

Ethnicity/Racial Differences in Youth Substance Use and Multicultural Considerations for Prevention

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Part 1: Ethnicity/Racial Differences in Youth Substance Use and Multicultural Considerations for Prevention

Introductions!

- What type of setting do you work?
- Work with youth under age 18? Are you addressing underage drinking?
- Transitional age youth (18-25 years old) dealing with alcohol issues?
- Adults over age 25 who are dealing with alcohol issues?



Age of Initiation

High School Students National*	White	Hispanic	Black	Asian	Native American
Alcohol Initiation <13 Years Old	13.7%	18.4%	14.4%	6.2%	20.5%

High School Students Idaho*	White	Hispanic	Black	Asian	Native American
Alcohol Initiation <13 Years Old	16.8%	19.7%	-	-	-

Past 30-Day Use: Alcohol

High School Students National*	White	Hispanic	Black	Asian	Native American
Past 30-Day Use	25.9%	22.9%	13.2%	10.6%	32.0%
Past 30-Day Binge	13.3%	10.1%	4.1%	3.2%	13.0%

High School Students Idaho*	White	Hispanic	Black	Asian	Native American
Past 30-Day Use	23.5%	21.1%	-	-	-
Past 30-Day Binge	11.5%	10.6%	-	-	-

Risk Factors of Adolescent Alcohol Use

Neurological deficits

(Hanson et al., 2011; Lopez-Caneda et al., 2013; Parada et al., 2011; Pascual et al., 2017)

Academic issues

(Hanson et al., 2011)

Relationship problems

(Arata et al., 2003)

Dating violence

(Miller et al., 2007)

Unwanted sexual activities

(Arata et al., 2003)

Suicide attempts

(Miller et al., 2007)

Engaging in high-risk behaviors (LaBrie et al., 2014)

- including risky sexual experiences



Factors Associated with Alcohol Use by Ethnicity

White and Hispanic Youth

- Higher drinking rates compared to other ethnic groups (Chartier, 2009)
- Higher levels of alcohol-related problems (Reeb et al., 2015)
- Positive alcohol expectancies (Chartier, 2009)

White Youth

- Higher frequency of drinking (Chartier & Caetano, 2010)
- Higher annual use rates (Terry-McElrath et al., 2020)
- Less likely to feel a need to reduce or stop drinking (Terry-McElrath et al., 2020)
- Greater risk for developing alcohol use disorders into adulthood (Chartier & Caetano, 2010)

Hispanic Youth (Kann et al., 2016)

- Higher likelihood to initiate drinking before age 13
- Higher prevalence of drunkenness

Imperative to understand variables that influence drinking behaviors for White and Hispanic Youth

Parental Factors and Alcohol Use

Parental factors include:

- Monitoring and Involvement
- Disapproval of Alcohol Use
- Quality of Alcohol-Related Communication
- Quality of General Communication



Parental Factors and Alcohol Use

Junior High School Students in Boise (N = 350)

Hispanic Students

- Parental Disapproval
- Quality of General Communication

White Students

- Parental Disapproval
- Quality of Alcohol-Related Communication



Drinking Motives and Alcohol Use

Drinking Motives Include:

- **Social:** *improves parties and celebrations*
- **Enhance:** *one likes the feeling*
 - consequence: excessive drinking
- **Cope:** *to forget one's problems*
- **Conform:** *not feeling left out*



Drinking Motives and Alcohol Use

Junior High School Students in Boise (N = 350)

Hispanic Students

Enhance
Conform
Cope

White Students

Enhance
Conform



Alcohol Expectancies, Perception of Peer Use and Alcohol Use

Alcohol Expectancies

Positive Expectancies

- Sociability
- Tension Reduction
- Liquid Courage

Negative Expectancies

- Cognitive and Behavioral Impairment: thinking difficulty & writing impairment; slow response time; feeling fuzzy, dull, dizzy, jittery, shaky, clumsy (Valdivia & Stewart, 2005)
- Risk and Aggression: risk taking; acting uncharacteristically tough, aggressive, dominant, loud, noisy (Valdivia & Stewart, 2005)
- Self-Perception: feeling self-critical, guilty, moody; problems would seem worse (Valdivia & Stewart, 2005)



Perception of Peer Use

Alcohol Expectancies, Perception of Peer Use and Alcohol Use

High School Students in Boise (N = 277)

Hispanic Students

- Positive Expectancies
- Negative Expectancies

White Students

- Positive Expectancies
- Perception of Peer Drinking



Protective Behavioral Strategies and Alcohol-Related Consequences

Protective Behavioral Strategies

Manner Drinking

- avoiding drinking games
- slower paced drinking vs gulping/chugging

Limit Drinking

- drinking water while drinking
- stop drinking at predetermined time

Serious Harm Reduction

- using a designated driver
- going home w/a friend



Protective Behavioral Strategies and Alcohol-Related Consequences

High School Students in Boise (N = 350)

Hispanic Students

- Limit Drinking
- Serious Harm Reduction

White Students

- Manner Drinking
- Serious Harm Reduction



Summary of Risk and Protective Factors

Risk and Protective Factors	White Youth	Hispanic Youth
Parental Factors	Disapproval General Communication	Disapproval Alcohol-Related Communication
Motives for Drinking	Enhance Conform	Enhance Conform Cope
Expectancies & Perception of Peers	Positive Expectancies Perceptions of Peer Drinking	Positive Expectancies Negative Expectancies
Protective Behavioral Strategies	Manner Drinking Serious Harm Reduction	Limit Drinking Serious Harm Reduction

Implications: Emphasizing Protective Factors

Areas to Address - Parental Factors

White & Hispanic Parents

Disapproval (Hausheer et al., 2016)

- provide info about how permissive parenting practices relate to adolescent decision making about drinking
- assertiveness training; boundary setting and establishing expectations

White Parents

General Communication (Hausheer et al., 2016)

- programs that incorporate quality communication tips for parents
- promoting family time

Hispanic Parents

Alcohol-Related Communication

- specific info about adolescent alcohol use and consequences of use
- alcohol-specific communication training
SAMHSA (2023) "Talk. They Hear You" <https://www.samhsa.gov/talk-they-hear-you>



Implications: Addressing Risk Factors

Areas to Address with Youth – Motives for Drinking

White and Hispanic Youth

Conform

- Building self-esteem
- Refusal skills training

Enhance

- Brief intervention focused on pros/cons of use, effects on future
(Barnett et al, 2002; Terry-McElrath et al., 2020)

Hispanic Youth

Cope

- Mindfulness training
- Stress-reduction training



Implications: Addressing Risk Factors

Areas to Address with Youth - Expectancies and Perception of Peers

Brief interventions targeting negative consequences and pros and cons of alcohol use
(Terry-McElrath & Patrick, 2020)

White and Hispanic Youth

Positive Expectations

- **Sociability** (Valdivia & Stewart, 2005)
 - self esteem training to build confidence
(i.e., communication skills, peer engagement)
- **Tension Reduction** (Valdivia & Stewart, 2005)
 - stress reduction training
(i.e., mindfulness, meditation, exercise, art expression)
- **Liquid Courage** (Valdivia & Stewart, 2005)
 - healthy opportunities for empowerment
(i.e., involvement in sports, opportunities to feel courageous)



Implications: Addressing Risk Factors

Areas to Address with Youth – Expectancies and Perception of Peers

White Youth

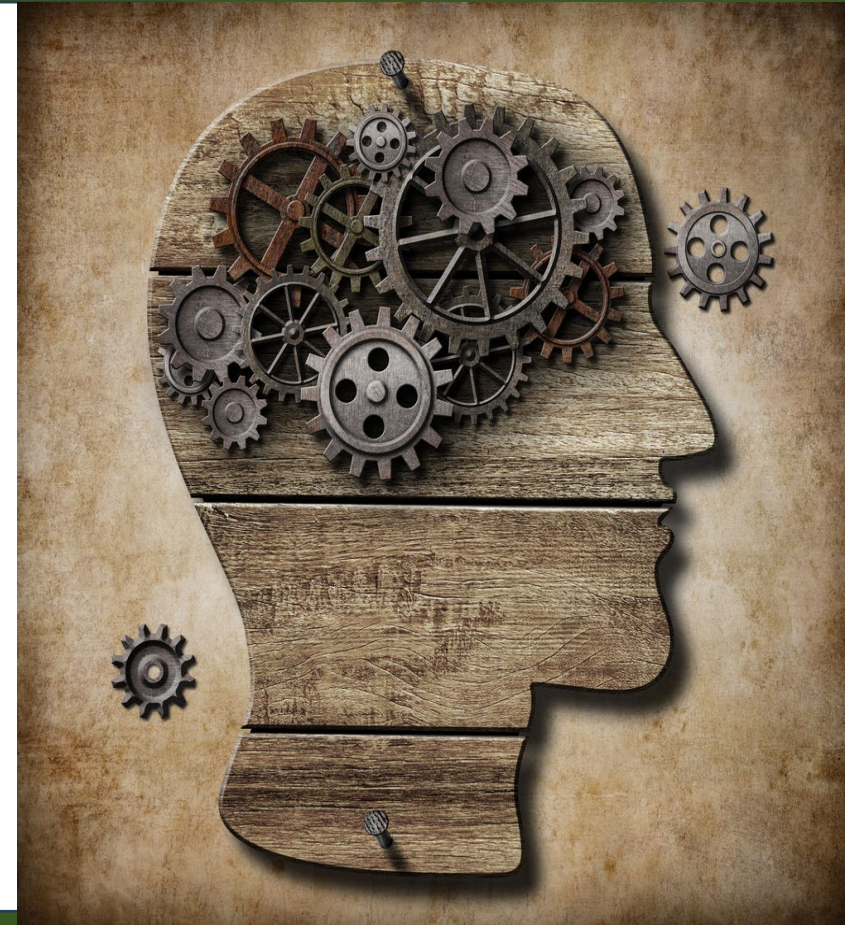
Perception of Peer Drinking

- Motivational Interviewing; Psychoeducation
 - No 30-Day Past Use: 76.5% (White students in Idaho)

Hispanic Youth

Negative Expectancies

- Motivational Interviewing; Psychoeducation
 - Cognitive and Behavioral Impairment (Valdivia & Stewart, 2005)
 - Risk and Aggression (Valdivia & Stewart, 2005)
 - Self-Perception (Valdivia & Stewart, 2005)



Implications: Emphasizing Protective Factors

Areas to Address with Youth – Protective Behavioral Strategies

White Youth

Manner Drinking

- Strategies for Reducing Drinking
 - avoiding drinking games
 - slower paced drinking
 - avoid “pre-party” drinking;
 - not mixing types of alcohol

Hispanic Youth

Limit Drinking

- Limits Setting Strategies
 - drinking water while drinking
 - stop drinking at predetermined time
 - limit # of drinks



Implications: Emphasizing Protective Factors

Areas to Address with Youth – Protective Behavioral Strategies

White & Hispanic Youth

Serious Harm Reduction

- Safety planning
 - designated driver
 - phoning responsible adult
 - Uber/taxi
 - leave with a responsible friend
 - knowing where drink is at all times



Summary

- Understanding racial/ethnic differences in underage drinking
 - Motivations related to drinking
 - Parental factors
 - Expectancies
 - Perception of Peer Use
 - Protective Behavioral Strategies
- Designing and modifying prevention and intervention approaches to meet needs of Hispanic and White youth

QUESTIONS

AND TIME FOR A BREAK!



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Part 2: Ethnicity/Racial Differences in Youth Substance Use and Multicultural Considerations for Prevention

OBJECTIVES

1

Identify ethical codes related to diversity

2

Define implicit bias

3

Identify concepts related to implicit bias

4

Discuss impact of implicit bias on clients

5

Ethical consideration

Certified Prevention Specialist Code of Ethics (2017)

Nondiscrimination

1. The CPS shall not participate in discrimination on the basis of race, religion, national origin, age, gender, national ancestry, sexual orientation, socioeconomic status, marital status, political belief, HIV/AIDS status, or physical/mental disability.
2. The CPS shall **broaden his/her understanding and acceptance of cultural and individual differences**, in order to render services and provide information sensitive to those differences.

American Counseling Association Code of Ethics (2014)

A.4. Avoiding Harm and Imposing Values

A.4.b. 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.

American Counseling Association Code of Ethics (2014)

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors *respect differing views* toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.5.b. Responsibility to Parents and Legal Guardians

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship, consistent with current legal and custodial arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

American Counseling Association Code of Ethics (2014)

C.5. Nondiscrimination

Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/ partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

American Counseling Association Code of Ethics (2014)

E.5. Diagnosis of Mental Disorders

E.5.b. Cultural Sensitivity

Counselors recognize that culture affects the manner in which clients' problems are defined and experienced. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders.

E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology

Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

Implicit Bias Defined



Attitudes or stereotypes that unconsciously affect our actions, decisions, and understandings. ²

- Can be positive (a preference for something/someone) or negative (an aversion to something/someone) ^{1, 2}
- Based on the stereotypes we have been socialized into believing about groups ¹
- Can lead to unconsciously assuming, being dismissive, or being incisive about how aspects of a person are related to what we see as “issues/concerns” ¹



Implicit Bias Defined

Implicit Biases:

- Are different from known biases that we may choose to conceal for social/political reasons ²
- Often conflict with our explicit or declared beliefs ²
- Formed over a lifetime as a result of being exposed to direct and indirect messaging ²
- Are pervasive—everyone has them ²
- Are changeable over time, with intention and training ²



Implicit Bias Defined

Is “fundamental to the way we process the world”

Does not necessarily mean an individual is prejudice or racist

Steele, J., & Newton, C., 2022



Understanding Implicit Bias and Socialization



We each have a cultural lens we use to make sense of our perceptions and experiences

This lens is neither universal nor objective, and without it we could not function in society

Two important terms in Western Society:

- 1) Individualism – “we are each unique and stand apart from others, even those within our social groups”
- 2) Objectivity – “tells us that is possible to be free from all bias”

Understanding Implicit Bias and Socialization



1) Individualism

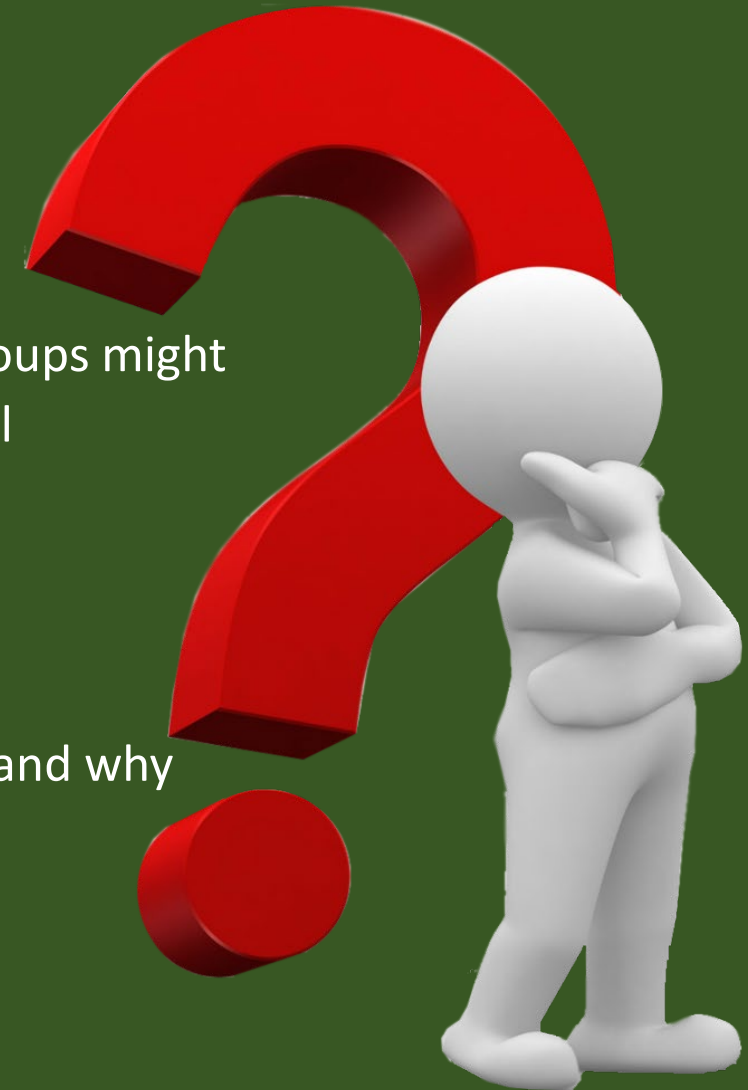
- Reinforces the idea that we are each unique
- That our group memberships (i.e., race, gender, class, sexual identity, age) are irrelevant to our opportunities
- There are no barriers
- Individual success and failure “are not consequences of social structures”
- Yet, we are socialized into groups!

Understanding Implicit Bias and Socialization

Reflection Activity

Take a moment to jot down all of your “social group memberships”. Types of groups might include age, class, education level, race, ethnicity, gender, sexual identity, sexual expression, ability, religion, political affiliation, and other groups.

- 1) What does each of these groups mean? How do they “define” you?
- 2) Reflect upon your reaction to whether one group is “better” than another and why you believe this to be true.
- 3) What has influenced your perspective about Question 2?



Understanding Implicit Bias and Socialization

2) Objectivity

- When we begin to address group identity, we begin to challenge our belief in objectivity
- When we see group membership, we begin to see that group membership is relevant
 - Universal human perspective no longer exists
 - Instead, we see that there are particular kinds of humans
 - This perspective-taking will challenge our racial frameworks; therefore, challenging our biases (many of which are imbedded into our cultures)



Types of Implicit Bias



Race

- Socially fabricated – no sociological relevant differences between people of different races (Lucas & Beresford, 2010)
- Defined by physical attributes shared by a group of people such as skin color (Owens et al., 2014)

Ethnicity (Lucas & Beresford, 2010)

- Ancestral bonds, traditions, rituals, shared customs, beliefs, language, and ways of living (Lucas & Beresford, 2010)
- Often used as a “placeholder” to group people who appear similar because of history of exclusion, deprivation, stigma, racism (Lucas & Beresford, 2010)
- Cultural heritage, values, attitudes, behaviors (Owens, et al., 2014)

Language Status (Lucas & Beresford, 2010)

- Causal factor in lower achievement due to a dominant English language in the U.S.

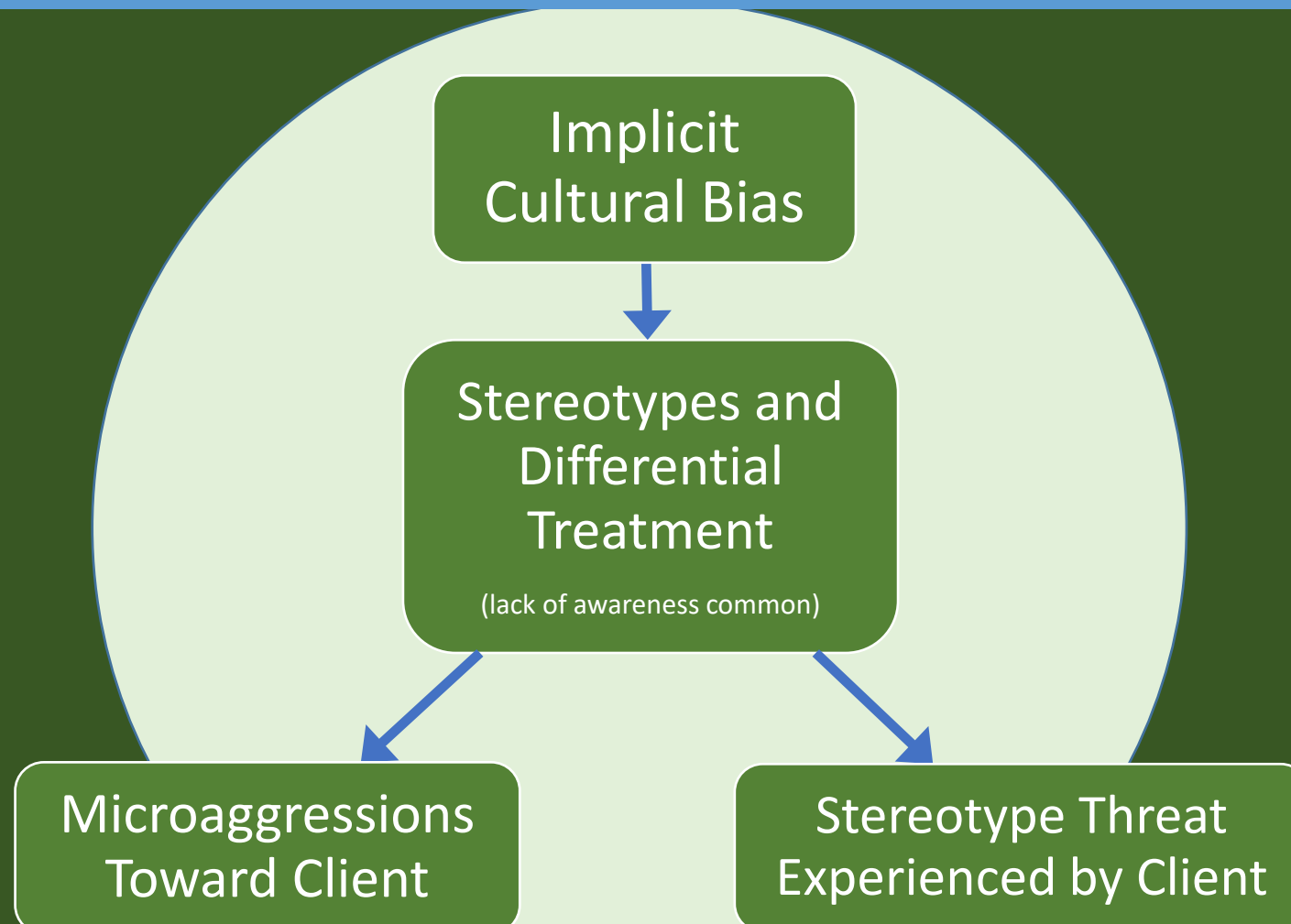


Implicit Bias: Peanut Butter, Jelly & Racism



[https://www.pbs.org/video/
pov-implicit-bias-peanut-
butter-jelly-and-racism/](https://www.pbs.org/video/pov-implicit-bias-peanut-butter-jelly-and-racism/)

Impact of Implicit Bias on Clients



Microaggressions

1

Brief, commonplace, daily

• Verbal • Behavioral • Environmental •

2

Intentional or unintentional

3

Communicate hostile, derogatory, or negative racial slights and insults

Microaggressions

4

Subtle or ambiguous

5

Can target cultural identity

- Gender • Sexual Orientation • Race • Ethnicity •
- (nationality, values, cultural customs, language, physical appearance)

Three Types of Microaggressions

Microassaults

Microinsults

Microinvalidations

Microassault

(often conscious)

Explicit racial derogations such as violent, verbal and/or nonverbal environmental attack meant to hurt victim

name-calling • avoidant behavior • purposeful discriminatory actions

Three Types of Microaggressions

Microinsult

(often unconscious)

Communications that convey rudeness and insensitivity and demean a person's racial heritage.

Ascription of Intelligence

Assigning degree of intelligence to person based on their race

Assuming students of color are incapable of rigorous coursework

Second-Class Citizen

Treating person or group as lesser than

Referring to a group as "those people"

Pathologizing Cultural Values and/or Communication Styles

Notion that values and communication styles of person is abnormal

Assumption of Criminal Status

Presumed a criminal, dangerous, deviant

Three Types of Microaggressions

Microinvalidation

(often unconscious)

Communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color

Alien in Own Land

Belief that visible racial/ethnic minority citizens are foreigners

“Where are you from?”

Color-Blindness

Denial or pretense that a White person doesn't see color or race

“I don't see color.”

Myth of Meritocracy

Statements that assert race plays a minor role in life success

“People in poverty just need to pull themselves up by their bootstraps.”

Denial of Individual Racism

Denial of personal racism or one's role in its perpetuation

Choosing to not buy a house in “that neighborhood”.

Microaggressions

Ethnic and racial microaggressions associated with:

- Anxiety
- Confusion
- Anger
- Contempt



Barriers to Mental Health Services

Racial/Ethnic Minority Populations

- More likely to feel mistrust toward counselors who do not acknowledge or understand importance of racial and ethnic differences (Chang & Berk, 2009)
 - Those with collectivistic values may feel shame in seeking services (Sue, Cheng, Saad, & Chu, 2012)
- White Americans compared to Black and Asian American college students are more likely to (Wu, et al. 2017):
 - seek services,
 - see higher levels of perceived need,
 - and better perceived mental health



Barriers to Mental Health Services

Black Americans

- 20% more likely to report serious psychological distress compared to Whites
- Less likely to seek mental health services
 - Barriers:
 - Stigma
 - Lack of trust in mental health care
 - Mislabeled of Black people's presenting concern
 - Financial constraints
 - Lack of access to culturally responsive mental health care
- Often misdiagnosed and overdiagnosed with schizophrenia



Microaggressions During Therapy



- Clients have experienced microinvalidations and microinsults in therapy
 - Dismissive/negating messages about cultural heritage
 - Culturally inappropriate interventions
- These experiences in therapy can be a “recapitulation of previous injustices”
- Can impede the therapeutic process if not addressed

Broaching Issues of Racism

Get Comfortable with Being Uncomfortable

- Counselors should broaching the topic first with clients (and not wait for the client to bring it up)
- How comfortable are you with acknowledging your own ethnic identities?
- How comfortable are you with discussing racism?
- Your answer to both questions will determine if your sessions go beyond surface level

Tips for Starting the Conversation

- “I just want to check in. There’s a lot going on around us right now. What’s that been like for you?”
- I’m curious how you as a [(Black American; Latino/a)] might be affected by racial violence and oppression.”




Broaching Issues of Racism

Missteps will Happen—And That's Okay!

- Be aware of your reactions to what the client shares

- Avoid

- 1) explaining away the client's experience
- 2) identifying with the client
- 3) feeling like you have to apologize



Communicates that you're still not comfortable and haven't done your own work around topic

- Instead...

- 1) Reflect on your internal experience
- 2) Take time to build rapport and a sense of safety for client

CASE STUDY #1

Kevin, a 16-year-old Black male who is on the high school football team. He is mandated to attend counseling (school policy) after he was cited by the police for underage drinking. During his first session with the White female counselor, Marie, he informs her that he has no interest in being there as he sits with his arms folded across his chest.

- What are your initial thoughts, feelings, reactions?
- What, if any, ethical considerations exist?

CASE STUDY #1

CPS Code: Nondiscrimination

1. The CPS **shall not participate in discrimination** on the basis of race, religion, national origin, age, gender, national ancestry, sexual orientation, socioeconomic status, marital status, political belief, HIV/AIDS status, or physical/mental disability.
2. The CPS shall **broaden his/her understanding and acceptance of cultural and individual differences**, in order to render services and provide information sensitive to those differences.

CASE STUDY #1

ACA Code: E.5. Diagnosis of Mental Disorders

E.5.b. Cultural Sensitivity

Counselors recognize that culture affects the manner in which clients' problems are defined and experienced. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders.

E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology

Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

CASE STUDY #2

Carin is a community mental health counselor. She just completed the first session with an adolescent client from a family who immigrated from Venezuela less than three years ago. After the session ends, the receptionist comments to Carin, “Good luck getting that kid to show up regularly. Her older sister used to see another counselor here and the mom was always late or no showed. She’s nothing but excuses and could care less about her kids, not to mention she’s crazy!”

- What are your initial thoughts, feelings, reactions?
- What, if any, ethical issues exist?

CASE STUDY #2

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CASE STUDY #2

ACA Code: B.1. Respecting Client Rights

B.5.b. Responsibility to Parents and Legal Guardians

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship, consistent with current legal and custodial arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

CASE STUDY #2

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CASE STUDY #3

For the past several months, Ryan, a licensed clinical professional counselor has been working with Jose´, a 13-year-old Hispanic male client who will turn 14 next month. His parents are concerned that Jose´ is not connecting with peers, seems to lack motivation, and is less interested in things that he use to enjoy as he has transitioned into adolescence. During the sessions, it has taken a balance between not challenging Jose´ too much, while also not being too passive in Ryan’s approach. Today Jose´ appears much more alert and engaged. With some hesitation, Jose´ shares that he “had a few beers” this past weekend with some new friends that he describes as the “cool” kids. After further discussion, Jose´ shares more about his new friends—one of whom he states was in juvenile detention last year. Jose´ defends his new friend by stating, “But it was only because the school principal didn’t like him and accused him of selling drugs”. Jose´ follows this with, “I only told you because I know you won’t tell my parents.”

- What are your initial thoughts, feelings, reactions?
- What, if any, ethical considerations exist?

CASE STUDY #3

ACA Code: B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors *respect differing views* toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.5.b. Responsibility to Parents and Legal Guardians

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship, consistent with current legal and custodial arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

CASE STUDY #3

Idaho Code (16-2428):

No person in possession of confidential statements made by a child over the age of fourteen (14) years in the course of treatment may disclose such information to the child's parent or others without the written permission of the child, unless such disclosure is necessary to obtain insurance coverage, to carry out the treatment plan or to prevent harm to the child or others, or unless authorized to disclose such information by order of a court.

CASE STUDY #4

Christina is a Latina counselor (LCPC) at a community mental health center. She meets briefly over the phone with the parent of her new client, Jacob, a 15-year-old White male. He agreed to attend counseling to address relational conflict with his parents regarding his decreased involvement in family activities, including attending church (his parents are devout members of a conservative religious organization). Additionally, the parent states that Jacob recently started dating a 16-year-old Latina female. The parent further states that she is concerned her son may be experimenting with alcohol, as he attended events with his girlfriend's family where there was drinking. As the parent begins to end the conversation, she states, "You know, God didn't intend for the races to be mix."

- What are your initial thoughts, feelings, reactions?
- What, if any, ethical considerations exist?

CASE STUDY #4

CPS Code: Nondiscrimination

1. The CPS **shall not participate in discrimination** on the basis of race, religion, national origin, age, gender, national ancestry, sexual orientation, socioeconomic status, marital status, political belief, HIV/AIDS status, or physical/mental disability.
2. The CPS shall **broaden his/her understanding and acceptance of cultural and individual differences**, in order to render services and provide information sensitive to those differences.

CASE STUDY #4

ACA Code: A.4.b. 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.

CASE STUDY #4

ACA Code: B.1.a. Multicultural/Diversity Considerations

Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors *respect differing views* toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

ACA Code: B.5.b. Responsibility to Parents and Legal Guardians

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship, consistent with current legal and custodial arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

CASE STUDY #5

The prevention specialist at a local non-profit organization was contracted by the local school district to start a media campaign to address underage drinking. After sending out a survey to parents/guardians by the school district, results indicated a very small percentage of responses were submitted by minority parents, particularly Hispanic parents. When asked about the low numbers and the recruitment approaches, school district administrators stated that they are less concerned about "those" kids because there are very few of them and they won't participate anyway.

- What are your initial thoughts, feelings, reactions?
- What, if any, ethical considerations exist?

CASE STUDY #5

CPS Code: Nondiscrimination

1. The CPS **shall not participate in discrimination** on the basis of race, religion, national origin, age, gender, national ancestry, sexual orientation, socioeconomic status, marital status, political belief, HIV/AIDS status, or physical/mental disability.
2. The CPS shall **broaden his/her understanding and acceptance of cultural and individual differences**, in order to render services and provide information sensitive to those differences.

Summary

Identification of ethical codes related to diversity

Definition of implicit bias

Concepts related to implicit bias

- Individualism & Objectivity
- Microaggressions: Microassaults, Microinsults, Microinvalidations

Impact of implicit bias on racially/ethnically diverse clients

Ethical consideration



QUESTIONS

THANK YOU!

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