

# A Transcultural Integrative Model for Ethical Decision Making in Counseling

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*The Transcultural Integrative Ethical Decision-Making Model in counseling addresses the need for including cultural factors in the process of ethical dilemma resolution. This transcultural model incorporates state-of-the-art concepts from multicultural theory into an ethical decision-making model that is adapted primarily from the Integrative Model developed by V. M. Tarvydas (1998). When appropriate, this transcultural model includes aspects of other ethical resolution models, such as R. R. Cottone's (2001) Social Constructivist Model and A. H. Davis's (1997) Collaborative Model. The proposed model is presented in a step-by-step, linear format that can be used by counselors facing ethical dilemmas in a variety of settings and with different cultural groups.*

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Studying the role of culture in counseling theory and practice became the focus of researchers and scholars about 30 years ago. A case can be made today that this work has resulted in significant changes in the assumptions underlying counseling theory, as well as an enrichment of traditional counseling approaches such as psychodynamic, humanistic, and cognitive-behavioral approaches (Ivey, Ivey, & Simek-Morgan, 1997).

Some assumptions that have been challenged include the concept of normality, the focus on the individual, the goal of independence, the universality of linear thinking, and the reliance on verbal communications (Sue & Sue, 1999). Many counseling researchers now agree that what may be the norm for one group is not necessarily the norm for another group, that interdependence may be a desirable goal, that many groups use associative thinking, and that nonverbal communications are essential in counseling people from different cultures (Pedersen, 1994).

At the theoretical level, Bowlby (1988) and Ainsworth (1979), in their development and validation of attachment theory in a variety of cultural situations, have advanced psychodynamic theory by stressing the importance of context and environment in child development. Taub-Bynum (1984) also contributed to integrating culture into psychodynamic theory through the concept of the family and multicultural unconscious. Humanistic theory has undergone extensive developments to include culture systematically. The work of Bingswanger (1963) and Boss (1963) translated the existential premise of *being-in-the-world* into specific counseling and therapy strategies. Miller (1991) emphasized the concept of *self-in-relation* that focuses on the individual in context. In

cognitive-behavioral theory, authors like Cheek (1976) and Kantrowics and Ballou (1992) have pioneered the inclusion of culturally relevant practices. Cheek adapted traditional assertiveness training for African American clients who view rights differently. Kantrowics and Ballou shifted their behavioral theory approach from an individualistic focus to one reflecting feminist reappraisals. A more recent proposition by Sue, Ivey, and Pedersen (1996) advocated for a culture-centered meta-theory that would preserve the integrity of different counseling approaches while organizing their theoretical and philosophical assumptions in one cultural framework.

The aforementioned theoretical shift illustrated has resulted in the emergence and continuous refinement of so-called multicultural counseling competencies. These concepts have been summarized in writings by Sue and Sue (1999), Ivey et al. (1997), and Pedersen (1994), among others. These competencies have evolved from basic communication styles and self-awareness techniques to more specific strategies addressing particular cultural characteristics of racial/ethnic (C. C. Lee, 1997), disability (W. M. L. Lee, 1999; Sue & Sue, 1999), family (Flores & Carey, 2000; Sciarra, 1999), gender (Julia, 2000), gay and lesbian (Fu & Stremmel, 1999; W. M. L. Lee, 1999), youth (Aponte & Wohl, 2000), and older adult groups (W. M. L. Lee, 1999; Sue & Sue, 1999). Ramirez (1999) stated the need to train counselors to understand problems of maladjustment as a cognitive and cultural mismatch between individuals and their environments. Axelson (1999) added particular issues that counselors need to attend to in social, educational, work, and career development and in personal growth. In addition, Reynolds (1995) summa-

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alized different multicultural training modalities and suggested the appropriateness of using the multicultural change intervention matrix developed by Pope (1993) that focuses on competency changes at the individual, group, and institutional level. Responding to these theoretical advancements, professional associations such as the American Psychological Association (1993) have developed competence guidelines for its members. These guidelines stipulate the need to be cognizant of relevant research about the culture of the clients served, to establish the validity of assessment instruments, to consider the clients' cultural beliefs and values, to respect religious and spiritual values, and to determine the counselor's own biases or racism.

## ETHICS AND MULTICULTURAL COUNSELING

As the theoretical and professional foundations of multicultural counseling have progressed, a natural evolution has been the development of ethical standards to help regulate the practice of multicultural counseling. Ibrahim and Arredondo (1986) authored a proposal to develop specific ethical standards regarding multicultural counseling in the areas of education, research, assessment, and practice. LaFromboise and Foster (1989) extended this discussion by bringing attention to other issues related to ethics in multicultural counseling that involved participants in research and right to treatment.

Responding to this need, in the 1995 revision of the ethical standards, the American Counseling Association (ACA) included specific excerpts requiring counselors to respect diversity, avoid discrimination, and demonstrate cultural sensitivity when engaging in direct client services, research, education, testing, computer applications, public communications, and relationships with employers and employees (ACA, 1995). Moreover, within the section on professional competence, it requires them to show a commitment to gain knowledge, awareness, and skills related to serving a diverse clientele. Diversity is defined in the ACA Code in terms of age, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, and socioeconomic status.

Furthermore, researchers have stated the need to prepare professionals to become more skillful in dealing with ethical dilemmas, particularly those involving multicultural issues in the area of rehabilitation (Falvo & Parker, 2000), mental health services (Remy, 1998), and gender (Steiner, 1997). Baruth and Manning (1999) alluded to this need by saying that the ethical dilemmas faced by counselors are complex and become even more complex when working with persons who have different worldviews. As stated by LaFromboise and Foster (1989), the challenge then becomes the development of ethical decision-making models that reflect a convergence of our current knowledge about multicultural counseling theory and ethical reasoning.

In examining the available ethical decision-making models published in the field, we found minimal reference to culture or how to integrate culture into ethical decision-making process systematically. The purpose of this article is to review

the current models and offer a model that can be used by counseling practitioners facing ethical dilemmas involving clients from diverse backgrounds. Adapted primarily from the original Integrative Model developed by Tarvydas (1998), also drawing from the Social Constructivist Model (Cottone, 2001) and the Collaborative Model (Davis, 1997), this proposed model is titled the Transcultural Integrative Ethical Decision-Making Model (hereafter referred to as the Transcultural Integrative Model). In terms of ethical theory, this proposed model is founded in both principle (or rational) ethics (Kitchener, 1984) and virtue ethics (Freeman, 2000; Jordan & Meara, 1995). These models and theories are discussed in the following section.

## REVIEW OF AVAILABLE ETHICAL DECISION-MAKING MODELS FROM A CULTURAL PERSPECTIVE

As mentioned earlier, Baruth and Manning (1999) stated that ethical decision making can be difficult, but it is necessary, particularly when counselors face complex situations or work with clients who have differing worldviews. Moreover, Remley and Herlihy (2001) pointed out that ethical decisions seldom involve a simple answer and usually are the result of a complex process. In addition, it is difficult to guarantee that actions will have the desired outcome. Remley and Herlihy also stated legal reasons for the need to have models of ethical decision making. For example, counselors may be required to appear as witnesses in litigation hearings or, what would be the greater concern, may be charged with malpractice, if the counselor is accused of unethical action. They argue that the latter is somewhat avoidable if counselors practice ethical decision making.

Researchers, educators, and practitioners seem to have understood this necessity and, thus, over the years have proposed a variety of models to aid counselors in ethical decision making. A traditional model is one disseminated by ACA (Forester-Miller & Davis, 1995), which can be categorized as a rational model based on an analysis of the ethical principles involved in a dilemma. Some models offered by ethics scholars include Jordan and Meara's (1995) Virtue Ethics Model, Cottone's (2001) Social Constructivism Model, Davis's (1997) Collaborative Model, and Tarvydas's (1998) Integrative Model. A brief review of whether or not these models contain a specific analysis of cultural aspects that may play a role in ethical dilemma resolution is provided.

### *Rational Model*

This type of model is based primarily on principle ethics (Kitchener, 1984). Once the principles in conflict have been identified, the professional chooses the best course of action. This choice is based on a rational evaluation of the advantages and disadvantages of choosing one course of action over another. In following this model, a professional must use rational justification to choose which of the conflicting ethical principles should prevail (Bersoff, 1996). The essentials of this model have been described by Forester-Miller and Davis

(1995) in these seven steps: (a) identify the problem, (b) refer to the code of ethics and professional guidelines, (c) determine the nature and dimensions of the dilemma, (d) generate potential courses of action, (e) consider the potential consequences of all options and then choose a course of action, (f) evaluate the course of action, and (g) implement the course of action. An examination of the narrative under each of the steps just listed yields the conclusion that with this model no cultural variables are included in the analysis of a dilemma. The assumption may be that one set of values applies to all cultures, as stated by Pedersen (1997).

Welfel (2002) offered a similar extended, nine-step model of rational ethical decision making. This model serves its purpose as a general model, but for specific dilemmas involving clients from diverse cultures, professionals would have to fill in the gaps or perhaps adapt the model to suit her or his cultural perspectives, because a cultural analysis is not provided.

### *Virtue Ethics Model*

Advocates for a virtue ethics model, Jordan and Meara (1995) relied on the personal characteristics and wisdom of the professionals making an ethical decision, instead of the ethical principles involved. Proponents of this model claim that it is very difficult to reach an agreement on which principle should prevail over another in a particular situation. Instead, they state that the primary factor in arriving at a decision is the professionals' moral or personal beliefs. Central virtues mentioned under this model include integrity, prudence, discretion, perseverance, courage, benevolence, humility, and hope. This approach has not been formulated into a format with specific steps, and, again, cultural analyses or implications have not been included in this model.

Freeman (2000) defined virtue ethics as addressing "who one is, what one ought to become, and what form of action will bring one from the present to the future" (p. 90). The virtue of self-understanding based on honesty, openness, and willingness to take responsibility for one's life would allow counselors to conclude who they are in terms of character. Self-understanding, symbolization, and imagination would allow counselors to determine who they ought to become in terms of a conceptualization of change. Finally, Freeman stated that prudent judgment would allow counselors to change or become the person they ought to be. Thus, virtue ethics represents a shift from appraisal of the act to the appraisal of the one acting. This would mean that an action is right when it reflects what a counselor with virtuous character would do in a particular situation. Freeman said that it is necessary to define what humans perceive as being "good" and what human traits are considered "virtuous" before a determination can be made regarding the "right" thing to do in a given set of circumstances.

It does not seem possible to determine a definite number of virtue traits that counselors need to have because it seems to depend on specific situations. For example, Tarvydas (1998) determined that reflection, balance, collaboration, and attention to context were counselor-essential virtues

working within the framework of the Integrative Model. Freeman (2000) emphasized other virtues, such as self-understanding, openness, honesty, and prudent judgment. Because none of these authors who discussed virtue ethics addressed specific counseling dilemmas involving differing cultural worldviews, the virtues they mentioned do not necessarily reflect specific virtues that might be needed for cases of that nature. It is to address this omission that the transcultural model we propose in this article includes the virtue of tolerance, which involves accepting diverse worldviews, perspectives, and philosophies (Welfel, 2002).

### *Social Constructivism Model*

Cottone (2001) proposed a social constructivism model that crosses both the psychological and systemic-relational paradigms of mental health services. It is based on Maturana's (1970/1980) biology of cognition theory, which states that what is real evolves through personal interaction and agreement as to what is fact. The core structure of this model entails the notion that decisions are externally influenced. Basically, decisions are made with interactions involving one or more individuals, which means that decisions are not compelled internally but socially. Central decision-making strategies used under this model include negotiating, consensus seeking, and arbitrating.

With the understanding that this model is social in nature, the role of culture would intertwine nicely in this theory. Unfortunately, culture is only vaguely mentioned, and apparently no attempt has been made to deal with this variable more thoroughly in this model.

### *Collaborative Model*

Davis (1997) criticized the existent rational model by asserting that in the current professional world, a model based on a group perspective would be superior to one founded on an individual perspective. Davis deemed his decision-making strategy a collaborative ethics model based on values of cooperation and inclusion. This relational approach uses a sequence of four steps: (a) identifying the parties who would be involved in the dilemma; (b) defining the various viewpoints of the parties involved; (c) developing a solution that is mutually satisfactory to all the parties, based on group work focusing on expectations and goals; and (d) identifying and implementing the individual contributions that are part of the solution. However, cultural components are not elaborated systematically in this model, other than reflecting a theoretical compatibility with the collectivist values underlying multicultural counseling.

### *Integrative Model*

A fourth type of model used in resolving ethical dilemmas is an integrative model that incorporates elements of both principle ethics and virtue ethics (Tarvydas, 1998). Tarvydas described a four-stage integrative decision-making model that combines an analysis of the morals, beliefs, and experi-

ences of the individuals involved, along with a rational analysis of the ethical principles underlying the competing courses of action. This model requires professionals to use reflection, balance, attention to the context, and collaboration in making decisions involving ethical dilemmas.

Stage I (Interpreting the Situation Through Awareness and Fact Finding) implies that counselors closely examine the situation and be aware of what types of situations constitute an ethical dilemma. If the counselor is not aware of the latest information in his or her field of expertise, it is his or her responsibility to gather the relevant information. This stage calls for an increase in sensitivity and awareness in the counselor's field of specialization. The fact-finding process assists the counselor to label a situation as an ethical dilemma and to determine the individuals directly affected by these types of situations. If a dilemma occurs, the counselor is not only aware of the situation but also recognizes the parties affected and their ethical stance in the situation.

Stage II (Formulating an Ethical Decision) is no different from the typical rational decision-making model described earlier (Forester-Miller & Davis, 1995). First, counselors review the problem specifically to determine what ethical codes, standards, principles, and institutional policies are pertinent to this type of situation. Second, after a careful review and consideration of these regulations, they generate a list of potential courses of action along with the positive and negative consequences for following each course of action. Third, counselors are urged to consult with supervisors or other knowledgeable professionals to determine the most ethical course of action. Finally, the best ethical course of action is selected based on a rational analysis of the principles involved. This entails making a rational decision as to

which ethical principle should supersede the other competing ethical principles in this case.

Stage III (Selecting an Action by Weighing Competing Nonmoral Values) implies analyzing the course of action from the perspective of personal competing values and contextual values (e.g., institutional, team, collegial, and societal/cultural). The assumption here is that counselors and others involved in the situation may encounter "personal blind spots" or levels of prejudice that need to be addressed before affirming the final course of action.

In Stage IV (Planning and Executing the Selected Course of Action), the counselors determine the concrete actions that need to be taken, with consideration given to the potential obstacles to taking that course of action. It is key under this stage to anticipate personal and contextual barriers to the effective implementation of the course of action.

Because of its analysis of contextual variables, competing personal values, and involvement of stakeholders, this model seems compatible with traditional elements of multicultural theory and practice. This model also uses virtue ethics and an emphasis on behavioral strategies, which is consistent with a multicultural approach as well. Some counselor virtues that would seem particularly useful when counselors face cultural ethical dilemmas are tolerance, sensitivity, openness, and collaboration. Although the integrative model contains several advantages as described earlier, it is still limited in its analysis of cultural variables that might play a role in the process of ethical decision making. There are specific cultural variables and strategies that can fit under each one of the stages of the integrative model that have not been considered. See Table 1 for a summary of the characteristics of the different models discussed in this article,

**TABLE 1**  
**Comparison Chart of Selected Ethical Decision-Making Models**

Variable	Rational	Virtue Ethics	Social Constructivism	Collaborative	Integrative
Conceptual foundations	Based primarily on principle ethics	Theory of virtue and the virtues of the one acting (e.g., counselor)	Biology of cognition theory	Relational approach based on group perspective	Blending of rational and virtue ethics
Structure	Seven-step linear progression	Nonlinear, three-level appraisal of the one acting	Nonlinear social interaction	Four-step linear progression	Four-stage linear progression
Strengths	It involves a systematic, critical-evaluative level of analysis of the dilemma based on specific ethical principles, standards, and laws.	It involves self-understanding and judgment about who one is and ought to become in dealing with a particular dilemma.	Because it is based on an ongoing social interaction, the potential for counselor/client discrepancy is diminished while consensus is emphasized.	Because it is based on collaboration, the opportunity to reach a mutually satisfactory solution is enhanced.	Because it combines rational and virtue ethics, users of this model focus on both the dilemma and the character of the counselor while considering contextual factors.
Weaknesses	An analysis of cultural elements of the dilemma is not articulated in any of the seven formulated steps.	Virtues that would be most applicable to dilemmas involving individuals with differing worldviews are not specifically defined.	The process of dilemma resolution is vague as it relates to the cultural aspects of the social interaction and structure.	Even though it is based on a group perspective, authors of this model did not elaborate on the cultural variables of a relational approach.	Although it considers counselor characteristics and contextual factors, it does not include specific cultural variables.

across four categories: conceptual origins, structure, strengths, and weaknesses.

### THE PROPOSED TRANSCULTURAL INTEGRATIVE ETHICAL DECISION-MAKING MODEL

The Integrative Transcultural Model is based primarily on Tarvydas's (1998) Integrative Model in that it comprises the four basic stages identified under this model. However, it adds to the original Integrative Model by incorporating elements of the Social Constructivism and Collaborative Models, by including the strategies of negotiating, arbitrating and consensus seeking, and using a relational approach. The characteristics of the model are outlined in the form of steps and tasks under each step (see Table 2). To preserve the basic elements of Tarvydas's model while at the same time illustrate the added multicultural elements, the steps have been divided into *general* (those pertaining to the original model) and *transcultural* (the multicultural addition to the general or original step).

As a preamble to Table 2, counselors need certain attitudes (or virtues) that will provide a framework for engaging in ethical decision making under the proposed model. These include reflection, attention to context, balance, collaboration, and tolerance (Tarvydas, 1998). *Reflection* concerns counselors' awareness of their own feelings, values, and skills, as well as understanding those of the other stakeholders involved in the situation. *Attention to context* involves being attentive to the factors that may play a role in the situation, namely the team, institutional policy, society, and culture. Counselors maintain *balance* by weighing each of the issues and perspectives presented by all individuals involved. *Collaboration* means that counselors must maintain the attitude of inviting all parties to participate in the decision to whatever extent possible. Counselors display *tolerance* by being accepting of the diverse worldviews, perspectives, and philosophies of the different stakeholders (Welfel, 2002).

#### *Description of the Transcultural Integrative Model*

Step 1 depicted in the model is awareness and fact finding, which under the original model meant the following: enhancing sensitivity and awareness about the potential dilemma, reflecting on whether there is actually a dilemma, determining the parties or stakeholders involved, and engaging in a thorough process of fact finding. Step 1 is particularly relevant in the practice of multicultural counseling. Enhancing sensitivity and awareness means not only being aware of the ethical component of a dilemma but also how a dilemma may affect the different stakeholders involved who may have different or even opposing worldviews. Various stakeholders may give different meanings to a situation involving a dilemma, and it is the responsibility of the counselor to understand those different meanings during this awareness and fact-finding step.

Counselors' awareness about their own cultural identity, acculturation, and role socialization may affect their view of the dilemma and the extent to which they perceive a situation as a dilemma. For example, a counselor with strong affiliation to family interdependence values can perceive the situation of a client with HIV who recently immigrated to this country and who is seeking vocational services as one that requires advising the client to return to his original country, where he would find family support. For this counselor, there would not be a dilemma. However, for another counselor, this situation may pose a conflict in which the client's freedom of choice (autonomy) could be in opposition to what the counselor believes would be best for the client. In the latter case, the counselor contemplates both conflicting courses of action, which constitutes the dilemma.

Similarly, if the client was a woman, a feminist counselor and a nonfeminist counselor may view the dilemma differently, depending on the extent to which they consider the client's gender role socialization. The client's culture may elicit particular emotional reactions in the counselor, depending on how much the client's values or behaviors contradict those of the counselor. Again, this emotional reaction may affect the perception of a particular situation.

Sensitivity to intragroup differences is another important consideration. Counselors need to ascertain the extent to which a client is actually representative of the cultural patterns of the referent group (Sciarra, 1999). Sciarra described a process whereby individuals can change their referent group during an interaction based on age, socioeconomic class, religion, gender, national origin, or disability. In fact, the concept of cultural identity formation applies not only to race but also to gender, sexual orientation, or disability (Julia, 2000; W. M. L. Lee, 1999; Sue & Sue, 1999). A simple example is the following: A counselor responds to the principle of beneficence by helping the client obtain a job at a grocery store against the client's wish to stay at home (supported by the principle of autonomy), ignoring the upper socioeconomic status of the client. Class-bound values (Sue & Sue, 1999) may explain the preference expressed by the client. Finally, the theoretical orientation of the counselor may affect the perception of a dilemma as well. For example, a counselor working under a family system approach would be more likely to define the dilemma as one affecting others and not only the individual client.

Step 2 involves the formulation of an ethical decision. This is primarily a rational process, similar to the rational model outlined by Forester-Miller and Davis (1995). However, the integrated Transcultural Integrative Model incorporates specific cultural elements under each one of the strategies to complete this step. This means that counselors need to (a) review all cultural information gathered in Step 1, (b) review potential discriminatory laws or institutional regulations, (c) make sure that the potential courses of action reflect the different worldviews in-

TABLE 2

**Transcultural Integrative Model of Ethical Dilemma Resolution in Counseling**


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Step 1: Interpreting the Situation Through Awareness and Fact Finding	
A.	Enhancement of sensitivity and awareness General: Emotional, cognitive sensitivity and awareness of needs and welfare of the people involved Transcultural: Counselor attitudes and emotional reactions toward cultural groups; counselor knowledge of client's culture; counselor awareness of own and the client's cultural identity, acculturation, and role socialization; counselor awareness of own multicultural counseling competence skills.
B.	Reflection to analyze whether a dilemma is involved General: A dilemma occurs when counselors have opposing options. Transcultural: Determining whether the identification of the courses of action involved in the dilemma reflects the counselor's worldview, the client's, or both
C.	Determination of major stakeholders General: Identification of the parties who are affected and their ethical and legal relationships to the client. Transcultural: Determining the meaningful parties involved based on the cultural values of the client.
D.	Engagement in the fact-finding process General: Reviewing and understanding current information as well as seeking new information. Transcultural: Gathering relevant cultural information such as immigration (history, reasons, and patterns), family values, and community relationships
Step 2: Formulating an Ethical Decision	
A.	Review the dilemma. General: Determine whether the dilemma has changed or not in light of the new information gathered in Step 1. Transcultural: Ensure that the cultural information gathered in Step 1 was considered when reviewing the dilemma.
B.	Determine relevant ethical codes, laws, ethical principles, institution policies, and procedures. General: Determine the ethics laws and practice applicable to the situation. Transcultural: Examine whether the ethics code of your profession contains diversity standards; examine potential discriminatory laws, institutional policies and procedures; estimate potential conflict between laws and ethics resulting from a cultural perspective.
C.	Generate courses of action. General: List all possible and probable courses of action. Transcultural: Make sure courses of action selected reflect the cultural worldview of the parties involved. Use relational method and social constructivism techniques (negotiating, consensualizing, and arbitrating) as appropriate to reach agreement on potential courses of action. <sup>a</sup>
D.	Consider potential positive and negative consequences for each course of action. General: List both positive and negative consequences under each of the courses of action selected above. Transcultural: Consider the positive and negative consequences of each course of action from within the cultural worldview of each of the parties involved. Again, consider using a relational method and social constructivism techniques to reach agreement on analyzing consequences.
E.	Consultation General: Consult with supervisors and other knowledgeable professionals. Transcultural: Consult with supervisors and professionals who have pertinent multicultural expertise.
F.	Select the best ethical course of action. General: Based on a rational analysis of the consequences and ethical principles underlying the competing courses of action, determine the best course of action. Transcultural: Based on a relational method and a cultural analysis of the consequences of each selected course of action, choose the course of action that best represents an agreement between the cultural worldview of the client and that of the other parties involved. Use social constructivism techniques to choose a course of action mutually satisfying to key parties.
Step 3: Weighing Competing, Nonmoral Values and Affirming the Course of Action	
A.	Engage in reflective recognition and analysis of personal blind spots. General: Identify counselors' nonmoral values that may interfere with the implementation of the course of action selected. Transcultural: Identify how the counselors' nonmoral values may be reflecting a culture different from the clients' culture.
B.	Consider contextual influences on values selection. General: Consider contextual influences on values selection at the collegial, professional team, institutional, and societal levels. Transcultural: In addition to the levels mentioned above, counselors consider values selection at the cultural level.
Step 4: Planning and Executing the Selected Course of Action	
A.	Develop a reasonable sequence of concrete actions. General: Divide that course of action into simple sequential actions. Transcultural: Identify culturally relevant resources and strategies for the implementation of the plan.
B.	Anticipate personal and contextual barriers and counter measures. General: Anticipate and confront personal and contextual barriers to successful implementation of the plan of action and counter measures. Transcultural: Anticipate cultural barriers such as biases, discrimination, stereotypes, and prejudices. Develop effective and relevant culture-specific counter measures, for instance, culturally sensitive conflict resolution and support.
C.	Implementation, documentation, and evaluation of the course of action General: Execute course of action as planned. Document and gather valid and reliable information and evaluate accuracy of the course of action. Transcultural: Use a relational method and social constructivism techniques to identify measures and data sources that include both universal and culture-specific variables.

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Note. Adapted from Table 6-1 in *Ethical and Professional Issues in Counseling* (p. 147), by R. R. Cottone and V. M. Tarvydas, 1998, Upper Saddle River, NJ: Prentice Hall. Copyright 1998 by Pearson Education, Inc. Adapted with permission.

<sup>a</sup>Relational Model as described in Davis (1997), and Social Constructivism Model as described by Cottone (2001).

volved, (d) consider the positive and negative consequences of opposing courses of action from the perspective of the parties involved, (e) consult with cultural experts if necessary, and (f) select a course of action that best represents an agreement of the parties involved. In the case presented previously that involves a client living with HIV, laws that apply to immigrants who have this diagnosis are particularly relevant because they may be discriminatory and present the counselors with a conflict between the law and the ethical standards of the profession.

Considering that agreement among all parties is not always attainable, Cottone (2001) offered a three-step interpersonal process that included negotiating, consensualizing, and arbitrating. *Negotiating* means the discussion and debate of an issue about which two or more individuals disagree. *Consensualizing* describes a process of agreement and coordination between two or more individuals on a specific issue. This is an ongoing verbal and nonverbal interactive process rather than a final outcome. The parties involved may seek arbitration if the disagreement persists; Cottone suggested seeking a negotiator, a consensually accepted arbitrator, who then can make the final judgment. Consensualizing is the primary means of preventing disagreement because consensualizing implies the process of "socially constructing a reality [i.e., between counselors and clients]" (p. 42).

The use of relational methods (Davis, 1997) and social constructivism techniques (Cottone, 2001), as described earlier in this article, is a key element of the Transcultural Integrative Model because these are particularly applicable to situations that require reaching an agreement among parties who may hold potentially conflicting cultural worldviews. Step 3 in Table 2 refers to weighing potentially competing, nonmoral values that may interfere with the execution of the course of action selected. Cultural values are particularly relevant here; again, the counselors' cultural identity, acculturation level, and gender role socialization may be crucial in uncovering these values. For example, the execution of a particular course of action may imply a level of client competence in dealing with the health care system that is not consistent with his or her acculturation level, or the course of action selected may contradict the female client's learned gender role.

Another task under this step is to identify contextual influences that may constitute a barrier for the implementation of the course of action selected. The original integrative model includes collegial, professional, institutional, and societal levels. The Transcultural Integrative Model adds a specific cultural level. Again, this is critical in dilemmas found in multicultural counseling because the counselors' values may contradict the clients' values or the contextual values. For example, in the case of the client with HIV depicted in this section, counselors need to be aware of potential prejudice against persons with HIV/AIDS as well as against immigrants from particular ethnic groups. In recommending a course of action that involves a vocational goal, counselors should consider the client's disposition to face

such attitudes as well as anticipate possible reactions from employers and even vocational service providers.

Last, Step 4, is to carry out that plan, document, and carefully evaluate the consequences of the ethical decision. From a cultural standpoint, this involves securing resources that are culturally relevant for the client and involves developing countermeasures for the potential contextual barriers identified earlier. For example, in the case of the client with HIV, it could mean securing future employers and service providers who match the client's cultural identity, level of acculturation, and gender role socialization, among other factors. In addition, the counselor should consider preparing the client and other stakeholders to deal with potential biases, discrimination, stereotypes, and prejudices. Because this step involves the development and implementation of a plan involving different stakeholders, the counselor should be familiar with the relational and social constructivism methods cited earlier in this article because these strategies can facilitate the achievement of common goals.

It must be reiterated that Tarvydas's (1998) Integrative Model is inclusive of a virtue-ethics approach as well. Tarvydas recommended that counselors adhere to the virtues of reflection, attention to context, balance, and collaboration. Under our proposed Transcultural Integrative Model, this list of virtues or personal characteristics of counselors should be extended to include tolerance, sensitivity, and openness as suggested earlier in this article. These virtues are essential for implementing the steps we outlined within this model that require understanding and listening to people from cultures that differ from that of the counselor.

### *Potential Applications*

Providing an extensive case illustration of the use of the Transcultural Integrative Model exceeds the scope of this article. However, a point can be made about its potential applicability in a variety of settings. Garcia et al. (1999) conducted a confirmatory factor analysis study that showed the complexity of ethical dilemmas faced by counselors working with HIV/AIDS populations. They found that counselor ratings of the dilemmas loaded onto eight categories, namely, disclosure, family/social, legal, health, death, vocational, sexual, and counselor/client relationship issues. This study also examined demographic characteristics of counselors that could predict their ratings of the extent to which they face those dilemmas. Three predictors were found to be significant: previous training in HIV/AIDS, age, and sexual orientation. An argument can be made that the latter two variables involve culture as a source of variability. The authors of this study concluded that counselors addressing dilemmas encountered in their work with this population need to be competent in dealing with the cultural aspects involved.

Moreover, Garcia, Forrester, and Jacob (1998) wrote an extensive article on why an integrative model of ethical decision making was best suited for counselors working in this setting, and they suggested that cultural modifications

of the Integrative Model (Tarvydas, 1998) were necessary. The transcultural model was a response to that statement and seems particularly suited to use in HIV/AIDS counseling settings.

Herlihy and Corey (1995) examined a broader set of possible dilemmas that included issues related to informed consent, competence, multicultural counseling, multiple clients, working with minors, dual relationships, suicidal clients, counselor training and supervision, and the interface between law and ethics. They presented a series of case studies illustrating the nature of the dilemma and a potential solution based on an analysis of the code of ethics. An argument can be made that the transcultural ethical dilemma resolution presented here could add specific tools to deal with those issues, particularly those related to multicultural counseling, competence, dual relationships, counselor training and supervision, and serving multiple clients.

Other authors have presented case examples that involve cultural factors in counseling women, women in prisons, and individuals with disabilities. Pitman (1999) provided cases involving lesbian clients who faced rigid societal values and prejudices concerning their sexual desire, sexual behavior, and physical appearance. Bruns and Lesko (1999) analyzed the complexities of working with women in prisons, where counselors face dilemmas related to working in an oppressive, racist, and patriarchal institution. Olkin (1999) described dilemmas encountered by professionals working with people with disabilities. Central dimensions associated with those dilemmas include value and quality of life, morality, normality and deviance, justice, interdependence, and mortality. Again, most of these aspects imply differing cultural values and worldviews, which is the focus of a transcultural ethical model.

The aforementioned studies examined provide a nonexclusive sample of settings in which the model proposed in this article could be of benefit. Surely, other studies will appear in the future when other researchers begin to focus more closely on this subject.

## SUMMARY AND CONCLUSION

The focus of this article was to propose a transcultural integrative model of ethical dilemma resolution for counselors facing ethical dilemmas in which cultural factors may play an important and perhaps definitive role. To undertake this task, we first reviewed the current multicultural counseling literature to evaluate how the main counseling theories and approaches have integrated cultural variables into their conceptual framework. Different authors (Ivey et al., 1997; Sue & Sue, 1999) summarized these advances in psychodynamic theory (Ainsworth, 1979; Bowlby, 1988; Taub-Bynum, 1984), cognitive-behavioral theory (Cheek, 1976; Kantrowics & Ballou, 1992), existential theory (Bingswanger, 1963; Boss, 1963; Miller, 1991), and a culture-centered meta-theory (Sue et al., 1996). Second, we studied relevant ethical decision-making models available for counselors today. These included the rational (Forester-Miller & Davis, 1995), Virtue Ethics

(Jordan & Meara, 1995), Social Constructivist (Cottone, 2001), Collaborative (Davis, 1997), and Integrative (Tarvydas, 1998) models. This review showed that despite the extensive advances in adding a cultural perspective to counseling theory, these conceptualizations have not necessarily been taken into account in the development of ethical decision-making models.

However, these ethical models offered a number of conceptual and procedural strengths that could make them compatible with a multicultural perspective in ethical dilemma resolution. The Rational Model involves a seven-step linear method that gives counselors specific critical-evaluative tools for ethical reasoning; the Virtue Ethics Model implies a focus on the moral qualities or virtues of counselors who can then transform these qualities into actions that help solve a dilemma; the Social Constructivist Model is a nonlinear model that allows counselors to engage in an ongoing social interaction conducive to discrepancy reduction; the Collaborative Model includes a four-step linear sequence that aims at establishing collaboration between the parties in conflict; and the Integrative Model combines both principle and virtue ethics philosophies as well as an analysis of the institutional and societal context that affects the ethical dilemma and the stakeholders involved.

We combined the strengths of each of these models and the main cultural tenets of counseling theories into a four-step transcultural model aimed at providing counselors with a reference model to address issues or dilemmas faced in their interaction with clients from differing cultural backgrounds. Primarily the model uses an adaptation of the four-stage Integrative Model by adding a transcultural dimension under each of those stages. In addition, the model incorporates elements of the collaborative and social constructivist approaches under Steps 2 and 4 that consider collaboration to reach an agreement and implementation of the final resolution. Principle and virtue ethic philosophies are reflected primarily in Steps 1 and 2, which involve counselor sensitivity and awareness and using a rationale for reaching a final course of action.

At this stage, we consider the proposed Transcultural Integrative Ethical Decision-Making Model as preliminary. Further research is needed to validate its components and applicability with counselors working with diverse populations. We are pursuing an empirical validation strategy that uses a sample of counselors working in agencies that serve diverse clients (e.g., counselors working in public rehabilitation agencies). These counselors receive training on specific ethical decision-making models (e.g., rational, integrative, transcultural) in a modality that best fits their learning needs (e.g., online, face-to-face). Pre-post data are collected on a measure of competence to solve an ethical dilemma with cultural characteristics (evaluated by national experts who are blind to the purpose of the research), and postdata are collected through a rating scale that involves asking the participant to rate each model regarding format, theory, self-efficacy, and applicability aspects of

each model. Under this strategy it is also possible for researchers to use an experimental group design, because some participants may be randomly assigned to an experimental group receiving training on the transcultural model and other participants may be randomly assigned to one or more control groups. We hope that this line of research will yield a model that counselors can use as a reference when encountering dilemmas that cannot readily be solved with the current models available.

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