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*The International Association of Marriage and Family Counselors (IAMFC) Ethics Committee responds to questions regarding real-life situations submitted by marriage and family practitioners, researchers, educators, and students.*

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## Ethical Mandates for Multicultural Sensitivity for Family Counseling

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*Due to the changing demographics within the country, family counselors will work with an increasing number of culturally diverse clients. Both the American Counseling Association and the International Association of Couples and Family Counselors have indicated in the code of ethics that counselors must be knowledgeable of cultural factors. This article outlines ethical mandates for cultural sensitivity, including the importance of a broad definition of culture, knowledge of values and beliefs of diverse clients, awareness of the counselor's cultural identity, and development of culturally appropriate skills.*

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Mary, a 14-year-old African American adolescent, presents in treatment with her mother, Lisa, age 31, and her grandmother, Sheila, age 55. Mary was referred for treatment by her school because her grades had dropped significantly since she entered high school. Mary insists that her grades are poor because the teachers at school are racist and discriminate against her. Her mother indicates that she agrees with her daughter but also feels that Mary is too lazy to work as hard as she should. Sheila feels that her daughter does not have the appropriate parenting skills needed to help Mary be successful, and Sheila is very critical of her daughter throughout the session. Mary and Lisa live in the apartment below Sheila. Sheila is in charge of baby-sitting Mary after school, and she

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has taken on this task since Mary was an infant. The family is usually together over the weekends, and Mary complains that she has little time with her friends. Mary does not have a relationship with her biological father.

The family counselor treating this family must attend to the presenting problems, which include improving Mary's grades and academic performance at school as well as improving family functioning and communication. However, the counselor would be ill advised to treat this family without giving serious consideration to the impact of culture on family dynamics, family functioning, communication patterns, and the presenting problem. For example, the counselor may want to increase Mary's autonomy and independence to free her to engage in age-appropriate behaviors and to allow her to interact more frequently with her peers. If the family is from a collective or collateral perspective, however, promoting Mary's independence and individualism may cause more harm than good.

Another cultural issue includes Mary's claim of being oppressed within the classroom and school system. The counselor needs to investigate through questioning if Mary's perceptions are accurate and/or internalized racism that has translated into learned helplessness within the classroom. The counselor's exploration of racism will determine if interventions need to occur individually, within the family system, or within the community/school. It becomes critically important, therefore, for the family counselor to be competent in cultural issues.

It is not only clinically important for the family counselor to be competent, but the ethical codes require that counselors respect culture and diversity while working with clients (American Counseling Association [ACA], 1995, Section A.2; International Association of Marriage and Family Counselors [IAMFC], 1993, Section I D). Specifically, the ACA codes require that counselors engage in nondiscriminatory behavior (Section A.2). This includes respecting issues of diversity, actively attempting to understand the client's cultural background, and examining the impact of culture on the manner in which problems are defined. The counselor is also asked to include the impact of culture and cultural norms and standards in providing a diagnosis for the client (Section E.5.b). The IAMFC ethical code also requires that family counselors attend to and respect cultural issues in treatment (Section I D). Family counselors are encouraged to engage in nondiscriminatory practices and to avoid stereotyping clients. Family counselors are also expected to include cultural issues in providing a diagnosis. In addition, family counselors are required to only treat problems within the scope of their abilities or training (IAMFC, 1993, Section III D). Therefore, clinicians need to receive training in cultural issues and to receive supervision on incorporating culture in the counseling process to treat culturally diverse clients ethically and responsibly.

Family counselors should also attend to other ethical issues in treating culturally diverse families. First, the IAMFC (1993) ethical code requires counselors to treat families in a caring, empathic, and respectful manner, which recognizes unique aspects of the families as well as respects the autonomy of the family (Section I A-C). To convey caring and respect, family counselors should be open to discussing cultural differences with families. Second, counselors show respect for the unique aspects of families and avoid stereotyping clients by exploring intragroup cultural differences. Counselors also need to strive for an egalitarian relationship with clients (Section I F), which becomes critically important considering power differentials that often exist between dominant counselors and nondominant families. Finally, family counselors are required to terminate and withdraw from the counseling relationship if the service is not in the best interest of the families or if the treatment violates the ethical codes (IAMFC, 1993, Section I K). If the counselor has not been trained to address culture and culture has a strong relationship to the presenting problem and family functioning, it is appropriate for the counselor to refer the family. Again, the necessity for multicultural competence becomes apparent.

Arrendondo et al. (1996) outline a set of multicultural counseling competencies that have recently been endorsed by IAMFC. Although the competencies were written generally for counselors who work with individuals, the competencies can be adopted and applied by family counselors to promote culturally appropriate ethical treatment. (There is an ACA task force that is developing specific multicultural

competencies for families.) The guidelines outline the appropriate attitudes and beliefs, skills, and knowledge that counselors should possess, which includes awareness of worldview, historical perspectives, and cultural identity. The authors suggest that counselors should not only be aware of cultural issues of their clients but should also have a level of self-awareness of cultural issues as well as knowledge of the impact of culture on the therapeutic relationship and the counseling process. Counselors are encouraged to seek out educational and training experiences to work with culturally diverse clients (Arrendondo et al., 1996).

There are several competencies that are important for work with families. First, culturally competent counselors understand the impact of race, culture, ethnicity, and other factors on personality formation, development of disorders, and attitudes toward treatment and should be familiar with research on mental health and disorders (et al., 1996). Hardy and Laszloffy (1992) indicate that the lack of awareness of culture is detrimental to family counseling. Culture affects family functioning and interactional patterns within families (Preli & Bernard, 1993) and affects child-rearing beliefs and practices. Ethnicity and race have bearing on family functioning and often determine roles, rules, and expectations (Pinderhughes, 1995). Ethnic groups differ in regard to the nature of relationships, family and personal dilemmas, and strategies for resolving problems (Hines, Garcia-Preto, McGoldrick, Almeida, & Weltman, 1992). Immigration and acculturation also affect families (Hines et al., 1992; Johnson, 1995; Preli & Bernard, 1993), and families may differ in values, lifestyles, and attitudes toward problem solving according to level of acculturation or adherence to dominant or culture-of-origin values (Gushue, 1993; Paniagua, 1996). Culture also defines responsibilities and obligations of gender roles within families (Hines et al., 1992). Paniagua (1996) stresses the importance of assessing the role of socioeconomic status on the presenting problem.

Multiculturally competent counselors are encouraged to respect religious and spiritual beliefs and values, as these affect worldview, functioning, and psychological symptoms (Arrendondo et al., 1996). Johnson (1995) found that culturally diverse families have a strong sense of spirituality and that spirituality serves as a form of support and a source of resiliency.

In addition to understanding the impact of culture on current functioning, the culturally competent counselor understands sociopolitical influences, oppression, and discrimination (Arrendondo et al., 1996). Arnold (1993) indicated the importance of an ecological perspective in family therapy, which includes cultural and contextual issues as well as the experience and effects of oppression.

In the area of skills and treatment strategies, competent counselors understand the importance of language and bilingualism (Arrendondo et al., 1996). Johnson (1995) indicates that language is important for families as it prescribes

heritage. Paniagua (1996) also states that family counselors need to take language differences between families and the counselor into account when treating families. Competent counselors also respect indigenous helping practices and help-giving networks and seek consultation with traditional or religious and spiritual healers (Arrendondo et al., 1996). Paniagua (1996) encourages the use of folk healers in family counseling.

Finally, Arrendondo et al. (1996) emphasize the importance of self-awareness. Family counselors not only need to understand the impact of culture on their clients' functioning but should also be aware of their own cultural identity (Arnold, 1993; Hardy & Laszloffy, 1992). Family counselors should be aware of the cultural transmission process in their families (Preli & Bernard, 1993) as well as their own biases and prejudices (Paniagua, 1996) in order to be effective.

In conclusion, the family counselor should be aware of the effects of culture on himself or herself, families, the counseling relationship, and the counseling process. To provide both clinically sound and ethical treatment to families, particularly culturally diverse families, the family counselor must be open, accepting, and respectful of diversity issues. Family counselors who are not competent culturally are ethically obligated to refer their diverse families to competent counselors or to seek further training and supervision to become culturally competent.

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