culture vis-à-vis power, as well as "person of the therapist" factors (Hill et al., 1995, p. 24) such as feeling and intu-

ition. Added to the mix is an assessment of both the client's and counselor's worldview and level of acculturation from traditional ethnic to fully acculturated (Paniagua, 1994; Santiago-Rivera, 1995; Trevino, 1996; see Figure 1).

Identifying and Defining Ethical Dilemmas

The first step in applying the model of ethical decision making is to recognize and identify an ethical dilemma (see Figure 1). Kidder (1995) correctly pointed out that ethical dilemmas lie not so much in making choices between right and wrong as they do in choosing between right and right. Indeed, Kitchener (1984) defined an ethical dilemma as "a problem for which no course of action seems satisfactory . . . the dilemma exists because there are good, but contradictory ethical reasons to take conflicting and incompatible courses of action" (p. 43). A model of ethical decision making from a multicultural perspective is essential precisely because of the necessity of responding to "right versus right" dilemmas.

In this step, it is critical to examine the factors that constitute the problem. More specifically, this step involves (a) clearly understanding the crux of the dilemma; (b) determining who is involved in the dilemma and what the stakes are; (c) clarifying the values of client, counselor, supervisor, and others involved in the dilemma; (d) considering the cultural and historical factors that are at play in the dilemma; (e) reviewing the existing ethical code for directives; (f) applying the principles of altruism, responsibility, justice, and caring; (g) involving the client in reciprocal empathy and inviting his or her insights; and (h) reflecting on one's own feelings and intuition and
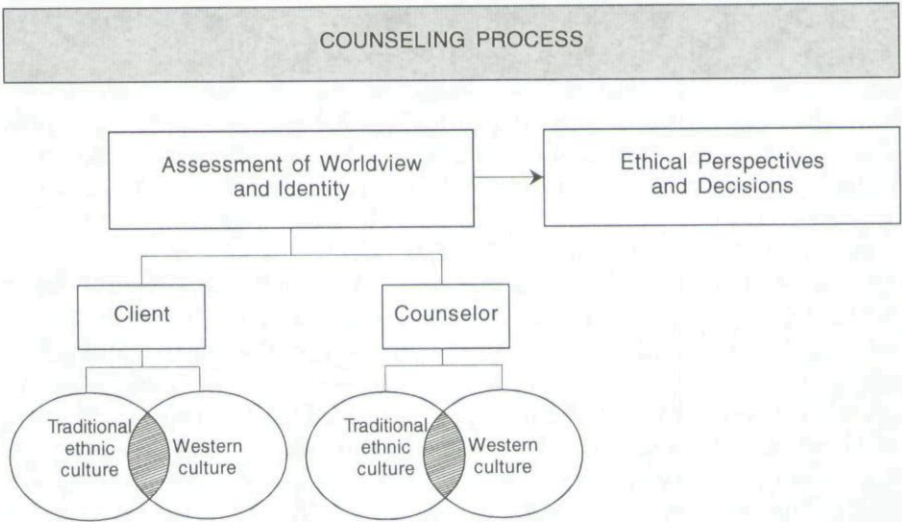
FIGURE 1
The Ethical Decision-Making Process From a Multicultural Perspective

their role in the dilemma. After these aspects of the problem have been considered seriously, the context of power is considered.

In the case of Maria Elena, this process would involve Barbara's recognition that a conflict exists between the prevailing interpretation of the ethical code and Maria Elena's request for her to attend her sister's First Communion. It requires that Barbara examine the norms and behavior patterns of Maria Elena's culture and determine if they are consistent with her family's need to connect with Barbara before trusting her to work with Maria Elena's emotional issues. Barbara may choose to engage Maria Elena in a conversation about the meaning of the invitation and the dilemma that she (Barbara) is facing. Moreover, this step involves Barbara's sense of intuition about her intent related to attending the First Communion: It is important that Barbara acknowledge that she is neither exploiting Maria Elena's hospitality nor violating her boundaries, but rather attending the First Communion is to honor her client in the client's cultural and family context.

Acknowledging the Context of Power and the Reality of White Privilege

Hill et al. (1995) argued that both the therapist's position and the client's position in culture, relative to the power that each has, affect how the ethical code is applied and thus are central to ethical decision making (see Figure 1). For example, what constitutes harm may be seen quite differently through the eyes of a poor Latina woman than through the eyes of an upper-middle-class White man. What is needed is a sharing of lenses when applying ethical principles to specific dilemmas.

The social context of power not only affects ethical decision making but also shapes the nature of the therapeutic relationship and course of therapy. For example, Helms and Cook (1999) asserted that "the person with the most powerful social role (e.g., the supervisor) serves as a definer of the interaction" (p. 288). Their racial identity interaction model examines implications of differences in power and racial identity for the therapy process. The impact of therapists' racial socialization on case conceptualization, their predisposition to explore or avoid racial and cultural issues, and their understanding of what constitutes culturally competent practice are critical ethical issues requiring systematic attention (Helms & Cook, 1999).

Related to the context of power is the issue of White privilege. Writers (Daniels & D'Andrea, 1996; Ivey, Ivey, D'Andrea, & Daniels, 1997) in the field of multicultural counseling have suggested that one of the reasons counselors have failed to incorporate culturally diverse views and practices is that many counselors and counselor educators are hampered by their own Eurocentric and monocultural positions. They underestimate the reality of White privilege and power that have characterized the counseling profession and that have resulted in unintentional racism (Daniels & D'Andrea, 1996; Ivey et al., 1997; Ridley, 1995). Even the term *multicultural* is often used to mean only cultures other than those in the mainstream (Ibrahim, 1996). Thus, ethnocentricism

has contributed to counselors' impaired vision when it comes to multiple perspectives, especially vis-à-vis the ethical standards of the profession. What is needed are new models of ethical decision making that honor the ethnic, racial, and social context of all clients.

Assessing Acculturation and Racial Identity Development

The next step in the ethical decision-making process is to assess the level of the client's acculturation and racial identity development (see Figure 1). Several assessment instruments have been developed to determine levels of racial identity development and acculturation for African Americans (Helms, 1990), Latinos (Cuellar, Harris, & Jasso, 1980), Asian Americans (Suinn, Rickard-Figueroa, Lew, & Vigil, 1987), and American Indians (Hoffman, Dana, & Bolton, 1985). However, because the time necessary to administer these instruments may preclude their use, counselors may choose instead to conduct a brief assessment of three key acculturation variables: generation, preferred language, and social interaction with members of one's own racial/ethnic group compared with interactions with members of other groups (Paniagua, 1994). Levels of acculturation are clues about the degree to which the values and assumptions inherent in the ethical codes match the client's cultural values, but they may not give a comprehensive picture of the client's interactions and coping mechanisms vis-à-vis the dominant culture. In general, the more acculturated the client and the counselor, the less likely their cultural values will diverge from those of the dominant culture. Working with more traditional clients who are immersed in their indigenous culture will require counselors to move beyond rule-based thinking and to seek creative solutions that honor cultural diversity and avoid exploitation.

Seeking Consultation

In order to minimize bias and increase self-awareness, seeking consultation with culturally competent colleagues and supervisors is critical (see Figure 1). Recommendations of culturally competent professionals may be obtained by contacting national and state ethnic minority counseling and psychological organizations, state licensing boards, and local clinical agencies that provide mental health services to culturally diverse clients. Part of the consultation process involves engaging the consultant in a self-analysis of cultural and personal values, beliefs, experiences, and meanings that contribute to his or her perspective on the dilemma. The consultant's position in the context of power also needs to be considered.

Considering Multiple Possibilities

A major barrier to incorporating a variety of worldviews into ethical counseling practice has been not only the Western slant of the *Code of Ethics and Standards of Practice* (ACA, 1995) but also the tendency of practitioners to interpret these guidelines in unidimensional (rule-based) ways. The assumption is that

concepts such as freedom and responsibility result in particular behaviors that can be judged as ethical or unethical. This objective view of the ethical code constricts the range of behaviors that can be considered appropriate and results in the imposition of the dominant culture's interpretation on the *Code of Ethics and Standards of Practice.*

In response to the "one right way" approach, the postmodern paradigm can be applied to the ethics of counseling practice. This application means acknowledging the subjective nature of one's assumptions about the world and focusing on "the interpretive nature of human behavior, meanings, and identities" (Anderson, 1994, p. 146). A postmodern approach means abandoning assumptions of objectivity, empirical knowledge, and universal truth. Thus, the one (dominant, Western) perspective must give way to the many (multicultural) perspectives (see Figure 1).

Generating Alternative Solutions

When counselors are able to adopt a stance that welcomes multiple perspectives and when data from the previous steps have been gathered, the counselor then develops a variety of possible solutions to the dilemma (see Figure 1). It is critical to evaluate each possibility in light of the model's criteria of universal principles, an ethic of caring and reciprocal empathy, context of power, and level of acculturation. For example, in Maria Elena's case, the counselor, in consultation with colleagues and consultants, could list the various courses of action stemming from different ethical frameworks. She could consider the extent to which each course of action respects Maria's Elena's culture and closely examine each option for potential cultural biases or power inequities. Maria Elena's counselor then reflects on her emotional reaction to the various options generated.

Selecting a Course of Action

The next step in ethical decision making is choosing a solution that is born of a partnership with the client, rigorous self-examination, and a well-delineated rationale. Specifically, counselors should clearly define relevant ethnic-cultural norms and behavior and identify ethical choices emanating from these norms. Next, counselors should carefully review the ethics code to determine whether culturally congruent solutions are, in fact, inconsistent with the code. Culturally responsive solutions are not always in conflict with ethics codes; rather, misinterpretations of ethical principles may cause counselors to unnecessarily eliminate viable alternatives that uphold cultural values. If, however, the solution seems to be inconsistent with ethics codes, counselors are advised to discuss their options with a culturally competent consultant to determine whether their actions, despite being in conflict with a specific section of the code, uphold the overarching principle of client welfare. If the issue of client welfare is unclear, the counselor should reevaluate his or her options. If client welfare would be advanced, the counselor then implements the decision, documents the action, and supports it by addressing the criteria in the decision-making model (see Figure 1).

Evaluating the Action

After making an ethics decision, the counselor reviews the action and asks important questions: How does the action fit with the existing ethics code? Does it consider cultural values and experience of the client? How have one's own values been affirmed or challenged? How was power used in the action? How would others appraise the action? and What did I learn from the struggle with an ethical dilemma? (See Figure 1.)

Application of the Model to the Case

In analyzing the case of Maria Elena, one is struck by the ethical dilemma: Not attending the First Communion celebration in the client's home is right from the perspective of the ACA (1995) *Code of Ethics and Standards of Practice,* which urges counselors to avoid dual relationships that could "impair professional judgment or increase risk of harm to clients" (Section A.6.a.). Attending the First Communion celebration is right, too, in that it serves the welfare of the client (ACA, 1995, Section A.1), who may terminate counseling if Barbara is not connected to Maria Elena's family in a personal way. There is just as much risk of harming the client by failing to honor her culture and family expectations as there is of potential exploitation by moving outside conventional professional boundaries.

Identifying and Defining the Dilemma

In attempting to define the problem, Barbara determined the crux of the dilemma was a conflict between two mandates in the ethical code: client welfare versus dual relationships. The individuals involved in the dilemma included Maria Elena; Barbara; Maria Elena's immediate and extended family; the counselor's supervisor, Sarah; and the peer supervision group. What was at stake in this situation was whether or not Maria Elena would continue in counseling and whether or not Barbara could maintain professionalism while venturing into the more personal, family arena.

The cultural and historical factors involved the Mexican culture's value placed on family and the role of the father in protecting his children's (especially daughters') welfare (Falicov, 1996). There was also the family's fear that Maria Elena would reject her cultural values and family beliefs if she was exposed to an authority figure (Barbara) who might try to indoctrinate her with Western ideas.

When applying the principles of altruism to the dilemma, Barbara uncovered both the psychosocial problem of the family's isolation from American institutions and services and the psychocultural strength of family and social support available to the client through the Hispanic community and the Roman Catholic Church. Because altruism's focus is on real-world problems, Barbara determined that helping Maria Elena might require venturing into a family in an unfamiliar culture in order to tackle her client's fears of academic success. Responsibility, when applied to this case, suggested that Barbara could learn something from Maria Elena's family and culture and that they could learn

something from Barbara. Barbara reasoned that justice would be served if she could find a way to offer Maria Elena the counseling she needed without either making her dependent or exploiting her. Barbara was clear that she was motivated by caring and had a personal investment in Maria Elena's well-being and in providing assistance to her regardless of the consequences.

In the spirit of reciprocal empathy, Barbara explained the dilemma to Maria Elena and asked for her comments. Maria Elena said,

> You won't hurt me by coming to my house and meeting my family. We expect to have important people visit us in our homes. You could hurt me more by not coming, because my family will think you are rude and that you do not care about us.

After reflecting on all aspects of the problem she had uncovered, Barbara asked herself, "What am I feeling? What does my intuition tell me is the right thing to do?" When discussing the case with her supervisor, Sarah, Barbara said,

> I know you see this dilemma differently than I do, but my gut tells me I need to go to Maria Elena's home—that they have honored me with the invitation. But if I go, I need to determine a way to maintain my objectivity so I can do my best work with Maria Elena, if she chooses to continue in counseling.

Acknowledging the Context of Power and the Reality of White Privilege

Barbara reflected on the context of power in which her client found herself. As a young person of color from a poor Hispanic family, Maria Elena was moving into mainstream American culture by attending college and pursuing an academic degree. Although she had grown up in the United States and was familiar with its values and customs, nevertheless she had experienced devaluation because of her gender, ethnicity, and social class. Barbara could see how Maria Elena and her family might interpret her refusal to attend the First Communion as a racist act and how they could believe she thought they were not worth her time. Barbara was also aware of how being White allowed her the privilege of identifying with the dominant culture's values, including education and independence. She realized she would need to be careful not to impose these ideas on her client.

Assessing Acculturation and Racial Identity Development

When reviewing Maria Elena's case with her, she and Barbara determined that she was indeed bicultural—that she felt at home in both Mexican and White culture and could move freely between the two. However, based on Maria Elena's comments, it was clear to Barbara that Maria Elena's parents were very traditional. Although they had lived in the United States for 12 years, they resisted American ways, spoke Spanish in their home, and seldom ventured beyond their Hispanic community. Maria Elena understood the professional distance that the ACA (1995) *Code of Ethics and Standards of Practice* imposed on Barbara's practice, but she was also aware that without her father's blessing she would not feel free to continue the counseling.

Seeking Consultation

Barbara decided to seek consultation with Miguel, a Hispanic colleague. Miguel was quick to point out that both Barbara and Maria Elena were in double binds. Barbara was torn between the conflicting demands of the ACA (1995) *Code of Ethics* and Maria Elena was caught between her family's values and her need for help resolving her problem. Miguel suggested that the danger in Barbara's attending the First Communion and any other subsequent family functions had less to do with exploitation than with the risk of imposing her values on Maria Elena. He said,

> Just because you believe in higher education doesn't mean it's the right thing for Maria Elena. Her father will see her as successful when she has a husband and children. She needs the freedom to decide without interference from you.

Generating Alternative Solutions

Barbara realized that it was important for her to be open to multiple perspectives on the dilemma, taking seriously the views of her colleagues. She had come to the point of determining a variety of options for herself in this ethical dilemma. She came up with four possibilities: (a) She could refuse to attend the First Communion celebration because to do so would be to violate the prohibition against dual relationships; (b) she could offer to meet the family on another occasion in a neutral location; (c) she could attend the First Communion and meet Maria Elena's family; or (d) she could refer Maria Elena to another counselor, perhaps one of Hispanic background, thus avoiding the issue altogether.

Barbara decided that refusing to attend the First Communion would be interpreted as rejection by Maria Elena's family and would result in losing Maria Elena as a client. Such a decision could also result in Maria Elena's not getting the help she was seeking. Barbara determined that her sense of caring and reciprocal empathy would not permit her to take this path. Barbara also decided that referring Maria Elena to another counselor, even a Mexican American one, would be evading the issue. Although this course of action might give her temporary relief, it did not guarantee that Maria Elena's interests would be served. Barbara considered the middle-of-the-road option of meeting Maria Elena's family at another time and another place, but she rejected this option on the grounds that it did not alleviate the problem for either part. Maria Elena's family still expected a significant person to meet them in their home on their terms, and meeting in a restaurant or other public place did not eliminate the possibility of a dual relationship.

Selecting a Course of Action

Barbara decided that the most ethical thing to do was to accept Maria Elena's invitation to the First Communion. She decided she would explain her ratio-

nale to her supervisor, document her decision-making process, and continue to process her decision with her peer consultation group regarding the case.

Evaluating the Action

Barbara reviewed her decision and determined that although it might be suspect regarding dual relationships, she was on solid ground when it came to respecting the welfare of the client. She also concluded that attending the First Communion affirmed Maria Elena's family and cultural values and actually resulted in giving her more authority as a helper in the eyes of Maria Elena's family. Barbara admitted that her own values had been challenged in the process, mostly because she had seen herself as a person who "never breaks the rules." However, she reported that she was able to identify other sets of values that took priority over a unidimensional interpretation of the *Code of Ethics* (ACA, 1995). She said she believed that Maria Elena's family were empowered by her decision and that to have done otherwise would have devalued them and their culture.

Conclusion

At the beginning of the 21st century, there is a tremendous demographic transformation taking place in the United States. In the next 50 years, a majority of the people living and working in the United States will be non-White and of non-European background. We have suggested that the current ACA (1995) *Code of Ethics and Standards of Practice* does not adequately address the demands of counseling non-White, non-Western clients. We have offered a model of ethical decision making that incorporates several factors: (a) the philosophy of universalism, including the principles of altruism, responsibility, justice, and caring (Ponterotto & Casas, 1991); (b) reciprocal empathy (Ivey, 1987); (c) the context of power (Hill et al., 1995); and (d) the process of acculturation (Paniagua, 1994; Santiago-Rivera, 1995). We have demonstrated by means of a case illustration how the model can be applied; perhaps in the model is the possibility to be both multicultural and ethical at the same time.

References

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

Anderson, H. (1994). Rethinking family therapy: A delicate balance. *Journal of Marital and Family Therapy, 20,* 145–149.

Bayles, M. D. (1981). *Professional ethics.* Belmont, CA: Wadsworth.

Cuellar, I., Harris, L. C., & Jasso, R. (1980). An acculturation scale for Mexican American normal and clinical populations. *Hispanic Journal of the Behavioral Sciences, 2,* 199–217.

D'Andrea, M., & Arredondo, P. (1997, December). Multiculturalism and the counseling profession: Past achievements and future challenges. *Counseling Today, 39,* pp. 33–35.

Daniels, J., & D'Andrea, M. (1996). MCT theory and ethnocentrism in counseling. In D. W. Sue, A. E. Ivey, & P. B. Pedersen (Eds.), *A theory of multicultural counseling and therapy* (pp. 155–173). Pacific Grove, CA: Brooks/Cole.

Falicov, C. J. (1996). Mexican families. In M. McGoldrick, J. Giordano, & J. K. Pearce (Eds.), *Ethnicity and family therapy* (2nd ed., pp. 169–182). New York: Guilford Press.

Fiesed, J. (2001). Moral relativism. *Internet encyclopedia of philosophy.* Retrieved February, 17, 2005, from http://www.utm.edu/research/iep/m/moral

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Helms, J. E. (Ed.). (1990). *Black and White racial identity: Theory, research, and practice.* New York: Greenwood Press.

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

Hill, M., Glaser, K., & Harden, J. (1995). A feminist model for ethical decision making. In E. J. Rave & C. C. Larsen, (Eds.), *Ethical decision making in therapy: Feminist perspectives* (pp. 18–37). New York: Guilford Press.

Hinman, L. M. (2001a). *Ethical relativism.* Retrieved February 17, 2005, from http://ethics.sandiego.edu/theories/relativism/index.html

Hinman, L. M. (2001b). *Utilitarianism.* Retrieved February 17, 2005, from http://ethics.sandiego.edu/theories/utilitarianism/index.html

Hoffman, T., Dana, R., & Bolton, B. (1985). Measured acculturation and MMPI-168 performance of Native American adults. *Journal of Cross-Cultural Psychology, 16,* 243–256.

Ibrahim, F. A. (1996). A multicultural perspective on principle and virtue ethics. *The Counseling Psychologist, 24,* 78–85.

Ivey, M. B. (1987). The multicultural practice of therapy: Ethics, empathy, and dialectics. *Journal of Social and Clinical Psychology, 5,* 195–204.

Ivey, M. B., Ivey, A. E., D'Andrea, M., & Daniels, J. (1997, Summer). White privilege: Implications for counselor education multicultural identity. *ACES Spectrum, 57*(4), 3–6.

Jordan, J. (Ed.). (1997). *Women's growth in diversity: More writings from the Stone Center.* New York: Guilford Press.

Kidder, R. M. (1995). *How good people make tough choices: Resolving the dilemmas of ethical living.* New York: Fireside.

Kierstead, F. D., & Wagner, P. A. (1993). *The ethical, legal, and multicultural foundations of teaching.* Madison, WI: Brown & Benchmark.

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

Kultgen, J. (1988). *Ethics and professionalism.* Philadelphia: University of Pennsylvania Press.

Paniagua, F. A. (1994). *Assessing and treating culturally diverse clients: A practical guide.* Thousand Oaks, CA: Sage.

Pedersen, P. B. (1995). Culture-centered ethical guidelines for counselors. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook for multicultural counseling.* Thousand Oaks, CA: Sage.

Ponterotto, J. G., & Casas, J. M. (1991). *Handbook of racial/ethnic minority counseling research* (pp. 34–49). Springfield, IL: Thomas.

Ridley, C. R. (1995). *Overcoming unintentional racism in counseling: A practitioner's guide to intentional intervention.* Thousand Oaks, CA: Sage.

Santiago-Rivera, A. L. (1995). Developing a culturally sensitive treatment modality for bilingual Spanish-speaking clients: Incorporating language and culture in counseling. *Journal of Counseling & Development, 74,* 12–17.

Suinn, R. M., Rickard-Figueroa, K., Lew, S., & Vigil, P. (1987). The Suinn-Lew Asian Self-Identification Acculturation Scale: An initial report. *Educational and Psychological Measurement, 37,* 401–407.

Trevino, J. G. (1996). Worldview and change in cross-cultural counseling. *The Counseling Psychologist, 24,* 198–215.