Chapter 13

ETHICS AND SOCIAL JUSTICE IN COUNSELING PSYCHOLOGY

Rebecca L. Toporek, Kwong-Liem Karl Kwan, and Robert A. Williams

Ethics has been a core foundation in the practice of counseling psychology since its inception. From one perspective, maintaining an ethical code that provides consumer protection and emphasizes the work of psychologists performed for the improvement of mental health and the greater good is in itself a socially just act. A set of ethical guidelines, however, does not necessarily bolster human rights, increase social equity, or improve access to resources. In this chapter, we focus specific attention on the interaction of ethics and social justice in counseling psychology and explore the discourse regarding the interaction of the two constructs with the goal of enhancing the ability of the profession to more closely connect the principles of ethics and social justice in practice, research, training, and policy. This chapter is not meant as a primer on ethics. For a basic understanding of ethics in counseling psychology, readers should refer to the American Psychological Association (APA) Ethical Principles of Psychologists Code of Conduct (hereafter referred to as the Ethics Code; APA 2002, 2010) as well as commonly used resources such as Pope and Vasquez (2010) and Kitchener (2000) among others. This chapter will address the state of our understanding of ethical issues in social justice specifically pertaining to counseling psychology as well as identify complex issues that may arise.

As Aldarondo (2007) noted, “The counseling profession is anchored in a foundation of lifespan development, strength-oriented, and multicultural models of human behavior, which has made responding to oppressive, toxic, and dehumanizing social conditions as a recurrent, if underdeveloped, part of its history” (p. 8). Although there have been notable examples of social justice work in the field of counseling, the extent to which training, literature, and research has integrated this goal has been sporadic. Within the past 10 years, however, there has been a steady increase in attention and challenge raised for counseling psychology to step up and demonstrate its commitment to social justice throughout the profession (Goodman et al., 2004; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006; Vera & Speight, 2003). Literature and research have emerged regarding the training and practice of social justice–oriented work in counseling psychology. As the discourse advances and the field critically reflects on social justice in action, it is clear that the complexities of this approach require more sophisticated attention to ethics. Multicultural, feminist, and prevention psychologists have provided relevant groundwork (e.g., Brown, 1997b; Constantine, Hage, Kindaichi, & Bryant, 2007; Hage & Kenny, 2009; Morrow, Hawxhurst, Montes de Vegas, Abou-sleman, & Castañeda, 2006; Pope, 1990; D. Sue, 2008; D. W. Sue et al., 1998), and some authors have begun to directly address the intersection of ethics and social justice in the professions of counseling and psychology (e.g., Goodman et al., 2004; Kiselica & Robinson, 2001; Pack-Brown, Thomas & Seymour, 2008; Toporek & Liu, 2001; Toporek & Williams, 2006).

To ensure that we, the authors and readers, are standing on similar foundations, we first clarify the definitions of social justice, ethics, and related
constructs we use in this chapter. Social justice in counseling psychology has been defined in several ways, with most definitions having a focus on promoting equitable access to resources. Fouad, Gerstein, and Toporek (2006) reviewed a number of definitions and summarized those by stating that social justice in counseling psychology focuses on helping to ensure that opportunities and resources are distributed fairly and helping to ensure equity when resources are distributed unfairly or unequally. This includes actively working to change social institutions, political and economic systems, and governmental structures that perpetuate unfair practices, structures, and policies in terms of accessibility, resource distribution, and human rights. (p. 1)

In their seminal work outlining principles for social justice in training, Goodman et al. (2004) articulated the following working definition: “We conceptualize the social justice work of counseling psychologists as scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination” (p. 795).

Related to, but distinct from, social justice is the construct of advocacy. Advocacy, defined broadly, is action taken to support a particular outcome or cause. Often, within professional organizations such as the APA, advocacy focuses on action to influence policies that affect the profession of psychology. Other efforts may focus on influencing policy that affects client populations, particularly as it relates to the work of psychologists. Counseling psychologists may find the model of advocacy competencies (Lewis, Arnold, House, & Toporek, 2002, as cited in Toporek, Lewis, & Crethar, 2009), which was recently adopted by the American Counseling Association, to be useful. The model identifies six different types of advocacy that facilitate social justice in practice, organized along two dimensions: extent of client involvement in the advocacy (with the client or on behalf of the client) and level of intervention (individual, community, or societal). Although the work of counseling psychologists and counselors are somewhat distinct, a number of important similarities as well as knowledge and skills facilitate more effective and ethical advocacy. For example, much of the work done in prevention, multicultural, rehabilitation, and feminist psychology supports advocacy action to help clients address structural barriers and inequities. Advances in social justice in counseling psychology may be informed by two resources elaborating on the application of the advocacy competencies, including a special issue of the Journal of Counseling and Development (Toporek et al., 2009) and a handbook of advocacy competencies (Ratts, Toporek, & Lewis, 2010). The literature focused on client advocacy generally positions advocacy as action taken in the service of social justice.

Ethics represent moral principles, aspirational goals, or ideal standards set for conduct within a profession. Ethics codes and standards are principles and guidelines that are enforced by professional associations, national certification boards, and government licensing boards or consumer affairs agencies that regulate professions. For counseling psychology, ethical principles, guidelines and standards are those set forth by the Ethics Code (APA, 2002) and the 2010 amendments (APA, 2010). It is important to note that the Ethics Code attends to both aspirational and mandatory ethics. The Preamble and General Principles of the Ethics Code are aspirational goals intended to guide psychologists to the highest caliber of ethical behavior and are not enforceable. Rather, they are designed to facilitate psychologists in sometimes ambiguous and difficult ethical decision making. The Ethical Standards section of the Ethics Code is designed to encompass enforceable rules outlining a range of areas in which psychologists practice. Aspirational ethical principles are resources for considering how our behavior, as psychologists, can contribute or impede social justice goals. The General Principles identified by the Ethics Code, Beneficence and Nonmalefice, Fidelity and Responsibility, Integrity, Justice, and Respect for People’s Rights and Dignity, may be interpreted to enhance equity in access to resources, human rights, and other social justice goals. They may also be interpreted in ways that do not
necessarily maintain such goals. For example, beneficence and nonmaleficence, when interpreted narrowly to include the psychologist’s behavior with an individual client, may be perceived by some as adequate if the psychologist does nothing to directly harm the client and assists the client in coping with her or his emotions. Others may interpret this behavior as violating these principles, however, if the psychologist is aware of, yet does nothing to address, hostile environmental situations the client may be facing.

Beyond specific directives in codes of ethics, community standards are often used as a measure of appropriate professional behavior that would be considered “reasonable” within the professional community. “Reasonableness is usually defined as the care that is ordinarily exercised by others practicing within that specialty in the professional community” (Corey, Corey, & Callanan, 2010, p. 14). Community standards may be particularly relevant for our discussion of social justice and ethics for two reasons. First, because there is scarce guidance regarding social justice practice within ethics codes (APA, 2002, 2010), assessing the ethics of a psychologist’s behavior may require considering what is reasonable within given cultural, sociopolitical, or economic context and norms. Second, because social justice has not been systematically included in psychology training programs, it is likely that community standards related to social justice are still evolving.

**Sociocally Just Ethics or Ethical Social Justice?**

There is a range of literature within psychology generally, and counseling psychology specifically, that addresses social justice. Less literature addresses the intersection of social justice and ethics. Within this small body of literature, there are varying definitions of social justice as well as ethics. Similarly, the ways in which authors direct their attention assumes a range of meanings of the intersection of these two constructs. *Socially just ethics* may be interpreted as the extent to which professional ethics define the scope of psychologists’ work as addressing social justice issues and the extent to which the Ethics Code (APA, 2002, 2010) reflects and supports social justice principles. Conversely, *ethical social justice* can be interpreted as the extent to which work that is done in the interest of social justice reflects ethical standards, principles, and codes. Although these two frames may complement each other, in other circumstances, they may represent completely different meanings and implications. Succinctly, we are drawing the following distinction. Socially just ethics asks, “Is our current code of ethics, the principles that we abide by as psychologists, socially just?” Whereas, ethical social justice asks, “Is the social justice work that psychologists engage in conforming to ethical codes and principles that are already established?” The former frame calls into question the issue of human rights more generally and the extent to which psychologists see their work as addressing inequities in society for the betterment of individuals and communities. The latter examines social justice–oriented work itself. The literature representing both perspectives provides a useful foundation for the remainder of this chapter.

**Socially Just Ethics**

The literature focusing on what we have termed *socially just ethics* has asserted the responsibility of the profession to advocate and work for a more just society. Throughout the history of APA, there has been fluid movement between alternating positions on this issue. In a 1969 Report of APA’s Ad Hoc Committee of Public Affairs, a protocol was outlined to facilitate decision making regarding the relevance and appropriateness of advocacy statements by APA (Tyler, 1969). The history of this debate and its implications within the organization of APA form a critical backdrop for this discussion of ethics and social justice. Although these discussions focused specifically on the role of the organization in making statements, psychologists and the public look to APA as a leader of professional standards. Hence, the stand that APA takes regarding the relevance of social issues to psychologists and vice versa undoubtedly influences the degree to which psychologists and psychology training programs see this as part of the professional role of psychologists. In her 1983 Award for Public Service Address, Payton (1984) noted that one of the central themes of that debate was a concern that taking a stand was
thought to reduce psychology’s credibility, both as a science and as a profession. In particular, she critiqued the 1982 decision by APA’s Board of Scientific Affairs (BSA) and their stance that “it was inappropriate for the APA, as a scientifically based organization, to take positions of social advocacy that were not based on the organization’s interest in the promotion of the science or the profession of psychology” (p. 392). She identified the holocaust, apartheid, and the equal rights movement as examples that had clear evidence of inequity and injustice in society but noted that APA “would be restrained from advocating the desirability of correcting these inequities unless such conclusions were judged to be in the best interests of psychology as a field” (p. 392). She asserted,

I would suggest that it is absurd for us not to make our stand clear on matters of injustice, that failure to do so does grave image damage to us in the public’s eye, and that to continue to ignore damage done by social injustices that are readily apparent through use of our sense organs and consciences severely weakens our credibility. (p. 392)

A recent example of the image damage referred to by Payton (1984) is the negative press highlighting APA and controversy regarding its stand on the involvement of psychologists in interrogation (Costanzo, Gerrity, & Lykes, 2007; A. Lewis, 2006; Lott, 2007; Pope & Vasquez, 2010).

Literature on socially just ethics that has addressed psychologists, rather than the organization of APA, has focused on a variety of issues and asserted that psychologists are relevant and important social activists for issues ranging from same sex marriage (Borshuk & Cherry, 2004) to international peace efforts (Gerstein & Kirkpatrick, 2006; Kakkad, 2005). Kendler (1993) argued that the science of psychology could assist in the resolution or mediation of social conflicts arising from competing moral positions using empirical science. Prilleltensky (1994), while applauding and supporting the discourse provided by Kendler, challenged Kendler’s arguments in terms of the complexities presented in social ethics around moral philosophy, epistemology, and politics. The history and debate about the role of the organization of APA influences the work of psychologists in many ways, possibly most directly through the Ethics Code (APA, 2002, 2010).

Is the Ethics Code socially just? The current Ethics Code (APA, 2010) has taken shape over the course of the past several decades and revisions have been made within the context of debates about the social responsibility of psychology. For example, Prilleltensky (1990) charged that the ethics of psychology in North America focused on individual welfare to the exclusion of social welfare and that this bias was evident in codes of ethics. Prilleltensky and Walsh-Bowers (1993) further argued that a unidimensional view of ethics, guided exclusively by the predominant approach is susceptible to the following risks: (a) insensitivity to social issues, (b) lack of understanding of psychology’s collective impact on society, (c) inability to anticipate ethical concerns at the individual and social levels, and (d) preoccupation with the welfare of the profession ahead of the welfare of the public. (p. 92)

Similarly, Serrano-García (1994) reviewed the 1992 Ethics Code and concluded that “the APA Code of Ethics promotes beneficence, respect, and distributive justice in that order of importance, within a framework that emphasizes professional morality [over social morality]” (p. 5). Payton (1994) asserted that early versions of the Ethics Code had emphasized humanitarian aspects of psychologists’ responsibilities, but that the 1992 Ethics Code moved away from that aspiration. Brown (1997b) further charged that the Ethics Code primarily served psychologists rather than the public and neglected social ethical issues.

Numerous authors have discussed the extent to which the current Ethics Code (APA, 2010) reflects social justice principles. Toporek and Williams (2006) reviewed the ethics codes of the APA, the National Association of Social Work, the Canadian Psychological Association, and the Feminist Psychology Code of Ethics. They found three themes that they deemed relevant to social justice practice
and training, including respect, responsibility, and social action. There was significant variation across the codes, however, in terms of the attention and clarity devoted to each theme. For example, the APA Ethics Code gave little guidance regarding social action and ethical behavior and provided more direct specification regarding respect and responsibility.

Some arguments have asserted that the responsibility to work toward human rights supersedes inadequacies of current codes. The most recent, and possibly the most public debate, within the past decade focused on questions regarding the extent to which the 2002 APA Ethics Code had been influenced to accommodate increased involvement of psychologists in the interrogation of detainees following the terrorist attacks of September 11. Some of this discussion indicated that according to the Ethics Code, it is not unethical for psychologists to consult and be involved in interrogation, whereas others have argued that the Ethics Code is faulty because it does not include and define the role of psychologists as fundamentally protecting human rights (Behnke & Koocher, 2007; Costanzo et al., 2007; Lott, 2007; Olson, Soldz, & Davis, 2008; Pope & Vasquez, 2010). This issue was addressed to some extent by APA in an amendment to the Ethics Code (APA, 2010). For a better understanding of this history, readers are encouraged to read Pope and Vasquez's (2010) thoughtful discussion, which provides information regarding the sequence of events within APA as well as their personal and divergent viewpoints regarding the way APA handled the public and member criticism. The complexity and depth of literature and discourse on this topic is beyond the scope of this chapter; however, this debate provides a prime example of the intersection and perceived clash between ethics and social justice within psychology.

Ethical Social Justice

Literature has also explored the extent to which the professional code of ethics and ethical practice addresses social justice issues and provides guidance for work that is oriented with a frame of social justice. Toporek and Williams (2006) suggested that ethical issues related to practicing from a social justice perspective include competence, worldview and assumptions, dual roles and professional boundaries, informed consent, and do no harm, and the authors questioned the extent to which the Ethics Code (APA, 2002, 2010) adequately addresses the complexity of these issues.

Multicultural and feminist psychologies have contributed to the discourse on ethical social justice (e.g., Fowers & Davidov, 2006; Morrow et al., 2006), raising attention to systemic issues for consideration (Arredondo & Perez, 2003; Arredondo & Toporek, 2004; D. W. Sue et al., 1998). For example, Ridley, Liddle, Hill, and Li (2001) proposed a useful model that integrated a consideration of multicultural context in ethical decision making, thereby allowing psychologists to have a broader perspective of issues and act in ways that support justice and equity for populations that tend to be marginalized. Morrow, Beckstead, Hayes, and Haldeman (2004) presented an excellent discourse regarding the ethical and social justice issues related to conversion therapy as well as the dilemmas presented by clients who are distressed because of conflicts between their feelings of same-sex attraction and religious beliefs.

Literature in prevention as well as program evaluation elucidate concerns as well and suggest areas for further development of the Ethics Code and ethical practice (Hage & Kenny, 2009; Vera & Reese, 2000). Hage and Kenny (2009) asserted that the “current APA ethical codes do not directly address the unique and salient ethical issues elicited in conducting social justice–oriented prevention work” (p. 77) and pointed to the need for greater infusion of cultural and social perspectives, issues involved when engaging in a collaborative process (e.g., informed consent with multiple parties), and “the need for structural changes in society as well as the need for individuals to take personal responsibility” (Miller & Sawka-Miller, in press, as cited by Hage & Kenny, 2009, p. 78). Pope (1990) also identified a number of ethical issues related to prevention and noted that the actual implementation of ethical imperatives, such as informed consent, was considerably more complex than the Ethics Code suggested. His point was echoed by Goodman et al. (2004) who highlighted a broad view of informed consent as power sharing when multiple individuals, communities, or constituencies may be affected.
by research or intervention. A distinct issue was raised by Pettifor (1995) who described ethical dangers in program evaluation, wherein psychologists may be using appropriate methodology and adhering to established ethical codes, but the process may violate social justice principles when they are used in the self-interest of the specific parties involved in the process. These concerns draw attention to the need for ethics codes to address the complexities of the scope of regular practice when social justice issues are present.

Tenets such as those suggested by Goodman et al. (2004) provide guidance for complex ethical social justice practice. Although they suggested that the tenets of ensuring ongoing self-evaluation, sharing power, giving voice, raising consciousness, focusing on strengths, and leaving clients with tools are useful as foundational values, Goodman et al. acknowledged that there are still ethical dilemmas in the implementation of social justice. For example, psychologists are expected by the current Ethics Code (APA, 2010) to examine their biases and values to minimize interference in the work. Goodman et al. asked, “When honest introspection uncovers strongly held values (political, religious, or other) different from those of the community members with whom we are working, how do we navigate these differences?” (p. 820). Their question suggests that the Ethics Code is to be commended for requiring psychologists to examine their values; however, there is little guidance regarding how to resolve discrepancies. To highlight one example, the tenet of “giving voice” is an important means of helping to draw attention to the concerns of those who are often not heard. Goodman et al. highlighted ethical challenges that arise because of the complexity of giving voice and consciousness raising. The discrepancy between the cultural and linguistic background of the researcher and that of the community challenges the ability of the researcher to communicate the community’s voices accurately. Furthermore, in “consciousness raising” there is a not-so-implicit assumption that the counselor or psychologist is more “enlightened” than the client. Goodman et al. emphasized the need for reflection and maintaining humility, understanding our expertise, and respecting the expertise that clients bring. We argue that these dilemmas are also likely in counseling psychology practice and research in general and the recommendations should not be limited to social justice work.

ETHICS AND SOCIAL JUSTICE IN CLINICAL AND VOCATIONAL PRACTICE

Clinical and vocational practice is generally composed of assessment, case formulation, counseling and treatment, and assessment of outcomes. Counseling psychologists who practice social justice strive to ensure that each of these components is tied to “helping to ensure that opportunities and resources are distributed fairly and . . . to ensure equity when resources are distributed unfairly or unequally” (Fouad et al., 2006, p. 1). The ethical aspects of social justice in clinical and vocational practice require that the counseling psychologist complies with the Ethics Code as well as address the multiple issues raised in the social justice literature (e.g., Goodman et al., 2004; Toporek & Williams, 2006). Furthermore, authors have suggested that to truly practice counseling from a social justice perspective, a paradigm change is needed with a reexamination of all aspects of practice and ethics (Douce, 2004; Prilleltensky, 1994).

Reflecting the framework of what we have called ethical social justice, Prilleltensky, Dokecki, Frieden, and Wang (2007) outlined ethical problems with traditional counseling and psychotherapy and proposed justice-based practices or “new practices that overcome the limitations associated with current modalities of helping” (p. 33). In the first of these practices, counseling assumes that the personal is political . . . if counselors ignore psychopolitical reality, they may be practicing unethically either because they intentionally or unintentionally blame their clients for their own problems or because they base interventions on incomplete assessment of the full range of relevant factors that affect human development. (Prilleltensky et al., 2007, p. 34)

The second justice-based practice involves providing opportunities for practitioners and clients to
engage in groups or causes that promote social justice related to the clients' issues in addition to continuing with individual or family therapy. The third practice identified by Prilleltensky et al. (2007) reflects an expectation that educators will "promote advocacy, action-based research, prevention, community wellness, and social justice" (p. 36). The last justice-based practice suggests that "counselors pay equal attention to intrapsychic forces, injustice, and power dynamics potentially oppressing clients from the inside and outside" (Prilleltensky et al., 2007, pp. 37–38), noting that internalized oppression must be addressed both individually and systemically. They voiced caution regarding the potential for this focus to be relegated to rhetoric rather than action, a criticism that has been voiced in other literature (e.g., Speight & Vera, 2008). We suggest that ethical practice can address this concern when the multicultural counseling competencies (Arredondo et al., 1996; D. W. Sue, Arredondo, & McDavis, 1992) and the APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change (APA, 2003; hereafter referred to as the Multicultural Guidelines) are operationalized and implemented, complete with critical reflection.

With each of these justice-based practices, Prilleltensky et al. (2007) also explored potential ethical challenges and proposed recommendations. One issue reflects the potential for the justice-based practice to be perceived by clients as contrary to their values or expectations of counseling. Prilleltensky et al. suggested that clear discussion about the values and approach of justice-based counseling at the outset of counseling is essential for informed consent. Furthermore, respecting the principle of autonomy is critical in ensuring that counseling proceeds in a manner that reflects the client's needs. It is noteworthy that clear disclosure regarding the rationale for any counseling approach, social justice or not, is an ethical imperative for clients to have adequate information on which to base their informed consent to treatment. Regarding involving practitioners and clients in social action groups, Prilleltensky et al. noted that group work may be not be appropriate for some clients and that some clients may dislike practices that deviate from expectations of individual counseling. They also acknowledged that many counselors may feel unprepared to engage in social justice work. They recommended attending carefully to each case for client needs as well as expanded training for practitioners. The potential for positive healing as a result of increasing clients' sense of agency through group action is exciting. At the same time, it is critical for the practitioner to reflect on his or her own values to ensure that the social action reflects the client's agenda rather than the practitioner's. Additionally, if practitioner and client are involved in similar social issues, boundaries and multiple roles may need to be addressed. Goodman et al. (2004) and Gerber (2007) have provided helpful discussions regarding many of these issues.

In addition to these points, other specific clinical practice issues have been identified in the recent literature, including attention to social justice issues as an important aspect of attending to clients' experiences (Doherty & Carroll, 2007; Gerber, 2007; Goodman et al., 2007), the importance of addressing oppression within counseling (Brown, 1991), the design of systemic interventions to address well-being (Davidson, Waldo, & Adams, 2006; Vera et al., 2006), increased responsiveness in counseling through multiculturalism and ethics (Gallardo et al., 2009), and the influence of mental health policy on access and well-being (Ackerson & Korr, 2007).

Vocational practice issues have included the importance of work and employment as an integral part of social justice practice (Blustein, 2006; Toporek & Chope, 2006); the blending of roles of scientist-practitioner-advocate in career counseling (Fassinger & O'Brien, 2000); integration of workplace concerns, wellness, and social justice in counseling with individuals with HIV (Werth, Borges, McNally, Maguire, & Britton, 2008); empowerment and advocacy in employment counseling (Bhat, 2010; Chope, 2010); and career education as social action (Irving, 2010). This literature highlights the role of work, employment, and economic forces in human rights, equity, and access. As evidenced by the literature, there is a wide range of ethical issues related to practice, including arguments for clearer social justice frameworks as well as guidance to enhance the ethics of working from this perspective. We will elaborate on just a few of these issues.
organized by assessment, diagnosis, interventions, and outcomes.

**Assessment**
Despite significant growth in the quality and quantity of instruments that address cultural, gender, and socioeconomic diversity, assessment administration processes are often bereft of ethical social justice practices. For example, intelligence test manuals, personality test instructions, and education assessments generally do not require an examiner to engage in a priori self-reflection about her or his biases and beliefs about the individual or population that will be assessed. An expectation of clinical assessment that is both ethical and socially just stipulates that assessment findings will be interpreted in a way that is consistent with social justice principles. Using the tenets presented by Goodman et al. (2004) as a springboard, we suggest the following questions: To what extent does the interpretation focus on the client strengths? Offer clients tools for success? Give voice to an individual, group, or community that has been oppressed and silenced? Raise the consciousness of the client about the impact of structural inequities on his or her mental health? To what extent is the interpretation the result of collaboration with the client and not simply the clinician’s view on the client? The last reflection question challenges counseling psychologists to consider, when making reports or recommendations to a third party, the extent to which their final assessment has attended to context, bias, and power risks inflicting further oppression.

Special cases arise when individuals have been coerced into assessment and the counseling psychologist is representing the court or prosecution. As such, is it possible to practice ethical clinical assessment that is socially just for both the person being assessed as well as society? The inherently adversarial nature of the court system would suggest that social justice should take a back seat to preserving “our governing ways.” Instead, we argue that with a framework of ethics and social justice, clinical assessment in the court system can take into account the best interests of the individual being assessed. This can be done by giving voice to the cultural, gender, and social class contexts that have an impact on the client’s well-being. Brown (1997a) described her work as a feminist psychologist providing forensic evaluation in custody cases and outlined a framework for communicating explicitly the social justice perspective throughout the process. This framework facilitates transparency of values, maintains stated goals of doing what is best for the child or children involved, and expands creatively and sensitively to account for sociopolitical and historical influences that may interfere in the best assessment possible.

In vocational counseling, assessment is often integrated as a part of intake as well as the process of counseling. The extent to which the environment and individual characteristics are addressed as well as the extent to which sociopolitical and historical conditions influence career development varies. Validity for marginalized populations is important in all areas of assessment. In vocational assessment, particular attention to marginalization in the world of work, education, and particular occupations is essential. Although the issue of validity is critical in all counseling assessment, vocational assessment must attend to the role that oppression, both individually and systemically, has shaped the individual’s experiences and opportunities. In addition, it is likely that the individual will be dealing with these forces as they continue beyond counseling. Some literature has discussed the ethical imperative of developing and using vocational assessment that is appropriate for specific populations (e.g., Chung, 2003; Flores, Spanierman, & Obasi, 2003; Whiston & Bouwkamp, 2003). For example, Jackson and Nutini (2002) argued that career assessment and theory has neglected adolescents who are vulnerable to discrimination and proposed variables that are essential to address in assessment, including the impact of discrimination on career learning, contextual barriers and resources for learning, and psychological barriers and resources for learning. They provided specific recommendations for individual practitioners as well as needs for systems change. The neglect of such issues incurs significant social justice questions.

Even positive bias can have detrimental outcomes. The Multicultural Guidelines (APA, 2003)
provide clinicians with support for self-examination. A priori examination of assumptions and intent can alert clinicians to possible concerns. How those assumptions play out in practice may be unclear a priori. Open reflection with a supervisor who is able to facilitate reflection on cultural and power dynamics is critical in the reflection process. With interns, the benefit of supervision is built in, and cultural competence of the supervisor should be expected. For professionals, it equally important to watch for patterns in caseload, attrition, diagnoses, and other aspects of practice and to recognize when to seek peer supervision or consultation regarding the presence of bias, positive or negative.

Assessment is an entrée into opportunities for justice or injustice, and the outcomes of assessment often shape the course for service to the individual, family, or community. One outcome from assessment that may determine the course is diagnosis. Increasingly, formal diagnoses are required for individuals and families to receive treatment (Danzinger & Welfel, 2001; Hill & Crews, 2005).

Practice and Diagnosis
Like assessment, diagnosis provides opportunities for justice and injustice. Much of the relevant literature has focused on negative aspects of diagnosis, including inappropriate use of diagnostic systems (Reed, 2010), the potential of diagnostic labels to mislead and mislabel systemic oppression as individual pathology (Cosgrove, 2005; Jacobs & Cohen, 2010), interference of clinician bias in the diagnostic process (Casas, Brady, & Ponterotto, 1983; Hays, Prosek, & McLeod, 2010; Mohr, Weiner, Chopp, & Wong, 2009; Wampold, Casas, & Atkinson, 1981; Whaley, 2004), and political and commercial forces present in the creation and revision of diagnostic systems (Brown, 1997b; Reed, 2010). At the heart of many of these concerns rest assumptions and paradigms that underlie these systems.

Diagnostic labels were initially used primarily in research as well as administrative purposes (e.g., determining right to treatment as well as payment; Reed, 2010). Yet the use of diagnostic labels carries assumptions of etiology and individual responsibility for problems in social, relational, and day-to-day living. Mental health has increasingly reflected a medical model of etiology and treatment, and payment or provision of services often hinges on acceptable diagnostic categories. Zalaquett, Fuertth, Stein, Ivey, and Ivey (2008) voiced concern that the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision; DSM–IV–TR; American Psychiatric Association, 2000) reflects a medical model, which is by definition a pathology-based, deficit model that emphasizes the expertise of the clinician. Jacobs and Cohen (2010) criticized the use of a pathology framework saying that “a pathology framework, which views the distressed individual as acted on by impersonal forces, is incompatible with an agential framework, which views the individual as the protagonist in a unique story” (p. 312). The medical model places the locus of mental illness on the individual client and tends to minimize the impact of larger sociostructural factors. Social justice comes into question when the labeling of the individual and assigning of responsibility to the individual for the problems that he or she is facing, particularly by using medical syndromes and disorders, further stigmatizes individuals who may be receiving the brunt of systemic oppression and marginalization. Counseling or clinical services covered by third-party payments or public funding usually requires a diagnosis, which reinforces stigma for consumers. Diagnostic labels can have a long-term influence on economic accessibility—for example, health care coverage and employment prospects. More recently, opposition to the modifications proposed for inclusion in the DSM–V has come from a large number of psychologists citing that proposed lower thresholds will result in increased misdiagnosis and introduction of new diagnoses that would increase risks for vulnerable populations (Clay, 2012).

The multicultural literature has been critical of diagnostic systems and has suggested bias influenced by sociopolitical forces (Alarcón et al., 2009). Although diagnostic systems such as the DSM–IV–TR have continued to work toward integrating cultural consideration, there is still opportunity for bias (Neighbors, Trierweiler, Ford, & Muroff, 2003). One recommendation is to go beyond the DSM to contextualize diagnosis, because doing so integrates a culture’s unique perspective on behaviors and on
the experiences of an individual or group (Zalaquett et al., 2008). Furthermore, clinical training must address ethnocultural bias in applying cultural formulation strategies in diagnosis (Neighbors et al., 2003).

One reason for the popular use of diagnostic labels is descriptive categorization of observations of behavior—a short cut in language used to convey information. One recommendation in the literature is a move toward using descriptive systems that are functionally valid (Reed, 2010). The *International Classification of Diseases andRelated Health Problems* (*ICD*), the official diagnostic system of the United States and the global standard for health reporting and treatment for psychological and medical conditions, was originally useful primarily as an administrative and research tool; however, recent revisions have attempted to provide more clinical usefulness (Reed, 2010). A social justice consequence of poor clinical usefulness, as Reed has pointed out, is that the increasing complexity of diagnostic systems leads to an imbalance of clinician time toward coding diagnosis and less time providing treatment. Both the *DSM* and *ICD* are undergoing revisions, and significant social justice issues could be addressed. In fact, the opportunity for counselors and psychologists to be involved in the revision process of these diagnostic systems is indeed an opportunity for social justice input.

A number of authors have made recommendations regarding alternative frameworks for diagnosis (e.g., Eriksen & Kress, 2008; Sinacore-Guinn, 1995; Zalaquett et al., 2008) and some have indicated that diagnostic systems, when used appropriately, have the potential to increase equity and social justice. Reed (2010) described the potential that clinically useful diagnostic systems have in distribution of resources through “morbidity reporting to WHO [World Health Organization], allocation of health care resources, the development of clinical and public health programs, and as a basis for health policy, such as in eligibility determination and reimbursement” (p. 460).

In vocational assessment, formal diagnoses are rarely used. There has been, however, some effort to adapt the *DSM–IV–TR* Outline for Cultural Formulation to vocational assessment and career counseling (Heppner & Fu, 2010; Leong, Hardin, & Gupta, 2010). Although a diagnostic label is not necessarily the goal of this approach, the idea is that it may be a useful framework to explore the integration of cultural and personal factors. For example, Leong et al. (2010) adapted the *DSM* framework to examine and understand the environmental and contextual experience of an Asian American client and identified factors such as real and perceived barriers to pursuing particular occupational paths because of family and community beliefs about occupational status as well as systemic barriers discouraging, and at time preventing, access to certain occupational arenas.

It is essential that counseling psychologists engage in an ongoing reflection on how the assessment process contributes to greater equity and access to resources, thereby examining the political nature of assessment tools, diagnostic systems, and the use of labels. In addition to cultural and contextual information in diagnoses, we suggest that counseling psychologists actively engage in ongoing self-reflection about culture, gender, and social class and the ways in which worldview influences interpretation of behavior and subsequent diagnostic processes and decisions. Cosgrove (2005) provided exemplary recommendations for critical evaluation of diagnoses and diagnostic systems and highlighted Brown’s (1997b) discussion of the need to attend to macro-level ethics as well as traditionally framed micro-level ethics. Nonetheless, it is unclear how pathology-based diagnostic systems can foster strengths-based and multisystemic approaches to counseling and mental health services.

**Interventions**

In assessing the ethics and effectiveness of treatment, counseling psychologists need to concretely assess the extent to which their well-intended, social justice interventions support the health and well-being of the individual, family, group, or community. On the surface, it may seem rather easy to offer an affirmative response. Indeed, feminist, multicultural, and social construction–based therapies each have strong social justice aspirations (e.g., Brown, 1991; Morrow et al., 2006). Yet, it is important that psychologists examine the outcome of their work and critically reflect on the extent to which it results...
in greater equity, access, and well-being. Rossiter (2000) proposed that clinicians subject their work to “radical doubt—doubt about the political conditions that root the work” (p. 160). She argued that clinicians should be willing to “doubt the innocence” of their theory and intervention in an effort to ensure that they avoid inadvertently supporting the political and social structures that are oppressing the clients they serve. We raise several issues to consider in clinical intervention: the impact of language and voice, power, and values.

**Language and voice.** Rossiter (2000) provided an analysis of O’Hanlon’s (1992) case example of solution-focused therapy in which she deconstructed O’Hanlon’s use of language, demonstrating inadvertent violations of ethics in social justice practice. This particular example is important because solution-focused therapy emerged from a social constructionist worldview, positing that a client’s presenting problem is best understood through language and dialogue. O’Hanlon is particularly well known for his social justice–oriented work with sexual abuse victims (Rossiter, 2000). Using O’Hanlon’s semipublic demonstration of solution-focused therapy, however, Rossiter pointed out several inconsistencies that she identified as ethical injustices. She concluded that it is important for clinicians to carefully wonder who or what is being silenced, despite best efforts. In the O’Hanlon case example, Rossiter (2000) noted that the solution-focused approach of refusing to engage a client in a discussion of the past amounted to silencing the client’s historical voice, silencing the voice of oppressed groups the client represented, and reinforcing larger societal oppressive structures. The same criticism can be lodged against present-focused psychotherapies, such as cognitive, cognitive–behavioral, and most forms of systems-oriented couples and family therapies, when used in a way that selectively silences clients’ experiences. Despite the clinician’s best intentions to achieve desired outcomes, cocreate realities with the client, and honor the client’s narrative, resisting a narrative about the past can silence the client’s voice and disempower the narrative of history. We are suggesting that theories form a framework on which to base therapeutic interventions; yet it is in the implementation that theory often perpetuates social justice or injustice.

Waldegrave (2005) argued that clinicians have the ethical responsibility to act as “thermometers of pain” (p. 270), meaning that counseling psychologists should document and publish observations of trends that they witness in clinical practice. By doing so, counseling psychologists use their power and privilege to give voice to oppressed populations and the social inequities. Toporek, Lewis, and Crethar (2009) went further and argued that counselors are in prime positions to advocate for organizational and policy change because they observe patterns across clients and client groups. The unique blend of direct contact with clients’ stories and conceptual knowledge regarding wellness allows counselors and counseling psychologists to observe trends and present policy makers with statistics and empirical data backed by compelling personal stories.

**Power.** Power differentials within counseling relationships have been noted as social justice concerns (Brown, 2007; Goodman et al., 2004). Feminist approaches to therapy emphasize egalitarian relationships and reducing power discrepancies in the counseling process. There is, however, sometimes divergence between this approach and what may be culturally congruent. For example, in the third author’s experience, some traditional Chinese American families viewed “dialogue” and “negotiation” as a direct affront to their authority as parents. In one particular case, parents insisted on being taught how to better parent their teen without the adolescent present. The therapy team’s use of dialogue and negotiation was simply culturally incongruent, even though it closely followed another well-established model, brief strategic family therapy (Szapocznik & Williams, 2000). In cases such as these, the recommendation of Prilleltensky et al. (2007) to fully inform clients regarding the justice-based approach is relevant. In addition, the practitioner may need to find a position with the clients that is more congruent to their beliefs while still working toward justice for the whole. Similar to values, justice may need to be collaboratively defined. The Multicultural Guidelines (APA, 2003)
and a number of other multicultural resources can help address such discrepancies between social justice approaches and clients' cultural perspectives.

**Values.** Ethically, counseling psychologists must recognize that political neutrality is a myth and that separating one's politics from therapy can inadvertently harm the very client they are trying to help. In fact, Katz's (1985) seminal work strongly challenged the whole notion of political neutrality and asserted that, historically, the field of counseling psychology reflects the worldview of the dominant society. Similarly, the inception and growth of vocational psychology was significantly influenced and supported by the need of the U.S. military and American industry to match workers with the demand of the marketplace.

At an individual level, training in ethics highlights exploration of the practitioner's values and beliefs (Corey et al., 2010; Kitchener, 2000) and the Ethics Code Principle E, Respecting People’s Rights and Dignity (APA, 2002, 2010). Corey et al. (2010) provided recommendations for practitioners to identify and deal with conflicts in values. Maintaining respect for clients' values is a critical aspect of social justice as seen in differences in religious views and sexual orientation (Morrow et al., 2004). Yet, the challenge raised by Goodman et al. (2004) is also an important aspect of ethics, namely, that the social justice practitioner's values may at times conflict with the client's or community's values. This challenge is especially difficult when the practitioner believes that the client or community values are harmful to the well-being of the individual or the overall community. Recommendations regarding this challenge are not entirely clear, but receiving supervision and consultation is an important step. Exploration of client values and beliefs surrounding social issues, accompanied by supervision, may even bring important movement into the counseling process. Gerber (2007) provided reflection and a striking case example of the healing power of social action accompanied by intentional supervision around clinician's values.

In another example, research has demonstrated that trauma-focused cognitive therapy is more effective than cognitive therapy that does not focus on the traumatic event (Ponniah & Hollon, 2009). Although both forms of cognitive therapy can be effective, the latter form assumes that politics, power, privilege, and gender are not present in the counseling relationship. The former necessarily addresses the client's thoughts and feelings associated with the power the perpetrator held in the relationship as well as other social justice issues. This suggests that an ethical approach in working with survivors of trauma (i.e., war veterans, sexual abuse victims, and so on) is to acknowledge and intentionally include politics, power, privilege, and gender as a part of the treatment, thus empowering the individual and the group they represent.

**ASSESSMENT OF TREATMENT OUTCOMES**

Well-intentioned practice needs to be examined in relation to the extent of both positive and negative effects of interventions, the language used in therapy, the worldview or stance of the therapist, and the effectiveness of the intervention. Yet, as Arthur and Lalande (2009) pointed out, effectiveness measurement of services typically relies on relatively generic methods that do not necessarily address diversity issues or integrate social justice. Furthermore, the push toward evidence-based practice has raised some questions regarding the relevance of outcomes-related research to ethnic minority communities and other marginalized groups (Bernal & Scharrón-del-Río, 2001). In fact, as O'Neill (2005) pointed out, the way we view problems influences the way we study and approach them. A model of cultural auditing proposed by Collins, Arthur, and Wong-Wylie (2010) is one example that can help practitioners infuse evaluation of effectiveness into practice. This approach reflects the local scientist approach for practitioners and is reminiscent of the process described by Gerber (2007). Assessment of treatment outcomes is also an important aspect of research and the complexity of interventions that involve multiple systems is important to include in those queries. Such complexities raise the following questions: Even when our intervention supports the well-being of an individual, is this done at the expense of the family, group, or community? When our intervention supports the well-being of the
family as a unit, is this done at the expense of the individual, group, or community? And finally, to what extent are our well-intentioned interventions supporting oppressive structures and inequities? The examination of these questions can be framed within the issues we have raised thus far, including assessment, diagnosis, informed consent, and beyond. In the next section, we address ethical issues in research, including treatment outcomes as well as other aspects of research.

RESEARCH

Research, ethics, and social justice have been linked throughout the history of psychology, addressing such issues as ethical conduct of research with historically disempowered and disenfranchised ethnocultural populations (Trimble, Scharróndel Rio, & Bernal, 2010), ethics in social justice prevention research (Hage & Kenny, 2009), and justice in psychological research (Kitchener, 2000), among others. Researchers in psychology seek to understand observed phenomena through naming, identifying underlying variables, and establishing relationships among variables that account for the observed phenomena. As a scientific discipline, psychological research is rooted in the positivistic paradigm characterized by objectivity, replication, and prediction. The basis and proof of psychological science lie with the data. The scientific validity and integrity of psychological research is a function of how data are collected, evaluated, and interpreted. Although the process of data analysis is guided by scientific methodology and procedures of quantitative (e.g., statistics) and qualitative (e.g., researcher consensus) orientations, how psychologists label, ask questions, define variables, and pose hypotheses reflect researchers’ construal of observed psychological phenomena and events and assumptions of their relationships. When a researcher poses a question and posits hypotheses about an observed interpersonal or psychological event, each step of the research process reflects the researcher’s construal of what happened, what is relevant, and what affected (or is being affected by) what. The validity of the labeling and hypothesizing relationships of variables considered pertinent is a function of the researcher’s knowledge of the sample and phenomenon under investigation. Because dominant paradigms are rooted within dominant sociopolitical frameworks, questions of social justice are pertinent. For example, consider a scenario in which an Asian American son angered his immigrant parents by refusing to observe their traditional cultural practice. A psychologist may label this event as a family conflict, a personality conflict, an intergenerational conflict, or a cross-cultural or acculturative conflict. When addressing the research question of what leads to the conflict, how the researcher construes the nature of the conflict reflects the conceptual rationales and the corresponding variables consequently derived. A number of contributing factors can be hypothesized, such as developmental rebelliousness, authoritarian parenting style, different modes of acculturation between members from the two generations, and different ways to cope with racism in the community (e.g., assimilation to the host society on the son’s part and separation from the host society on the parents’ part). The variables chosen and hypothesized to address the research question reflect the researcher’s construal of the nature and conceptualization of the conflict as well as knowledge of the cultural and family adaptation experience of the sample. As such, the constructivistic paradigm exerts as much influence on the generation of research questions and hypotheses as the positivistic paradigm that guides the research design and data analytic process.

Psychologists have a professional and ethical responsibility to promote social justice through research, practice, and training. In the research process, social justice necessitates that psychologists aptly discern and capture personal–intrinsic and social–systemic factors so that the phenomenon under investigation can be understood and explained in the proper context. Researchers perpetuate social injustice when adverse psychological, emotional, and behavioral outcomes triggered and sustained by sociopolitical and systemic forces are misattributed solely to problems or deficiencies of the individual. In the example of the Asian American son and his immigrant parents, if intergenerational conflict in an immigrant family is attributed only to problems within the individual or family
(e.g., child rebelliousness or parenting concern) without also assessing the direct and indirect impact of acculturation and racism on members in the family system, the results of the study render a partial, incomplete, and out-of-context answer to the research question. Research bears a professional and ethical burden when results are used to blame and change the individual rather than to reveal and redress the effects of systemic and societal oppression.

In this section, we address three fundamental issues that form the validity basis of social justice research: (a) how researchers label psychological phenomena and experiences of the research sample, (b) how researchers pose research questions and delineate hypotheses, and (c) how researchers integrate the voice of the sample throughout the research process.

In both quantitative and qualitative research, it is critical that psychologists examine the cultural assumptions behind the questions, hypotheses, and variables considered relevant to define and explain an observed phenomenon. According to the first guideline in the Multicultural Guidelines (APA, 2003), researchers need to recognize that, “as cultural beings, psychologists may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves” (p. 17). Researchers, therefore, have an ethical responsibility to examine in what ways cultural attitudes and biases influence the entire research process, which begins with naming and defining the observed phenomenon under investigation.

Naming and Defining an Observed Phenomenon

Similar to clinical assessment, the research process begins with identifying through naming and defining the psychological phenomenon or experience of interest. In quantitative research, how the researcher perceives the phenomenon subsequently determines the construct and assessment instrument used to gather data. In qualitative study, the final report is a direct reflection of how the researcher observes, organizes, and labels informant data. The way psychological constructs and variables are labeled and operationalized ought to accurately describe or represent the psychological experience and behavior of participants in the target sample. The fundamental validity of psychological research, therefore, starts with researcher’s competence to accurately articulate and describe research participants’ phenomenological worlds.

Psychological research can distort cultural reality when a researcher imbues behaviors or experiences that are considered normal and adaptive from the research participant’s cultural frame of reference with pathological and evaluative language that reflects the researcher’s own cultural lens of observation and construal. Such distortion poses a threat not only to the validity of the study but also to the ethical integrity of psychological research. For example, an international student may be socialized to practice humility in public by not speaking up and volunteering a known answer in class. Without knowing the socialization history, the virtuous intent and meaning behind the behavior can be misconstrued as passive, selfish, arrogant, uncooperative, or repressed.

The social justice implication of the detrimental effect of researcher bias can further be illustrated by Whaley’s (2001a, 2001b, 2004) studies that questioned the prevalence of paranoid schizophrenia diagnoses of African American men. Specifically, African American men often showed public self-consciousness, suspiciousness, interpersonal distrust, and nondisclosure, which clinicians labeled as symptoms of paranoid schizophrenia. Yet, Whaley cautioned that what clinicians diagnosed as paranoia ought to be construed using the construct of cultural mistrust and that clinicians’ misdiagnosis of cultural mistrust as cultural paranoia contributes to the misdiagnosis of schizophrenia. When seen through the cultural lens of African American men (i.e., applying the construct of cultural mistrust), these behaviors connoted adaptive defenses against societal racism that they experienced. Without knowledge of the research participant’s sociocultural context and socialization history, naming the behavior as paranoia reflects clinicians’ own cultural lens, pathologizes the adaptive function of the behavior, and disguises societal oppression, which is the true source of pathology. In fact, one might
argue that the historical and political context of researchers would support diagnoses that pathologize African American men. Research that asks questions about the influence of bias or sociopolitical context on patterns in assessment and intervention, such as that conducted by Whaley, provides opportunities to shift the field from injustice to justice.

Misrepresenting the psychological reality due to a lack of cultural knowledge of the research sample or implicit cultural bias of the researcher is a source of measurement error and a validity threat to research. In both research and clinical settings, labeling certain behavior as pathological (i.e., internal process) versus healthy defenses (i.e., contextual process) sets an initial foundation that leads to two completely different courses of empirical investigation and clinical treatment. In the research context, it directly affects (a) how the observed behaviors will be defined and operationalized, (b) what variables will be hypothesized to trigger the behavior (i.e., internal vs. external source of attribution), (c) what assessment instruments will be used or how interview questions will be developed (i.e., paranoid vs. cultural mistrust) to collect data, and (d) how empirical findings will be explained and how clinical suggestions will be derived (i.e., intervention for the individual vs. intervention for the system). This fundamental measurement error has serious ethical implication when results are used to change behaviors that serve a normal and adaptive function rather than combat societal racism and oppression. Furthermore, policy that is based on research findings perpetuates injustice. Knowledge of the researchers’ own cultural assumptions as well as knowledge of sociocultural experiences of the participant group forms the ethical foundation of research that promotes social justice.

Posing Research Questions and Delineating Hypotheses
Researchers in psychology often pose questions that seek to examine relationships among variables. In the process, hypotheses are delineated to test whether relationships exist among variables and to examine the pattern or nature of their relationships, be they causal, correlational, mediating or moderating, uni- or bidirectional, or statistically improbable. Psychological research, in essence, is a test of attribution. Even though causal relationships cannot always be confirmed, quantitative research seeks to establish, at the least, correlations among hypothesized variables. When statistically significant relationships are found, researchers may report that certain variables explain certain phenomena or that certain phenomena occur because of the effects of certain variables. For example, in a multiple regression analysis, if racial minority group membership and academic self-efficacy (i.e., predictor variables) have statistically significant relationships with a likelihood to drop out from college (i.e., criterion variable), results can be presented in a number of ways: (a) Racial minority group membership and academic self-efficacy significantly predict likelihood to drop out from college, or (b) racial minority group membership and academic self-efficacy have statistically significant effects on likelihood to drop out from college. When the intervening roles of relevant variables are not adequately identified and properly positioned in the regression equation (or other statistical analyses), researcher’s conceptual model and hypotheses predispose the study to erroneous conclusions. From a social justice perspective, the racial, cultural, and sociopolitical context exerts a direct or indirect influence on adjustment and functioning among students who are visible or perceived minorities in a college environment. As such, the systemic contributions of the nature of intercultural interaction and the experience of racism and discrimination are as valid variables as the internal contributions of racial group membership and academic self-efficacy to predict dropout from college. The direct or mediating and moderating roles of these systemic- and context-based variables, therefore, need to be assigned their salient roles in the regression model. Similar to using evidence based on consequences as one of the criteria to establish and evaluate the validity of an assessment instrument (American Educational Research Association, APA, & National Council on Measurement in Education, 1999), researchers need to use the sociopolitical consequences of the results to construct and conceptualize studies that are valid within the social justice ethics.
In this chapter, we contend that the ethical responsibility of psychological research is a function of researchers’ awareness, sensitivity, and consideration of the social justice implications of the attribution output of the study. Although researchers seek to establish relationships and attribution patterns among research variables through significance testing, other research consumers could construe statistically significant results (i.e., the attribution output) in the rhetoric of “responsibility” and “blame” that do not truly reflect the implications and that are beyond the research community’s control. In the above multiple regression example, statistically significant relationships between the predictor and criterion variables can be interpreted as follows: Racial group membership and academic self-efficacy are “responsible” or are to be “blamed” for likelihood to drop out from college. It is obvious that the individuals would be the focus of the intervention or change if such an interpretation were applied to guide clinical practice, decision making, and policy development. The ethical responsibility of attribution input is especially critical if the attribution output establishes antecedent, predicting, mediating, or moderating relationships between hypothesized variables and negative psychological (e.g., depression resulting from sexual identity conflict), interpersonal (e.g., client distrust of racially different therapist), or behavioral (e.g., attrition of female college students in science) phenomena because the hypothesized (attribution input) variables could be “blamed” or “held responsible” for the negative outcomes.

In quantitative studies, what variables are considered relevant and how they are conjectured to explain (negative) psychological phenomena cannot be separated from researchers’ attribution schemata, which is influenced by researchers’ cultural milieu (APA, 2002). In other words, hypothesized relationships found in the attribution output to be statistically significant or (mis)construed to be “blamed” or “held responsible” reflects the researcher’s attribution input for the study. Social justice is not served when researchers only consider demographic and intrinsic variables and leave out systemic variables as attribution input for a study. Psychological research bears ethical responsibility when attribution input is built on a researcher’s worldview of internal locus of responsibility as it predisposes the attribution output to blaming the individual as well as perpetuating or reinforcing clients’ self-blame beyond their responsibility. Psychological research can promote social justice when the locus of responsibility is properly allocated to relevant systemic variables that—be they facilitative or obstructive—ought to be identified and assessed as the attribution input of a study. For example, when exploring factors that affected the academic interests and goals of under-represented students in science and engineering programs in a university, Byars-Winston, Estrada, Howard, Davis, and Zalapa (2010) included other-group orientation (i.e., relationship with people outside the student’s own racial group) and perception of campus climate (i.e., systemic variables) along with math and science academic self-efficacy and math and science outcome expectations (i.e., internal cognitive variables) as attribution input. Although direct relationships were found between academic self-efficacy and outcome expectations as they related to interests and goals, both other-group orientation and perceived campus climate significantly influenced academic self-efficacy. If relevant systemic factors (i.e., relationship with other racial groups and campus climate for racially diverse students) were not assessed in the attribution input, the attribution output would suggest that an internal factor (i.e., academic self-efficacy) was responsible for under-represented students’ interests in and goals to complete a science and engineering degree. As such, the social (in)justice implications of the attribution output is tied to the ethical responsibility of the attribution input of a study. Psychological researchers, therefore, need to discern the ethical responsibility of research studies using social justice as a yardstick.

**Integrating Informants’ Perspectives in the Research Process**

It is apparent that for psychological research to be culturally relevant, meaningful, and valid, informants’ perspectives need to be consulted and integrated throughout the entire research process. The validity of a study is a direct function of the validity of research questions, which reflect researchers’ knowledge and understanding of the ecological and
psychological reality of the research participants. The science of research methodology cannot remedy validity threats if research questions and hypotheses are centered on the researchers’ theory rather than the research participant group’s reality. In fact, the psychology of social justice literature has emphasized the necessity to “give voice” to the clinical and research populations psychologists seek to serve and study (e.g., Goodman et al., 2004; Morrow & Smith, 2000). Giving voice is especially critical when working with marginalized and vulnerable groups whose voices are often suppressed or ignored because of their powerless and minority status in the society. Beyond giving voice, we contend that psychologists further support empowerment by yielding to their voice. In research, yielding to the voice of participants from marginalized populations is related to the psychologists’ capacity (a) to give away the power to study the participants according to dominant theories or the psychologists’ perspective, and (b) to adopt a participant-centered orientation in the conceptual and analytic process. In other words, giving and yielding to the voice cannot be separated from giving away the power associated with the conceptual lens psychologists impose on the research process. To conduct social justice research, therefore, psychologists need first to discern the inherent tension of who holds the power to define and explain the phenomenological reality of the research participants and then to reconcile the power differential such that the reality of the research group is not usurped by the theory of the researcher.

Psychologists can give and yield to the voice of participants from marginalized groups by adopting multicultural theories and constructs to guide the research process. The importance of this orientation is highlighted by three of the four overarching Multicultural Guidelines (APA, 2003):

Guideline #2: Psychologists are encouraged to recognize the importance of sensitive/responsiveness, knowledge, and understanding about ethnically and racially different individuals. (p. 382)

Guideline #3: As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education. (p. 386)

Guideline #4: Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds. (p. 388)

As also noted by the Multicultural Guidelines (APA, 2003), “Psychological researchers are encouraged to be aware of, and if appropriate, to apply indigenous theories when conceptualizing research studies” (p. 389). As such, when studying cultural minority group members, researchers need to be (and seek to be) informed of theories, conceptual models, and constructs that are most relevant rather than imposing or adapting existing approaches developed for the dominant cultural population.

When culture-centered or culture-specific models and constructs are not available, researchers give voice by involving members from the minority community throughout the entire process. In particular, psychological researchers “are encouraged to include members of cultural communities when conceptualizing research, with particular concern for the benefits of the research to the community” (APA, 2003, p. 389). As cultural minority groups are marginalized, research bears an ethical responsibility to provide a voice to help the society identify and then to combat systemic forces and barriers that perpetuate social injustice and oppression against these groups. It is important that researchers identify members who can represent their communities competently and who are not deferent to the power status and structure of the researcher and the research environment. In the consultative (i.e., cultural informant being the consultant to the researcher) and collaborative relationship, researchers and cultural informants should establish the consensus that the goal of the study is for the benefit and from the perspective of the research community.

At the initial conceptualization stage of the study, focus groups can be conducted to solicit community-based inputs and perspectives about how certain phenomena are labeled, what the
relevant issue or question is, and what factors or variables are considered related. When a dominant psychological theory or conceptual model is applied, community informants can provide critique for researchers to evaluate the cultural applicability and adaptability of the theory or model to the minority sample. A mixed-method approach, in which qualitative exploration precedes quantitative analysis, is particularly preferred to control for the threats to validity or trustworthiness of the study. In both quantitative and qualitative studies, it is important for researchers to seek informants' input and feedback to the appropriateness and meaningfulness of items in a questionnaire, a psychological test, an interview protocol, or participatory process in the data collection, especially if the items have consequent labeling and diagnostic implications that fuel further vulnerability of the minority sample. Researchers need to yield to the voice of the cultural informants if the theory, model, and data collection protocol are considered irrelevant, inappropriate, and oppressive. At the analytic and interpretative stages, the voices of the cultural informants need to guide the discussion so that results can be understood from the lens of people who are “insiders” of the community. Rather than “fitting” results into a dominant or existing theory that is not derived from and developed for the minority population, researchers need to report the results as is to allow the voice of the cultural minority group be heard in the research literature.

The tenet of sharing power also illuminates ethical dilemmas according to Goodman et al. (2004). One tension is raised by the issue of fair incentives for participants in research. In situations in which the research participants have limited economic resources, Goodman et al. suggested that it is reasonable and just to provide a monetary incentive in exchange for their time and effort equal to the amount that might be paid to participants with greater financial means. They also raised the question about whether this would constitute “excessive or inappropriate financial incentive,” however, given that relative to participants who are economically privileged, a particular financial incentive may have greater impact for those with less financial privilege.

Research ethics is one area in need of more development in the Ethics Code (APA, 2002, 2010). Currently, the Ethics Code stipulates protection of research participants; however, there is nothing in the Ethics Code about how the published research would benefit the community of participants. Goodman et al. (2004) raised questions about the extent to which participants directly receive benefit that improves their community and suggested that this should be considered as a part of the planning process.

As we have discussed, there are multiple ways that researchers can orient their methods to reflect social justice principles. Qualitative methods lend themselves to a more constructivist approach, often allowing more input from the community with the intent of more accurately reflecting the experience of the participants. In addition, there are research methodologies that are specifically framed within principles of inclusiveness and social action. Community-based participatory action research is one such method that is slowly gaining attention within counseling psychology (Kidd & Kral, 2005; Perry, 2009; Smith, Rosenzweig, & Schmidt, 2010; Yeh & Inman, 2007). This approach represents the opportunity to work in collaboration with participants or stakeholders to understand individuals’ experiences as well as understand the phenomenon at a systems level. Perhaps most important in this approach is that the collaboration integrates movement into action.

**PRACTICING AT A SYSTEMS LEVEL: COLLABORATION, ENGAGEMENT, AND POLICY**

A number of authors have discussed collaborative efforts between universities, communities, and schools (Davidson et al., 2006; Kenny, Sparks, & Jackson, 2007; Vera, Daly, Gonzales, Morgan, & Thakral, 2006). Reflecting on issues raised throughout the *Handbook for Social Justice*, Toporek et al. (2006) noted that many authors raised ethical concerns of “commitment, fidelity, and veracity” (p. 539) referring to the need to honestly convey to clients and communities what they could reasonably provide without making unrealistic promises as well as to balance sustained engagement without creating dependency. The dilemma of time and commitment to the community of intervention also surfaced,
echoing the tenet from Goodman et al. (2004) of “leaving the client with tools” and questioning whether this was sufficient when psychologists or trainees were time limited in their engagement. Ali, Liu, Mahmood, and Arguello (2008) echoed this concern as well in their description of their social justice–oriented practicum. Several disciplines may be helpful with this challenge, specifically community engagement and consultation.

With regard to community engagement, a number of useful resources have come from outside the field of counseling psychology (e.g., Center for Disease Control and Prevention, Public Health Practice Program Office, 1997; Commission on Community-Engaged Scholarship in the Health Professions, 2007; Fawcett et al., 1995; Scottish Community Development Centre, 2005). Many of these standards can be useful in developing relationships between entities, for example, universities and local communities. To consider the range of commitments a psychologist or a training program and its students make to the community, it may be helpful to consider a continuum of community engagement (Toporek, 2010). This continuum acknowledges the sensitivity and needs of the community entity and suggests that for short-term engagement or in situations in which the contributing members (i.e., students) have relatively little experience, less intensive contact may be more appropriate. In situations in which there is sustained engagement and members are well trained and can provide more intensive involvement, a different type of engagement may occur. For example, short-term commitments may be appropriate for a social justice service-learning project aimed at increasing awareness as part of an event or organization that already has space for volunteers. In San Francisco, Project Homeless Connect is an event that is held every 2 to 3 months to bring a range of services to homeless individuals and help them access services in the city. Hundreds of city offices, agencies, and resources gather in a large venue and thousands of city residents receive services on that day that would normally take months to arrange. Services include employment, housing, medical, vision, phone, massage, dental, haircuts, pet care, wheelchair repair, assistance completing government forms for aid, food, and many others. This is an opportunity for students and practitioners to volunteer to learn about the city’s services, engage with individuals who have significant barriers and frustrations, and reflect on their own biases and feelings about working with homeless individuals, while also learning more about local resources for this population. At the same time, it is an event that is set up for short-term engagement to facilitate recipients in connecting with long-term services. Community engagement on the more intensive end of the continuum reflects partnerships in which there is significantly longer and more intensive commitment (e.g., Bell & Goodman, 2006; Cosgrove, 2005; Horne & Mathews, 2006; Toporek, Dodge, Tripp, & Alarcón, 2009).

Bell and Goodman (2006) described another ethical issue that may arise when partnering with communities, namely, the imperative to work toward the clients’ goals when goals and needs of the community change midstream. Although practice with individuals may allow for flexible repositioning on the basis of client circumstances, changes at the community level of intervention or research may be more difficult. With shifting politics, personnel, and funding, counseling psychologists working with communities often need to find ways to honor the changing needs and circumstances of the community in unexpected ways. Bell and Goodman provided an excellent description of the actions they took to maintain benefit to the community.

A framework of consultation can be helpful for developing and maintaining ethical relationships with communities. Specific challenges and imperatives arise when working in collaborative consultation within an international context (Horne & Mathews, 2006; Norsworthy & Khuankaew, 2006). Horne and Mathews (2006) described the challenge of circumstances in which Western psychologists are engaged in developing relationships internationally to address urgent situations but where the cultural appropriateness of Western methods is not clear. They stated that

more often than not, however, Western consultants do not have sufficient time for exploration or for testing interventions, and consultees may be desperate
for a quick fix. Therefore, Western models often are exported as proven practices, even when they constitute poor science or encourage damaging outcomes, despite good intentions. (p. 401)

There are a range of examples of counseling psychologists being involved in policy-level change. (Ackerson & Korr, 2007; Blustein, 2006; Borshuk & Cherry, 2004; Gerstein & Kirkpatrick, 2006; Kakkad, 2005; Shullman, Celeste, & Strickland, 2006). Indeed, Meara and Davis (2004) commented that one of the important outcomes of the Houston 2001 National Counseling Psychology Conference was an acknowledgment that influencing policy was an important role for counseling psychologists. Shullman et al. discussed a range of ways that counseling psychologists influence public policy through consultation, statewide leadership, and public office, ultimately addressing wellness and health for underserved populations. Yakushko (2009) described the importance of understanding the effects of xenophobia on immigrant communities and taking that knowledge to advocate for public policy changes. Although APA provides opportunities for training for psychologists to engage in legislative advocacy, counseling psychologists lack systematic training in policy- and systems-level action. In the next section, we review the status of social justice and ethics training more generally.

**TRAINING FOR ETHICS AND SOCIAL JUSTICE**

Training in ethics has long been a central part of counseling psychology training, in particular in ethical practice and research. This training typically focuses on the development of ethical decision-making capabilities as well as familiarity with relevant ethics codes and guidelines. Because ethical challenges often do not have a clear resolution, some of this training focuses on the ability to deal with ambiguous situations and to apply the Ethics Code in a way that preserves clients’ rights and well-being. With the acknowledgment of cultural issues in counseling, this aspect of ethical practice has become more consistently infused in training and present in the literature (Delgado-Romero, 2003; Gallardo, Johnson, Parham, & Carter, 2009; Pack-Brown, Thomas, & Seymour, 2008; Ridley et al., 2001). Some literature on social justice and ethics has provided discourse on training in both practice and research arenas (Goodman et al., 2004; Hage & Kenny, 2009; Talleyrand, Chung, & Bemak, 2006; Toporek & Vaughn, 2010). A great contribution to the social justice training literature has been research focusing on trainees’ perceptions and experiences of social justice. This literature provides a useful springboard for examining training implications at programmatic, curricular, and community levels.

**Perspectives of Trainees**

Research of trainees’ perceptions has focused more generally on training needs and experiences and references to ethics have been indirect for the most part. For example, in response to queries about social justice in training (Singh et al., 2010), doctoral-level counseling psychology students advocated for infusion of social justice in all aspects of training, including teaching, research, clinical work, and mentoring. Trainees’ also emphasized, however, that social justice should not be diluted in the process of integration. Other needs expressed by doctoral students included (a) a desire to have space and time to talk about issues such as power differentials between themselves, their supervisors, faculty, and clients; (b) a need for mentors that could lead by example, demonstrating the integration of social justice professionally as well as personally; and (c) opportunities to gain interdisciplinary experience as well as experience outside traditional counseling settings. Although one might perceive that ethics is implicit in all of these themes, this was rarely framed as an issue of ethics. Yet, to provide an environment that addresses these stated needs, training programs must consider attention to ethical foundations throughout training, including intentionality at programmatic, curricular, and community levels. Otherwise, there is a risk that ethical social justice and social justice ethics will become cautionary footnotes rather than guiding principles. The most direct reference to ethics is found in a study by Caldwell and Vera (2010). In their study, one
participant specifically identified ethics as a reflection of program philosophy as she stated, “my doctoral program has the philosophy that it is the ethical duty of the psychologist to be an advocate for social justice issues” (Caldwell & Vera, 2010, p. 170).

**Programmatic Level**

There are several benefits to approaching social justice training from a programmatic level, most notably a clear articulation of a program’s definition and commitment to social justice (Burnes & Singh, 2010; B. Lewis, 2010; Talleyrand et al., 2006). The integration of social justice may include a complete program overhaul, including establishing social justice in the mission, curriculum, and practicum as well as faculty and student composition, as described by Talleyrand et al. (2006). More often, programs choose a more gradual transformation (Toporek & McNally, 2006). The integration of social justice should not just be reflected in words but also in the very structure and operations of the program. A number of models that can be useful include Prilleltensky’s emancipatory communitarian model (McWhirter & McWhirter, 2007), Freire’s (1970, 2007) critical pedagogy, developmental contextual framework (Burnes & Manese, 2008), and multicultural and feminist frameworks (Enns & Sinacore, 2005), to name a few. These models provide great resources, but it is important to recognize that each community has different needs and assets. Developing a framework and structure that will adequately represent social justice within one’s program requires thoughtful assessment, reflection, creation, and revision.

**Curriculum**

Ethical issues in training are most often directly addressed through a specific ethics course; however, it is also expected to be infused throughout curriculum, practicum, and internship. Therefore, to most adequately address ethics and social justice, integration of these issues throughout the curriculum is necessary. As Goodman et al. (2004) stated, faculty members do not value social justice work enough to make space for it within the curriculum, they run the risk of replicating broader academic norms that exact costs for participating in community-based research and intervention. (p. 829)

There are several ways in which social justice and ethics may be integrated into curriculum, including the structure of the curriculum and practicum, content of courses, and the process of teaching. In terms of the structure of training, ensuring that opportunities for social justice learning are clearly connected with potential ethical challenges can be useful, particularly when a scaffolding approach is used. Similarly, creating a training framework in which social justice learning is structured around developmental markers can also provide an intentional approach (B. Lewis, 2010). The content of courses can include expansion of existing ethics and psychopathology courses to address macro-level issues regarding diagnoses, conceptualization, and treatment (Cosgrove, 2005). Other courses in the curriculum can integrate social justice and ethics through attention to structural and contextual variables relevant to their course. For example, multicultural training has the potential to facilitate greater understanding of systemic barriers in conceptualization of problem etiology and intervention (Toporek & Pope-Davis, 2005).

Attention to process dynamics can facilitate social justice growth. For example, the curriculum and teaching methods should include space for students to process issues and challenges in social justice-oriented field experiences (Ali et al., 2008; Singh et al., 2010). This is particularly important given that ethical issues often come up in the field, but given the power differential between the trainee and the onsite staff, it may be difficult, and sometimes inappropriate, for them to immediately challenge the site (Toporek & Vaughn, 2010).

**Community Partnerships**

One of the clearest features of social justice training is the engagement with marginalized or underserved communities. The extent to which this engagement
is intended to primarily provide training or service varies. In addition, the extent of commitment, both in terms of time and intensity, also varies (Toporek, 2010). This balance of training and service results in difficult challenges, particularly given that student or intern involvement is relatively short term when considered within the context of the community. Goodman et al. (2004) suggested that “leaving clients with tools” may address the time-limited nature of involvement as a by-product. Still, they acknowledged that the reality of one semester, or even 1 year, may still be inadequate. It is critical that training programs consider the impact of their engagement within the context of the life and needs of the community. Although exposure to populations with which trainees are unfamiliar may provide a great learning experience, the learning curve may be so steep that the training experience is over before the community sees the benefit of their investment in the trainee. A related issue is the reality that students or interns are still in the process of receiving training and hence have limited expertise and skill. O’Brien et al. (2006) described the need to clearly define roles and boundaries for both service recipients and trainees and to discuss the problems of developing multiple relationships within that environment. In addition, they emphasized the need to work collaboratively with staff and ensure that the students made no unrealistic promises that could compromise the safety of the residents.

The need for clearer ethical guidelines is apparent when looking at alternative ways of providing social justice practicum and service experiences in nontraditional settings. Privacy, confidentiality, and safety are examples of some of the issues that can arise (Ali et al., 2008; O’Brien et al., 2006). One area of training and social justice that is growing rapidly is that of disaster response. Multiple layers of ethical issues arise in these types of settings, including the contextual and cultural competence needed (Dass-Brailsford, 2007). Perrin, Brozyna, Berlick, Desmond, and Ye (2008) provided an exceptional reflection regarding their work as students responding to needs in a predominantly African American community following Hurricane Katrina. Notably, they also provided an excellent example of reflection on ethical issues that arise regarding cultural competence and privilege in this environment.

In sum, engagement with community as a social justice training effort must take into account the context and needs of the community, including the risks and benefits to that community, the cultural competence needed, and the appropriateness of the trainees’ contact. The developmental level, learning process, and support for trainees also must be considered. Finally, the infrastructure—including clear support and understanding from the university, community, and training program—needs to be carefully designed and communicated to ensure ethical practice.

CONCLUSION

The challenges facing communities and individuals are monumental. The move of counseling psychology toward strengths and possibilities for change resonates toward justice, equity, and human rights. This move is not without its complexities and ethical action is not always clear. This chapter has just skimmed the surface of recent literature that is advancing social justice training, practice, and research in counseling psychology. There is still a need for further development and exploration of ethics as new challenges arise. Practice that balances individual and systemic conceptualization and interventions is needed as well as more sophisticated ways of measuring the outcomes of such work. Research that integrates participants and furthers social action needs to be refined and understood to increase trustworthiness and bridge positivism and constructivism. Training and practice needs to be more clearly linked with policy action. And, in the midst of this, practical matters must be addressed. In particular, the realities of how individuals and communities receive services that foster greater mental health and well-being are currently tied to a system that minimizes systems change. Consequently, social justice–oriented psychologists often engage in advocacy and social justice work in addition to their full caseload or teaching load (Helms, 2003) and often self-care and life balance may be sacrificed. Ethical imperatives regarding competence and impairment necessitate a shift in the model of how counseling psychology, and the field of
wellness as a whole, views the integration of the individual, system, and environment.

References


Burnes, T. R., & Singh, A. (2010). Integrating social justice training into the practicum experience for psychology trainees: Starting earlier. Training and


