If you can’t take the heat, stay out of the kitchen: A reflection on “Student beliefs, multiculturalism, and client welfare.”

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If you can’t take the heat, stay out of the kitchen:

A reflection on Student beliefs, multiculturalism, and client welfare

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In Student beliefs, multiculturalism, and client welfare, Professor Kristin Hancock offers a thoughtful description of and reflection on the contemporary challenges associated with psychology graduate trainees managing their personal and religious beliefs and practices with the training and professional demands of the psychology profession and their educational training institutions. She reviewed several recent court cases (e.g., Ward v. Polite et al., Keeton v. Anderson-Wiley et al., Ward v. Wilbanks et al.) where psychology students sued their graduate programs (typically secular state universities) because their training requirements included multicultural competency training involving sexual issues such as homosexuality. These graduate training efforts that highlight and underscore the profession’s demand for comprehensive multicultural competence were claimed to conflict with these students’ personal, religious, and moral beliefs. For example, students wished to opt out of training on lesbian, gay, bisexual, and transgender (LGBTQ) issues and refuse to work with clinical patients who are from these groups. They then file lawsuits citing the importance of their religious or moral beliefs. They don’t want to work with non-heterosexual clients since they disapprove of their sexual behavior and choice of partners. Dr. Hancock provides a comprehensive and engaged review of these challenges and concludes by stating that “personal beliefs can and do inform the lives of practitioners; however, they cannot trump the ethical principles and standards of the profession.” Additionally, she concludes that psychology training programs “must not be
penalized for helping students acquire the knowledge, attitudes, and skills needed to provide multicultural competent mental health services.”

After carefully reading and spending some time reflecting upon Dr. Hancock’s compelling article I conclude with just one word: Amen!

Let me elaborate.

Our psychological profession, and the American Psychological Association, has evolved over many decades to become a state-of-the-art, evidence based, health care profession with high quality and well articulated standards of training, clinical practice, and research methods. Additionally, top notch and rigorous training standards are available and are well articulated for securing and maintaining accreditation as well. Our legal and ethical obligations are also clearly defined too. There is much to be proud of regarding the professionalism and emphasis on the highest quality standards of evidence based clinical and professional care for those who choose a career in psychology. These standards and guidelines certainly don’t come out of thin air but are based on the highest quality research and practice as well as from the collective wisdom of the psychology community through the tireless work of many committees, task forces, APA directorates, and leadership councils.

It is a great privilege to serve others as psychologists, helping those who often struggle mightily with mental health, behavioral, relational, family, health, and other troubles. We are challenged and called upon to use the very best that contemporary behavioral science and clinical practice has to offer to help those in need. It is certainly a tremendous honor and privilege to accompany those who suffer, struggle, and try to manage the numerous psychological, emotional, relational, and behavioral problems that so many people confront in their lives. We need all of the best assessment and intervention tools available to us to help others. Our clients
are as diverse as our community. Our diverse world includes those who come from a very wide range of racial, ethnic, religious, gender, and sexual orientation groups. The psychology profession is called upon to help those in need from all of these communities without undo prejudice and discrimination.

And yet in the end, it is not (and never has been) about us and our needs, desires, beliefs, and practices but it is about those who we are entrusted to care for in our professional work. Our personal beliefs and biases certainly matter and should be attended to but not more than the needs of those who we are asked to serve. Of course there may be compelling reasons why we can’t treat everyone who seeks our services but these decisions about who we do or don’t accept as our clients should be based more on our educational and professional competence level and thus our ability to help others. It really shouldn’t be based who or what we like or don’t like or who or what we embrace or reject.

Certainly, mental health professionals, including psychologists, are entitled to their personal beliefs, their religious affiliations and perspectives, and their likes and dislikes. There are clients that we relate to and those with whom we don’t relate to at all. Some clients we like more than others for a host of reasons. But if we choose to secure training in a profession that is subject to the ethical principles endorsed by the American Psychological Association (2002) we must follow them and follow them with care and determination. Professionals who choose to obtain training in APA accredited programs have free choice to pursue this line of training or not. If students have significant troubles with the standards, guidelines, ethical principles, and professional obligations of the profession they can certainly chose a different career path. Those who choose training in secular universities may have to cope with rules and regulations that are
different than those found within training programs offered in religious oriented and funded programs as well.

In my careful reading of the APA ethics code I believe that the documents and critical principles can be summarized into five key words that highlight a virtue ethics approach to our work and profession. These virtues include *respect, responsibility, integrity, competence, and concern* (RRICC; Plante, 2004, 2007). In a nutshell, we are called to respect all people and to avoid discrimination and bias based on age, gender, sexual orientation, religion, and so forth. We have a responsibility to our clients and to our profession to offer evidence based competent standards of care with honesty. We must have concern for all those with whom we work and engage with as professional psychologists. We also have an obligation to follow the civil laws of the land within our jurisdictions as well. And in my humble view, respectful concern for the welfare of others trumps all.

Dr. Hancock uses as a poignant example in her paper to illustrate how psychologists should approach their clinical work. She mentioned the case of a vegetarian working at a sandwich shop who chooses to refuse to make any sandwiches with meat because of their personal beliefs and preferences. As psychologists we live in a complex, diverse, multicultural world where we are expected to (and demanded to) be “…aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups” (American Psychological Association, 2002). If we want to be psychologists we must embrace our ethics code in both spirit and practice. We must find a way to be both “aware” of and “respect” diversity and to do all that we can to care for those who seek our expertise and
services. And to this I for one say, Amen! And I also suggest that if you can’t take the heat, stay out of the kitchen!

References


