Student Beliefs, Multiculturalism, and Client Welfare

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This article reviews recent court cases (Keeton v. Anderson-Wiley, 2010; Ward v. Wilbanks, 2010; Ward v. Politic, 2012) in which students have sued their educational institutions because of their requirements regarding education and training in lesbian, gay, bisexual, and transgender issues. The purpose and characteristics of professions are addressed as is the responsibility of the helping professions to train multiculturally competent providers. Finally, the issue of personally held beliefs and client welfare is discussed—including the issue of referring clients to other providers because of one’s personally held beliefs.

Keywords: student beliefs and client welfare, ethics and LGB clients, LGB psychotherapy education and training

In the United States, we reside in an ever-changing and diverse cultural context. This context provides a foundation for the conduct of psychologists and other mental health professionals and, accordingly, for their education and training. The Ethical Principles of Psychologists and Code of Conduct (American Psychological Association [APA], 2002a) instructs psychologists to do no harm, to manage “conflicts of interest” that might result in exploitation or harm, to be mindful of the possible harmful effects of our work, and to eliminate the effect of biases based on such factors that include, but are not limited to, race, ethnicity, culture, age, gender, gender identity, sexual orientation, socioeconomic status, disability status, and religion. There are explicit standards in the Ethical Principles of Psychologists and Code of Conduct (APA, 2002a)—as there are in other codes of ethics in the helping professions—that require providers of mental health services to obtain the necessary education, training, experience, or consultation to provide effective treatment to clients regarding these factors.

But what happens when a student contends that such education, training, experience, or consultation conflicts with his or her “deeply held personal beliefs”? The profession has recently experienced a number of such challenges. These challenges have involved students who have sued their educational institutions over this issue and the fact that some states have supported their right to do so. The ethical codes of the helping professions, which are fundamental to the profession and the education and training of professionals, have been set against the U.S. Constitution and the personal freedoms it protects (i.e., freedom of religion and freedom of speech). In addition, the increased focus on multicultural competence in mental health service provision has resulted in the adoption of educational approaches that highlight sensitivity and an appreciation of difference and cultural context. As a result, conflicts have surfaced in the form of court cases, legislation, and challenges to the helping professions that involve their very purpose.

Not surprisingly, the conflicts have surfaced in the area of education and training and working with lesbian, gay, and bisexual (LGB) clients because of personal beliefs against same-sex relationships. At Eastern Michigan University (Ward v. Wilbanks, 2010) and at Augusta State University (Keeton v. Anderson-Wiley, 2011), students have sued their institutions over this issue and some state legislatures are supporting their right to do so.

The Ward Case

Julia Ward entered Eastern Michigan State University’s counseling program in 2006. Ward was open about her beliefs and made these beliefs clear in her application to the program and in class discussions. In 1 paper, she noted that, when a counselor with religious-based values is confronted with a client who had different values, the thing to do would be to refer the client to a counselor whose values were more compatible to the client’s. “When Ward expressed these views, professors disagreed, sometimes kindly, sometimes less so, but consistently making the point that, as a school counselor, she must support her clients’ sexual orientation, whatever that may be” (Ward v. Politic, 2012, p. 730). Her views were expressed and she was not told to refrain from expressing them; however, they were challenged.

The difficulties began during her practicum. She was assigned a case with a client who had been suffering from depression. This client had been previously seen regarding a same-sex relationship and, when Ward reviewed the client file a couple of hours prior to the first session and noted that the client was gay, she contacted her supervisor and asked if she should refer the client since she could not support his same-sex behavior. Due to the time constraint, the session was cancelled and rescheduled at a different time with a different counselor. She was assigned no further clients and received an informal review with her supervisor and her advisor. She was given several choices: (a) to complete a remedial program, (b) leave the counseling program voluntarily, or (c) request a formal hearing. Ward refused remediation and opted for a formal hearing. She was ultimately dismissed from the program because her be-
behavior had violated the American Counseling Association’s (ACA) Code of Ethics (ACA, 2006).

The ACA Ethics Code states that counselors must avoid imposing their values on clients and may not discriminate on the basis of sexual orientation. Ward’s refusal to provide such services could be problematic because she was working to become a school counselor. LGB students have been shown to be vulnerable to bullying and harassment, and are at risk for depression and suicide (D’Augelli & Hershberger, 1993; Hershberger & D’Augelli, 2000).

Eventually, although a lower court upheld the university’s dismissal of Ms. Ward from the school counseling program (Ward v. Wilbanks, 2010), the Sixth Circuit Court of Appeals remanded the case to the Eastern District of Michigan for retrial (Ward v. Polite, 2012). This case was then settled, and the student received a monetary settlement and the dismissal was removed from her record. Although the university’s educational policies and procedures remained intact in the settlement, the long-term effects of this case on the decisions of faculty and administration remain to be seen.

The Keeton Case

At Augusta State University, counseling student Jennifer Keeton sued the university because she was asked to complete a remediation program for perceived deficiencies in her multicultural competence as it related to treating LGB clients. Keeton had stated in class discussions, written assignments, and conversations with professors that, if a client disclosed his homosexuality to her, she would tell him that it was morally wrong and then make an effort to change his behavior. She went on to add that, if she could not do so, she would refer him to a conversion therapist and urged fellow students to do the same (Keeton v. Anderson-Wiley, 2011). The faculty of the program grew concerned that Keeton might have difficulty separating her religious values from her professional duties as a service provider, so a remedial plan was developed to assist her in learning to practice in accordance with the ACA Code of Ethics (ACA, 2006). This plan included multicultural workshops, reading in peer-reviewed articles on counseling effectiveness with LGB populations, increased exposure and interaction with the LGB community, and written reflection papers that include her thoughts on what she learned. She claimed that this plan violated her First Amendment rights. She claimed that the Augusta State University counseling program, by asking her to complete this remedial plan, was trying to alter her beliefs. In this case, the 11th Circuit Court of Appeals rejected Ms. Keeton’s claims, finding that there was no evidence that asking her to comply with the ACA Ethics Code was designed to make her change or alter her religious beliefs (Keeton v. Anderson-Wiley, 2011). In the initial decision of the earlier court on this matter, Judge J. Randal Hall stated that “the policies which govern the ethical conduct of counselors ... with their focus on client welfare and self-determination, make clear that the counselor’s professional environs are not intended to be a crucible for counselors to test metaphysical or moral propositions” (Keeton v. Anderson-Wiley, 2010).

Legislative Activities

Meanwhile, in Arizona, House Bill 2565 (the Students’ Rights Amendment) was signed into law in April 2011. The law states that “a university or community college shall not withhold any certificate or degree on the basis of a student’s religious viewpoint or religious expression” (Ariz. H.B. 2565, 2011, § 15–1862). The law further states that “a university or community college shall not discipline or discriminate against a student in a counseling, social work or psychology program because the student refuses to counsel a client about goals that conflict with the student’s sincerely held religious belief or moral conviction” (Ariz. H.B. 2565, 2011, § 15–1862).

In addition, House Bill 5040 (the Freedom of Conscience Act) was passed by the house in the Michigan State legislature in June 2012 and is currently being reviewed by the senate as Senate Bill 0518. The bill states that

a public degree or certificate granting college, university, junior college, or community college of this state shall not discipline or discriminate against a student in a counseling, social work, or psychology program because the student refuses to counsel or serve a client as to goals, outcomes, or behaviors that conflict with a sincerely held religious belief of the student, if the student refers the client to a counselor who will provide the counseling or services. (Mich. H.B. 5040, 2011, § 3)

It further states that the student may sue an institution for this.

Discussion

With language that is closely aligned, the legislative activities described above and the cases that prompted them pose a difficult challenge for institutions of higher learning whose education and training in counseling, social work, and psychology are dedicated to upholding the ethical principles and standards of their professions. These cases and legislation directly challenge the authority of the professions to articulate the education and training of mental health service providers and are basing their right to do so on the U.S. Constitution’s First Amendment guarantees of freedom of religion and freedom of speech.

In this discussion, the purpose and characteristics of professions in general will be examined. In addition, the specific responsibility of the helping professions to determine competent, multiculturally informed service provision will be addressed. Finally, the issue of the client’s welfare and the student therapist’s personally held is discussed—including the matter of referring clients to other providers, which surfaced in Ward v. Polite (2012).

The Purpose of Professions

In his work on the characteristics of professions, Goode (1969) observed that professions are characterized by “(1) a basic body of abstract knowledge, and (2) the ideal of service” (p. 277). Goode (1969) also stated that members of professions develop solutions that are based on the needs of a given client “not necessarily [on] the best material interest or needs of the professional himself” (p. 278). These values are reflected in APA’s Ethical Principles of Psychologists and Code of Conduct (APA, 2002a) as they are in the ethics codes of other helping profession (e.g., ACA, 2006; National Association of Social Workers, 2000).
In his discussion of professions from a sociological perspective, Barber (1963) noted that professional behavior includes certain attributes. Among these are “a high degree of generalized and systematic knowledge,” a “primary orientation to the community interest rather than to individual self-interest,” and a “high degree of self-control of behavior through codes of ethics” (Barber, 1963, p. 672). The features described above all apply to the helping professions—and certainly to psychology. For this discussion, it might be helpful to examine the features as they pertain to LGB issues in psychology.

**Generalized and systematic knowledge.** At this time, psychology has the benefit of over 50 years of psychological literature—much of it methodologically sound, empirical research—that has refuted the notion of homosexuality and bisexuality as pathology and added important descriptive information about the identity development, relationship issues, and diversity among LGB people (Hancock & Greenspan, 2010). As the literature evolved, the work on LGB issues has contributed to the broader field of multicultural psychology as the understanding of the intersections of identity continue to be a focus (cf. Magnusson, 2011).

The psychological literature on LGB issues formed the basis for professional practice guidelines (APA, 2000; APA, 2012). Professional practice guidelines are created to “…facilitate the continued systematic development of the profession and to help ensure a high level of professional practice by psychologists” (APA, 2002b, p. 1048). The development of professional practice guidelines requires a significant body of literature—empirical research and professional consensus. There is clearly a foundation of generalized and systematic knowledge on which psychology has based its policies and general approach to LGB issues.

**Primary orientation to community interest rather than individual self-interest.** A primary focus of APA—as it is with other helping professions—is public interest. APA’s mission is “…to advance the creation, communication and application of psychological knowledge to benefit society and improve people’s lives” (Anton, 2009, p. 432). To this end, the Ethical Principles of Psychologists and Code of Conduct (APA, 2002a) reflects the fundamental values of psychology.

The Ethical Principles of Psychologists and Code of Conduct (APA, 2002a) describes the ethical basis for the work of psychologists and is designed to protect the individuals and groups with whom psychologists work. Principle A concerns avoidance of harm: “In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons…” (p. 1062). In addition, Principle E calls on psychologists to “…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” (APA, 2002a, p. 1063). Most ethical codes in the helping professions (e.g., ACA, 2006; APA, 2002a; National Association of Social Workers, 2000) put forth the notion that the ethical obligation of the practitioner in these professions is to serve the client’s best interests—and not their own.

The Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (APA, 2000) were developed because research pointed to continuing unethical behavior on the part of psychologists when providing services to these populations (cf. Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). The recent revision, APA’s Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (APA, 2012) continues to assist practitioners in providing evidence-based care to their LGB clients.

**High degree of behavioral self-control.** Psychology and other helping professions also have an obligation to prepare students to assess and treat recipients of psychological services effectively. Psychology’s emphasis of evidence-based practice (Goodheart, 2006) has sought to ensure that psychological practice is informed by psychological science. Indeed, the Ethical Principles of Psychologists and Code of Conduct (APA, 2002a) underscores the need for psychologists to base their work on “established scientific and professional knowledge of the discipline” (p. 1064). In addition, psychologists are directed to “refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to … impair their objectivity, competence, or effectiveness in performing their functions…” (APA, 2002a, p. 1065). Ethical practice necessitates that the needs of the client come first. In her chapter on “Delivering Ethical Psychological Services to Lesbian, Gay, and Bisexual Clients,” Greene (2007) observed that doing so “…requires putting the needs of the client first. This requires all practitioners to examine their own beliefs for any bias that might lead them to place their own needs or beliefs ahead of the client’s needs” (p. 186).

In education and training of psychologists, it is the obligation of the profession to pass these requirements on to students. When there is a conflict between a student’s “sincerely held” religious beliefs and the needs of that client, without question the client’s needs must come first. To this end, a “high degree of behavioral self-control” is needed.

**The Responsibility of the Profession and Multicultural Competence.**

The statutes and court cases described earlier involve fundamental issues about the education and training of mental health service providers. One of these pertains to the responsibility of mental health professions to determine what constitutes professional competence. When institutions can be sued for the education and training they provide—education and training based on the science and professional knowledge and on the appropriate ethical standards of the profession—where does that leave us? My response would be: on very thin ice. It is the profession’s job to prepare students to effectively assess and treat our clients/patients and to minimize the impact of bias and prejudice. When students can “opt out” of essential parts of the education and training because of their beliefs, the result is, by definition, inadequate training.

It should be pointed out that the U.S. Supreme Court, in Hazelwood School District v. Kuhlmeier (1988), found that, if there is a legitimate educational concern involved, free speech can be regulated by the educational institution. This finding was brought to bear in Keeton v. Anderson-Wiley (2010) and the 11th Circuit Court of Appeals rejected her claim that the institution was asking her to change her personal religious beliefs through its curriculum. In his decision in Keeton v. Anderson-Wiley (2010), Judge Hall referred to the “conflation of personal and professional beliefs” on
the part of the student. When the therapist’s personal beliefs—no matter how deeply held—interfere with the ethical obligations of the profession, the beliefs become more important than the client. When they risk harm to the client, then programs have an obligation to intervene.

In 2001, the Fifth Circuit Court of Appeals upheld the job termination of a counselor (named Sandra Bruff) who asked to be excused from working with a lesbian client because this would conflict with her religious beliefs (Bruff v. North Mississippi Health Services, 2001). In its decision, the court noted that employers do not have to accommodate counselors who only wish to perform aspects of their job they deem “acceptable.” The counselor’s view in this case was that she should be able to refer clients who wanted to work on issues related to same-sex relationships or simply not have to discuss those issues with the client because of her personal beliefs. She had seen her client several times before the client disclosed her sexual orientation and the desire to work on relationship issues. After announcing to the client that she would not provide services to her about her relationship because her sexual orientation was against her religious views, she offered to provide services on other matters. Needless to say, the client did not return to treatment and lodged a complaint against the counselor.

In a pluralistic society, diverse belief systems are tolerated. However, our pluralistic and diverse society also relies on the mental health professions to provide competent care to those who need mental health services—and this is a very diverse population. It is for this reason that multicultural education and training has received the attention it has in our graduate programs. When the personal beliefs of a student interfere with or impair the provision of competent services, as defined by the profession to a particular group of people, it is incumbent on educators to address this problem.

Learning to become a multiculturally informed mental health service provider is, as many have noted, a developmental process (e.g., APA, 2003; Jones, Sander, & Booker, 2013; Miller, Miller, & Stull, 2007). As students develop the attitudes, knowledge, and skills involved, a considerable amount of self-reflection and analysis is involved regarding the ways in which various aspects of identity are privileged or oppressed. Reflecting on one’s values and beliefs and increasing one’s sensitivity to how they may impact service provision is essential to ethical practice (Corey, Corey, & Callanan, 2011). Conflicts with one’s own values are a normal part of this process. Educators play a crucial role in guiding students through this process and in helping them understand the demands of the profession. With sensitivity and respect, educators and supervisors are in a position to assist students in what may viewed as a transformative experience from student to professional. Sometimes this process results in a rather profound transformation and change in values on the part of the student; other times, it may result in an enhanced appreciation and respect for difference and the capacity to separate personal beliefs enough from one’s professional role to provide effective services. However, if educational efforts do not result in the student’s ability to work competently and effectively with the population involved or if the student flatly refuses to participate, then the situation becomes one of suitability for the profession.

In their article in The Counseling Psychologist, Mintz et al. (2009) referred to a 2005 National Public Radio broadcast on personal versus professional role conflicts. One listener observed: “As a vegetarian and a sandwich maker, if I told my customers that I was morally obliged to not sell them the beef that is written on the menu, I would quickly be out of a job. If someone feels so morally violated by the terms of their job, they should probably find a different line of work” (p. 651). Mintz et al. (2009) observed, “...encouraging the student to leave the program (or dismissing him or her if need be) is not only a viable option but ... a professionally responsible one” (p. 663). Not everyone can or should be a provider of psychological services.

**Personally Held Beliefs, Multiculturalism, and the Welfare of the Client**

In his thoughtful analysis of the *Keeton* and *Ward* cases, Behnke (2012) observed that the courts seemed to agree that (a) it is the prerogative of educational institutions to adopt antidiscrimination policies based on the relevant profession’s ethical code; and (b) that programs can prevent students from imposing their beliefs on clients. It is important to note that there is a difference between what a person may believe and what that person can do in the eyes of the law. In *Cantwell v. Connecticut* (1940), the U.S. Supreme Court stated that “...the Amendment embraces two concepts, -freedom to believe and freedom to act. The first is absolute but, in the nature of things, the second cannot be. Conduct remains subject to regulation for the protection of society” (pp. 303–304). When students enter a profession in which services are monitored by the state and the profession, they must learn that their personal beliefs must not supersede the mandates of these bodies; rather, they must serve the best interests of the client.

The psychology literature on multiculturally informed psychotherapy has continued to address the importance and impact of culture and values on the work of mental health providers (APA, 2003; Fontes, 2008). Students’ beliefs must necessarily be explored in their education and training as they learn to provide mental health services. APA’s *Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients* (APA, 2012) and the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (APA, 2003) state that negative attitudes—whether explicit or implicit—can adversely affect the psychological assessment and treatment of psychotherapy clients. Thus, values and beliefs as well as behavior are an essential focus of study in graduate training programs.

**Referring clients.** The notion that it is acceptable practice to refer a client when a therapist’s personal beliefs pose a challenge to working with that client was also highlighted in the *Ward* case. In overturning the *Ward v. Wilbanks* (2010) decision, the Sixth Circuit Court of Appeals asserted that the program faculty denied Ward the opportunity to refer the gay client to another counselor (Ward v. Polite, 2012). This raises issues discussed by Fischer and DeBord (2007) who observed that “...to succumb to the therapists’ desire to avoid working with LGB clients is to condone the withholding of service to members of a population based solely on their group membership, which sounds very much like approving of a prejudice and, behaviorally, of discrimination” (p. 321). Appropriate and professional referrals can and should be made in professional practice in serving the best interests of the client; however, such referrals must be made for legitimate clinical concerns not because of a client’s membership in a particular popu-
luation. DeMitchell, Hebert, and Phan (2013) asserted that to allow referrals based on client status is “... unworkable, unsustainable, and unethical” (p. 342).

Conclusion

These cases and the legislative efforts associated with them raise serious concerns. Of fundamental importance is “... whether professional practice must serve the conscience of the practitioner, or whether the professional must serve the conscience of the profession” (DeMitchell et al., 2013, p. 340). As discussed above, the function of professions is to provide a knowledge base, to educate its members, and to serve the public interest. Professions and the institutions that educate and train professionals cannot afford to fashion their ethics and curriculum around the individual personal beliefs of professionals or students in the profession. Students cannot be allowed to “opt out” of what the profession of psychology deems essential training, just as professionals cannot (and are not) allowed to selectively follow the standards in ethical codes—not when performing as a licensed professional.

Not everyone is well-suited to the demands of multiculturally informed, ethical practice. We return to the vegetarian working at a sandwich shop. If he or she cannot make roast beef sandwiches for the customers of the shop, he or she should probably find a different line of work. Another solution, of course, is to go work in a shop that only provides vegetarian meals. For instance, one could choose training or certification in religious counseling in one’s faith as an option. In this way, an individual may be able to provide services that are consistent with his or her personal beliefs and services that may, in fact, promote those beliefs in treatment. Certainly, personal beliefs can and do inform the lives of practitioners; however, they cannot trump the ethical principles and standards of the profession—not when serving the welfare of the client. Educational and training institutions must not be taken to task for upholding these principles and standards. They must not be penalized for helping students acquire the knowledge, attitudes, and skills needed to provide multiculturally competent mental health services.

References


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