

Living Ethics: A Cross-Cultural Perspective

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Learning Objective #1: Culture and Service Delivery in Helping Professions

1. Personal reflection on cultural influences (*spectrogram exercise*)

The area where I grew up was:

Something interesting about the area is:

Some assumptions or stereotypes about the area and/or its residents are:

Some commonalities between our areas/environments are:

2. What term for cultural learning and engagement most resonates with you at this point in your professional life? Why?
3. What does your professional code of ethics say about cultural engagement and/or diversity?



Notes:

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Codes of Ethics by Profession

Code of Ethics for Professionals: Cultural Awareness & Diversity	
 <p>Social Workers</p>	 <p>Professional Counselors</p>
<p>1.05 Cultural Awareness and Social Diversity</p> <ul style="list-style-type: none"> A. Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. B. Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. C. (Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability. D. Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients and how they may use electronic technology. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services. 	<p>A.4.</p> <ul style="list-style-type: none"> A. Personal Values Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature. <p>C.2.</p> <ul style="list-style-type: none"> A. Boundaries of Competence Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

Retrieved from:


<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf?sfvrsn=96b532c_2

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 <p>AMERICAN PSYCHOLOGICAL ASSOCIATION</p>
<p>Psychologists</p>
<p>Principle D: Justice</p> <ul style="list-style-type: none"> Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices. <p>Principle E: Respect for People's Rights and Dignity</p> <ul style="list-style-type: none"> Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices. <p>3.01 Unfair Discrimination</p> <ul style="list-style-type: none"> In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law. <p>3.03 Other Harassment</p> <ul style="list-style-type: none"> Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

Retrieved from: <https://www.apa.org/ethics/code/>

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<p style="text-align: center;">Marriage Therapist</p> 	<p style="text-align: center;">Pastors</p> 
<p>1.1 Non-Discrimination</p> <p>A. Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.</p>	<p>Facilitate Fairness</p> <p>A. Believers in our glorious Lord Jesus Christ must not show favoritism... Suppose a man comes into your meeting wearing a gold ring and fine clothes, and a poor man in filthy old clothes also comes in. If you show special attention to the man wearing fine clothes and say, "Here's a good seat for you," but say to the poor man, "You stand there" or "Sit on the floor by my feet," have you not discriminated among yourselves and become judges with evil thoughts? (James 2:1-4)</p> <p>a. with staff. Follow approved church and denomination practices in staff selection processes. Advocate for equitable pay and benefits for staff. Provide regular staff team building, affirmation, training, evaluation, and feedback. Be honest with staff regarding areas to celebrate as well as those needing improvement.</p> <p>b. with parishioners. Ensure appropriate access to staff by parishioners. Preach and teach to meet the needs of the entire congregation. Assume responsibility for congregational health. When asked for help beyond personal competence, refer others to those with requisite expertise.</p>

Retrieved from:


https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx

<https://www.nae.net/code-of-ethics-for-pastors/>

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 <p>Registered Nurses</p>
<p>1.1 Respect for Human Dignity</p> <p>A. A fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, unique attributes, and human rights of all individuals. The need for and right to health care is universal, transcending all individual differences. Nurses consider the needs and respect the values of each person in every professional relationship and setting; they provide leadership in the development and implementation of changes in public and health policies that support this duty.</p> <p>1.2 Relationship with Patients</p> <p>A. Nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice. Factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation or gender expression, and primary language are to be considered when planning individual, family and population-centered care. Such considerations must promote health and wellness, address problems, and respect patient' or clients' decisions. Respect for patient decisions does not require that the nurse agree with or support all patient choices. When patient choices are risky or self-destructive, nurses have an obligation to address the behavior and offer opportunities and resources to modify the behavior or eradicate the risk.</p> <p>Reduce Disparities</p> <p>A. Advances in technology, genetics, and environmental science require robust responses from nurses working together with other health professionals for creative solutions and innovative approaches that are ethical, respectful of human rights, and equitable in reducing health disparities. Nurses collaborate with others to change unjust structures and processes that affect both individuals and communities. Structural, social, and institutional inequalities, and disparities exacerbate the incidence and burden of illness, trauma, suffering, and premature death.</p> <p>B. Through community organizations and groups, nurses educate the public; facilitate information choice, identify conditions and circumstances that contribute to illness, injury, and disease; foster healthy life styles; and participate in institutional and legislative efforts to protect and promote health. Nurse collaborate to address barriers to health - poverty homelessness, unsafe living conditions, abuse and violence, and lack of access - by engaging in open discussion, education, public debate, and legislative action. Nurses must recognize that health care is provided to culturally diverse populations in this country and across the globe. Nurses should collaborate to create a moral milieu that is sensitive to diverse cultural values and practices.</p>

Retrieved from: <https://www.nursingworld.org/coe-view-only>

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Vignette #1

Questions to Consider

- What do we know?
- What don't we know?
- What cultural assumptions might we make based on our own lenses?

Text

DAWN, A 34-YEAR-OLD DOMINICAN-AMERICAN MOTHER OF THREE CHILDREN (AGES, 5, 9, AND 11) HAS BEEN HOSPITALIZED FOLLOWING A MOTOR VEHICLE ACCIDENT IN WHICH SHE WAS THE DRIVER. THE ACCIDENT CAME ON THE HEELS OF A VIOLENT CONFRONTATION WITH HER PARTNER, JAMIE, AFTER WHICH SHE DROVE OFF IN THE CAR, RAN A RED LIGHT, AND WAS HIT, WITH IMPACT ON THE DRIVER SIDE. WHEN SHE ARRIVES AT THE HOSPITAL, SHE IS AWAKE BUT IN SEVERE PAIN. IN ADDITION TO HER PHYSICAL CONDITION, SHE IS DEPRESSED AND CONCERNED ABOUT HER PARTNER AND HER CHILDREN. ULTIMATELY, SHE IS HOSPITALIZED FOR OVER TWO WEEKS.

DURING THE PERIOD OF HER HOSPITALIZATION, THE CHILDREN LIVED WITH AN AUNT, WHO MADE SURE THEY ATTENDED SCHOOL EACH DAY AND VISITED THEIR MOM IN THE AFTERNOONS. JAMIE TRIES TO VISIT, BUT DAWN GIVES INSTRUCTIONS THAT JAMIE BE TURNED AWAY. DAWN DOES ALLOW VISITS BY THE SPIRITUAL LEADER OF HER FAITH COMMUNITY.

IN YOUR PROFESSIONAL ROLE, YOU HAVE BEEN WORKING WITH DAWN SINCE HER ARRIVAL AT THE HOSPITAL. DURING HER RECOVERY, DAWN WILL NEED PHYSICAL THERAPY AND WILL HAVE TO BE OUT OF WORK FOR SOME TIME. SHE WORRIES ABOUT THE FINANCIAL IMPACT ON HER AND HER CHILDREN BUT UNDERSTANDS THE NEED TO TAKE THE TIME TO BE RESTORED TO FULL HEALTH AND FUNCTIONALITY.

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Learning Objective #2: Hyperdiversity and the Helping Professional

1. Reflections on ecomap exercise:
 - a. What were the top two cultural influences on your life as a helping professional?

 - b. Any surprises on your ecomap?

2. Essentialism vs Constructivism: *what's my lens?*
 - a. Essentialist

 - b. Constructivist

3. Intersecting Axes of Privilege and Oppression/Resistance
 - a. Examine the graphic. Are these descriptors culturally influential in your life? How?

 - b. Where do you see yourself reflected along this spectrum? Draw a line to represent this.

 - c. Which of these descriptors could be added to your ecomap?

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Learning Objective #3: Self-Disclosure and the Helping Professional

1. Types of self-disclosure:
 - a. Deliberate

 - b. Unavoidable

 - c. Accidental

 - d. Inappropriate

 - e. Client-initiated

2. Use of self-disclosure: are we shining examples or cautionary tales?
 - a. How can self-disclosure positively impact the helping relationship?

 - b. How can assumptions negatively impact alliance building?

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Vignette #2

Questions to Consider

- What types of disclosure can we identify here?
- How do we decide how to respond?
- How do we respond?

Text

WHILE MEETING WITH DAWN DURING HER HOSPITAL STAY, YOU HAVE AN EXCHANGE WITH HER WHERE SHE STATES, "I NEVER WANT TO SEE JAMIE AGAIN! IF IT WEREN'T FOR MY CHILDREN, I WOULD HANG IT ALL UP AND LEAVE. I SEEM TO ALWAYS END UP CHOOSING THE WRONG PARTNERS IN MY LIFE. I DON'T WANT MY KIDS TO SEE ME AS A LOSER, BUT IT'S TRUE, I AM. I JUST WANT TO GET OUT OF HERE AND LIVE MY LIFE WITH MY CHILDREN IN PEACE." SHE THEN LOOKS AT YOU AND SAYS, "I'LL BET YOU'VE NEVER HAD THESE KINDS OF ISSUES. YOU LOOK LIKE YOUR LIFE HAS BEEN SO SUCCESSFUL, AND THAT WEDDING RING YOU HAVE IS BEAUTIFUL! THERE'S NO WAY YOU'VE FELT AS HOPELESS AS I DO NOW. I'LL BET YOU THINK I'M A LOSER TOO, DON'T YOU?"

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Learning Objective #4: Best Practices for Helping Professionals

1. QIAN Method

a. Qian means _____ in _____. The acronym stands for:

i. Q

ii. I

iii. A

iv. N

Notes for clinical vignette #3:**Question to Consider**

- How can you partner with Dawn for the best outcome during the discharge process?
What do you need to consider?

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Cultural Ecomap


Key:

Positive relationship: 

Tenuous/distant relationship: 

Broken relationship: 

Stressful relationship: 

Flow of energy: 

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