

Children and adolescents at risk of being removed from the home or have limited access to mental health services are the primary target population of in-home counseling services (Mattek, Jorgenson, & Fox, 2010; Macchi, O'Connor, & Petersen, 2008). Woodford (1999) defined in-home counseling as services that are conducted in the client's home by a master's-level licensed clinician and has theoretical roots in systems theory and structural family therapy. Boyd-Franklin & Bry (2012) updated the definition to also include a problem-solving approach that combines structural and behavioral family systems theory and helps families with multiple problems to focus and prioritize their issues. In-home counseling now is expanding to encompass clients across the lifespan, including adults and the older generation (Mattek et al., 2010; Maxfield & Segal, 2008; Tate, Lopez, Fox, Love, & McKinney, 2014). Despite the continued growth of in-home counseling, there is still very little research that illustrates an in-home counselors clinical practice (Cortes, 2004; Lauka, Remley, & Ward, 2013).

Training and Preparation

Literature demonstrates a lack of training and preparation at the graduate and post-master's level for professional counselors who will conduct in-home counseling (Adams & Maynard, 2000; Bowen & Caron, 2016; Cortes, 2004; Hammond & Czyszczonek, 2014; Tate et al., 2014; Woodford, Bordeau, & Alderfer, 2006). Counseling programs primarily focus training on office-based skills and interventions such as active listening, attending, paraphrasing, or confrontation (Bowen & Caron, 2016; Cortes, 2004; Hammond & Czyszczonek, 2014; Lamprecht, 2018; Tate et al., 2014). Though these skills are essential for a foundational understanding of conducting counseling, in-home counselors require additional counseling skills such as joining a family (Reiter, 2000), managing isolation (Bowen & Caron, 2016), considering the environment and context (Macchi et al., 2008; Macchi et al., 2014), maintaining safety (Glebova, Foster,

Cunningham, Brennan, & Whitmore, 2012), or handling ethical dilemmas such as visitors within the home during a session (Worth & Blow, 2010).

Ethical Considerations

Inclusive of an in-home counselor's job are unique ethical issues that may not present themselves in an office setting (Lauka et al., 2013). For example, encountering an uninvited guest, receiving questions from non-clients, accepting gifts or food, lacking privacy to talk about sensitive topics, or unintentionally interrupting a culturally important event. Each of these situations can provoke anxiety and confusion for an in-home counselor. The ACA Code of Ethics (ACA, 2014) was updated to broaden situations that may occur for an in-home counselor (Hammond & Czyszczon, 2014). Previously, counselors could not accept gifts from clients under any circumstance. For example, sharing a cup of coffee or tea within a client's home could have posed an ethical violation to an in-home counselor. The 2014 revisions have reflected the understanding of cultural considerations to make an ethical and culturally sensitive decision about a gift from a client. These changes reflect a culturally sensitive approach to working with clients within their homes.

Research also outlines the significance of a professional counselor's ability to identify and remediate ethical dilemmas (Lauka et al., 2013; Worth & Blow, 2010). A limitation of conducting counseling within the home are the unique ethical dilemmas that can occur, for example, unscheduled visitors, maintaining confidentiality within a client's home or sharing a meal with a client (Cortes, 2004; Lauka et al., 2013). Counselors in office-based and in-home settings report they believe an in-home counselor needs to understand their level of competency in order to ethically work within the home setting (Lauka et al., 2013). For example, the percentage of case management versus counseling predicted counselors' attitude towards an

ethical situation for in-home counselors. Understanding the complexity of balancing counseling versus case management and being within the home setting is a critical consideration for an in-home counselor where the boundaries are not as clear than an office.

Multiculturalism/Diversity in the Home Setting

Persons of color are more likely to enroll in in-home services, reinforcing the need to infuse multicultural/diversity within the home setting (Boyd-Franklin & Bry, 2012; Mattek et al., 2010; Tate et al., 2014). The counseling field, grounded in values that represent inclusivity of all cultural backgrounds, must evolve to meet the diverse needs of the public (ACA, 2014). The ACA Code of Ethics (2014) highlight the critical need to include culturally sensitive and responsive clinical practices to diverse client populations. Ethnic minority clients feel that race and ethnicity are important topics in counseling (Meyer & Zane, 2013). When race and ethnicity are not considered, ethnic minorities are less satisfied with clinical treatment. Specific codes further illustrate a counselor's need to avoid imposing values, refrain from termination if it is based solely on a counselor's beliefs, remain culturally sensitive to a client's right to disclosure, use caution to identify assessments, and avoid discriminatory practices (ACA, 2014; A.4.b, A.11.b, B.1.a, E.8., C.5).

Several in-home specific needs have been identified through the literature such as training focused on early childhood development, culture specific competencies, working with low-access families, managing crises and coordinating with multiple social services (Glebova, et al., 2012; Mattek et al., 2010; Tate et al., 2014; Tyuse, Hong, & Stretch, 2010; Worth & Blow, 2010). Consideration of these needs is critical for an in-home counselor. Families may have a heightened sense of vulnerability due to the counselor coming into the home (McWey, Humphreys, & Pazdera, 2011) and an in-home counselor will need to address that fear before a

therapeutic relationship can begin. Negating to address these fears can result in a lack of therapeutic bond between counselor and client: however, in-home counselors at times lack the training and preparation to consider these sensitivities.

In-home counselors who are not trained and prepared for the home setting can detract client success in counseling (Glebova et al., 2012). For example, in-home counselors report feeling unsafe in low-access communities. When in-home counselors feel unsafe it impedes the therapeutic relationship, therefore compromising client success. Understanding a client's worldview (i.e. their environment) is critical for conceptualizing an in-home counselor's ability to adequately meet the client/families clinical needs (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). In-home counseling provides the opportunity to interact with the client's ecological system and observe the family dynamics *in vivo* (Boyd-Franklin & Bry, 2012). This observation may include cultural factors to consider in clinical treatment.

Religion/Spirituality Significance: In-Home Counseling

The religious/spiritual domain is quite often a significant area of intersection of a client's identity (Bohecker, Schellenberg, & Silvey, 2017; Cornish & Wade, 2010). A client's religious and spiritual beliefs inform their worldview, values, and attitudes (Davis, Lambie, & Ieva, 2011). In 2014, the Pew Religion Landscape Study reported 89% of individuals in the United States believe in God as well as 77% described a religious affiliation (2015). Clients believe religious concerns are appropriate in counseling, have a preference to discuss spiritual and religious issues in counseling (Rose, Westefeld, & Ansley, 2008) and, infusing spiritual/religious components within counseling enhances client success (Cornish, & Wade, 2010).

Though the ACA Code of Ethics (2014), the Council for Accreditation of Counseling and Related Educational Programs (2015), and ACA-endorsed competencies recommend addressing

spirituality and religion within counseling additional focus and competency are needed (Bohecker, Schellenberg, & Silvey, 2017). Hathaway, Scott, and Garver (2008) reported 56% of clinicians did not assess religious beliefs, involvement, or practices in their clinical practice. Though professional counselors report having been trained in infusing religion and spiritual ideas within counseling, they are unlikely to incorporate those beliefs within counseling for a client (Adams, 2012; Henriksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015).

A professional counselor's ability to conceptualize a client's environment plays a critical role in treatment interventions within the home (Day-Vines, Ammah, Steen, & Arnold, 2018). For example, it may be beneficial for a professional counselor to conceptualize early on what it means to be a white counselor in a community highly segregated by race/ethnicity and exploring how it can impact the counseling relationship with a client (Tate et al., 2014). A counselor's capacity to broach the topic of race in this situation can be the determining factor of client success (Day-Vines et al., 2018; Jones & Welfare, 2017). Counseling services within the home present unique multicultural considerations that need to be assessed. The following case will demonstrate an in-home counselors decision-making process in response to an ethical dilemma involving multicultural considerations. The case is outlined with the following information: (a) case study background, (b) the client case, (c) identification of the ethical dilemma, (d) the ethical decision-making process, and (e) implications for in-home counselors and clinical supervisors, and counselor educators.

Case Study Background

Marie is a Black woman in her late 20s who identifies her socioeconomic status as lower middle class. She has two years experience as an in-home counselor. Marie's current position is

primarily school-based during the school year; during the summers she visits her clients at home. Marie also has a small number of clients she sees in the community on her caseload. The clients she sees reside in an area that can be described as urban; the families are lower to middle class. Joel is a White male in his late 4s who identifies his socioeconomic status as middle to upper class. Joel has been a clinical supervisor for ten years at an in-home counseling agency. Joel currently supervises Marie as an in-home counselor.

The case study presented will discuss an ethical dilemma surrounding multicultural considerations that can arise while working in client homes. An in-home counselor needs to be equipped to identify an ethical dilemma, and choose an ethical decision-making model (ACA, 2014). The Frame and Williams' (2005) *Multicultural Ethical Decision-Making Model*, has been chosen to guide this case study. The Frame and Williams model was chosen because it takes multicultural context into consideration. The steps of this model include (a) identifying and defining ethical dilemmas, (b) exploring the context of power, (c) assessing acculturation and racial identity development, (d) generating alternative solutions, (e) selecting a course of action, and (f) evaluating the decision. The following case will demonstrate Joel and Marie's steps toward making a decision using Frame and Williams' ethical decision-making model.

Client Case

Marie was assigned a new client after one year of working at her agency. The client, Rosalyn, was a 15-year-old Arab American female. Rosalyn was referred to the agency due to anger issues at school, physical fights with peers, multiple suspensions due to misbehavior, and insubordinate behavior. She was transferred from her home school to an alternative school due to the behavior. Rosalyn is currently in 10th grade and since moving to her new school was doing

well. In addition to the behavior issues at school she was also experiences mood symptoms such as anxiety, depression, isolation, and irritability.

Peers

Rosalyn reported having friends while she was at her home school and within the neighborhood; however, she reported not having many friends since going to her new school. Rosalyn reported that at her new school she kept to herself so she did not get in trouble. She also reported that many students at the new school had severe behavioral problems.

Family

Rosalyn's family consisted of her mother, father, two younger brothers, and one older sister. They lived in a single-family home in the suburbs of a metropolitan area. Marie read on the intake form that the family practiced the religion of Islam. Rosalyn's mother stayed at home while her father drove a cab in a nearby city. No other extended family lived in the area. Upon entering the home, all guests were asked to take off their shoes. The home was decorated with memorabilia related to the family's religion. Upon meeting with the client, Marie was able to observe that at times the client wore a hajib for sessions, but most times Rosalyn dressed in jeans and a t-shirt.

Marie typically met with Rosalyn in the dining room of the home in the evening. During several sessions, Marie noticed that Rosalyn's mother was praying in the living room less than five feet away. Marie continued to meet for three more sessions with Rosalyn at this time on a weekly basis. Once the counseling session was complete, Rosalyn's mother would usually still be praying as Marie was leaving to go home.

Ethical Dilemma

Providing counseling in the home during religious prayer time was identified as a potential ethical dilemma. Marie had not had this situation occur before but wanted to be respectful to the family. As noted in Marie's observations of Rosalyn's mother praying during the sessions, ethical and cultural factors must be taken into consideration. The ACA Code of Ethics (2014) professional core values reflect, for example, the importance of the following: "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (p. 3). A cornerstone of a counselor's work is to respect the social and cultural backgrounds of client populations and integrate that understanding into the counseling work. Marie noted a culturally related situation that she was unsure of how to address with Rosalyn's family, so she brought the situation to her clinical supervisor to discuss.

Ethical Decision-Making Process

When Marie met with her clinical supervisor, Joel, she questioned whether Rosalyn's mother praying during their session was an ethical dilemma. Joel suggested engaging in an ethical-decision making model to identify whether this was, in fact, an ethical dilemma. Marie and Joel identified Frame and Williams *Multicultural Ethical Decision-Making Model* as a method to assess the situation.

Identifying and Defining Ethical Dilemmas

The ethical dilemma identified by Marie was conducting counseling sessions during religious prayer times. Marie, Rosalyn, Rosalyn's mother, and perhaps the entire family unit are the individuals involved in the dilemma. To clarify values within the clinical supervision triad, Joel suggested using the *Heuristic Model of Non-Oppressive Interpersonal Development*

([HMNOID]; Inman & DeBoer Kreider, 2013). The HMNOID helps with clarifying interactions in the supervision triad that are related to multicultural identities, with *multicultural identities* defined as the demographic variables within the context of membership in either a socially oppressed group or socially privileged group within clinical supervision. In addition, the HMNOID supports the Multicultural and Social Justice Counseling Competencies of a counselor acknowledging their awareness of their social identities and engaging in critical thinking surrounding privileged and marginalized statuses (Ratts et al., 2015).

Based on the demographic variables, there are a number of cultural factors to consider (Frame & Williams, 2005). Rosalyn and Marie share similar socially oppressed group (SOG) statuses as persons of color and female. However, Rosalyn's SOG variables also include non-American and working-class. Similarly, there are several other cultural factors within the socially privileged groups (SPG) that both Marie and Rosalyn shared, such as being heterosexual and able-bodied. Marie also had two other statuses that should be considered when viewing the ethical dilemma: middle to upper class and Christian. These were factors that Joel and Marie needed to consider when exploring the values of Rosalyn and her family in the context of the ethical dilemma. Likewise, the clinical supervisor, Joel, had other cultural factors to consider as the lens for viewing the ethical dilemma. Joel's demographic variable within the SOG was his identification as gay. Joel's SPG was male, White, physically-abled, middle to upper class, and Christian. These were also cultural factors to consider when viewing the ethical dilemma.

It is essential to recognize that 89% of individuals in the United States believe in God as well as 77% described a religious affiliation (Pew Religion Landscape Study, 2015). Rose, Westefeld, and Ansley (2008) study reported that clients have a preference for discussion of religious and spiritual issues in counseling (Rose et al., 2008). In the United States, there are

70.6% of Americans that affiliate with the Christian religion (Pew Religion Landscape Study, 2015). As of 2010, Christianity was the world largest religion with an estimated 2.2. billion while Islam is a close second religion with 1.6 billion members (Pew Research Center, 2015). It is estimated that by 2050 the religion of Islam will surpass the Christian religion within the world. There are variations in the cultural practice of Islam. However, there are basic principles commonly accepted such as the *Pillars of Islam* (Ali, Liu, & Humedian, 2004). The second pillar, prayer (*salat*) consists of praying five times a day facing east toward *Kaaba*, the timing of these prayers is as follows: before sunrise (*fajir* prayer), early afternoon (*zuhur* prayer), midafternoon (*aser* prayer), just after sunset (*maghrib* prayer), and before retiring for bed (*isha* prayer). Marie identified that her sessions with Rosalyn had taken place during the *maghrib* prayer time and might have been a conflict for the family.

There are three ethical codes (ACA, 2014) that reflect Marie's ethical dilemma. The first is *Code A.4.b: Personal Values*, Marie has an ethical responsibility to be aware and avoid imposing her values onto Rosalyn and her family. It is imperative that Marie use her training and supervision to guide her clinical practice. *Code E.8: Multicultural Issues/ Diversity in Assessment*, Marie must use caution with assessment techniques chosen that have been normed on populations of the client. Marie needs to recognize that multicultural identities impact testing administration and interpretation. Code E.8 is relevant because Marie wants to administer an assessment, Paniagua's (1994) *Brief Acculturation Scale (BAS)*, to assesses generation, preferred language, and social interaction with members of one's own racial/ethnic group to Rosalyn. Additionally, *Code C.5: Nondiscrimination*, Marie needs to ensure she is avoiding discriminatory practices against clients. After the September 11th attack on United States soil, many Muslim Americans have faced prejudice, discrimination, and violent attacks (Abu Ras,

Gheith, & Cournos, 2008; Amri & Bemak, 2013; Soheilian & Inman, 2009). It will be important that Marie process with supervision her beliefs and values relating to September 11th and its impact to the counseling relationship.

In addition, The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) developed the Competencies for Addressing Spiritual and Religious Issues in Counseling to provide guidance for counselors to ethically integrate religion and spirituality (ASERVIC, 2009). The competency related to counselor self-awareness is an area Marie will want to explore to ensure she has done her own work surrounding integrating religious beliefs within the counseling relationship and deal with her own potential emotional discomfort. Another competency related to communication outlines Marie's consideration of broaching the topic of religion with Rosalyn and her family (Day-Vines et al., 2018). It will be crucial for Marie to understand the influence and meaning the Islam faith has for Rosalyn and her family.

Acknowledging the Context of Power and the Reality of White Privilege

The counseling relationship should be viewed within a sociopolitical lens relative to power and how that affects the ways in which the ethical code(s) are applied (Ratts et al., 2015). The counselor is usually viewed as having power in the counseling relationship. It is crucial that Marie therefore discuss power within the counseling relationship and seek to find equality within the counseling relationship with Rosalyn and her mother. It is important that Marie acknowledge and discuss in clinical supervision the impact of ethnocentrism, adopting only Western values, within the counseling relationship with Rosalyn (Sumari & Jalal, 2008). Traditional counseling practices may be detrimental to Rosalyn's outcomes if Marie is not considerate of other mental health practices. For example, Marie could identify and acknowledge her understanding of valid mental health practices. In other countries, folk-healing methods or indigenous formal systems of

therapy exist and assist with mental health distress. Marie will need to expand her perception of mental health practices and be open to integrating the two practices.

Assessing Acculturation and Racial Identity Development

Rosalyn's level of acculturation could be described using Paniagua's (1994) *Brief Acculturation Scale (BAS)*, which assesses generation, preferred language, and social interaction with members of one's own racial/ethnic group. Acculturation is described as an individual's value for maintaining their own cultural heritage within in the host society (Demes & Geeraert, 2014). An individual who scores high on the *BAS* scale are described as someone who has a high orientation toward the host and home culture, they have learned how to integrate their cultures together. An individual who scores low on the *BAS* scale are described as having a high orientation toward the host culture, but moving away from their home culture, suggesting the individual has assimilated to the host culture. Marie conducted the *BAS* for Rosalyn's case during clinical supervision and identified medium acculturation. Joel and Marie both also took the *BAS* to assess their level of acculturation and further aid their evaluation of culture's impact on the ethical dilemma. Joel and Marie both scored a high level of acculturation.

Rosalyn's score demonstrated that she identifies with both the host and home culture (Demes & Geeraert, 2014; Paniagua, 1994). She shares values, behaviors, and beliefs of the members of her culture heritage and of the host culture. Joel and Marie's scores illustrate that they both identify strongly with the values, behaviors, and beliefs of the host culture. The *BAS* scores highlight the need for Joel and Marie to consider Rosalyn's level of acculturation in determining a decision.

Rosalyn's medium level of acculturation should be considered in the decision-making process (Paniagua, 1994). Her values included both a collectivistic and individualistic

framework; this might cause her conflict at times at home, school, or the community (Ali et al., 2004). For Arab Americans, emotional or psychological issues, such as those experienced by Rosalyn, represent deficits in an individual's family support and friends; they are seen as a negative reflection of the family (Cook-Masaud & Wiggins, 2011). In addition, it is essential for Marie to consider the paternal hierarchy within Arab families. For example, discussing the issue with Rosalyn's father first, exhibits a counselor's respect of the father as the patriarch of the family. Lastly, it is also crucial for Marie to establish a trusting alliance and rapport with Rosalyn and her family. Marie needs to make herself aware of the negative stereotypes that can surround Rosalyn and her family and ensure she is creating an environment in which those discriminations, fears, and concerns can be voiced.

Seeking Consultation

Marie had chosen to seek consultation with her clinical supervisor, Joel, in making an ethical decision. She believed that Joel was a culturally competent counselor and could view the dilemma within a cultural framework. Since Joel was integral in discussing the case, his values, beliefs, and cultural traditions were viewed within the context of both Rosalyn (as client) and Marie (as supervisee). It was identified that Joel had a high level of acculturation and belonged to a number of socially privileged groups (White, male, able-bodied, middle to upper class, and Christian).

Considering Multiple Possibilities

A key consideration in identifying possibilities to solve an ethical dilemma is a caution to not interpret the codes in unidimensional ways, which imposes the values of the dominant culture. Marie and Joel thus identified several possibilities to act on the ethical dilemma such as (a) discussing the situation with Rosalyn alone, (b) discussing the situation with Rosalyn's

mother alone, (c) discussing the situation with both Rosalyn and her mother, and (d) changing the time of the session without discussing with either Rosalyn or her mother.

Generating Alternative Solutions

On the basis of the steps explored thus far, Joel discussed with Rosalyn that it might be beneficial to discuss the dilemma with Rosalyn's mother to acknowledge power within the family hierarchy, denounce discrimination, and assess the impact of acculturation and racial identity development (Sumari & Jalal, 2008). An in-home counselors' ability to consider family cultural norms related to gender when attempting to include male and female caretakers in the counseling process is important (Tate et al., 2014). Family structures within Muslim families tend to be hierarchal and interdependent, the considerations of the family and community can be heavily respected in decisions (Ali et al., 2004). Talking with both Rosalyn and her mother is crucial to make it evident that including religious implications (Rosalyn's mother) and cultural implications (Rosalyn) is significant in the counseling relationship. Cultural research indicates that speaking with Rosalyn's father and mother alone might first be the best course of action (Ali et al., 2004). In addition, Marie believes that this discussion with Rosalyn's mother could diminish or remove the possibly perceived notion that Marie might not value the family's hierarchal structure.

Selecting a Course of Action

Thus far, Marie had not included Rosalyn in the decision-making process. Marie believed that a discussion with Rosalyn after speaking with her mother could be helpful and planned to examine this topic at the next session. Marie reported her motives for having a discussion with Rosalyn's mother were to assure the family and Rosalyn that she was open to understanding their religious practices. Marie's rationale for selecting this course of action was

to promote the ACA Code of Ethics' (2014) professional core values, increase her knowledge as a culturally competent counselor, and establish rapport with the family unit. Joel and Marie both documented Marie's course of action in the clinical supervision notes as well as in Marie's progress note.

Evaluating the Decision

Marie returned to clinical supervision with Joel to discuss implementing her course of action. During supervision, they both discussed several topics. Marie discussed how her course of action fit with the ACA Code of Ethics (2014) and increased her level of competence regarding integrating spiritual/religious practices and multicultural considerations (Ratts et al., 2015; ASERVIC, 2009). She further discussed how she had considered and respected the cultural values and experiences of Rosalyn's family unit.

Marie continued to discuss how other counselors might view her decision of the ethical dilemma. She reported that she believed other counselors would support her decision, and she applied the Stadler (1986) tests of justice, publicity, and universality to ensure that it was appropriate. Marie reported that she believed she was fair by assessing the level of religious practices to Rosalyn's family; she would want another counselor to do the same. She also reported that if the behavior were examined in a court of law, she would be proud of her decision to use an ethical-decision making model that encompassed considering a client's cultural context (Frame & Williams, 2005). Lastly, Marie reported that if she were consulted on this type of dilemma, she would encourage the counselor with the same course of action. Marie also reported feeling confident in discussing a client's religious practices within the home as well as learning further how that could impact counseling.

Implications

Rosalyn's case presents a familiar situation for in-home counselors who are exposed to cultural factors within the home (Tate et al., 2014). Negating contextual information that can be gained from a client's environment can have detrimental effects on the counseling relationship and client success. Clients receiving in-home counseling deserve adequate counseling. Persons of color are more likely to enroll in in-home services (Boyd-Franklin & Bry, 2012), and can suffer if in-home counselors whom often serve marginalized and vulnerable populations do not receive appropriate services. The significance of in-home counselors and clinical supervisors who possess culturally competent skills are considered imperative. Further research is needed in this area to explore the topic within the counseling field.

In-Home Counselors

Knowledge regarding a client's environment is essential to identifying key multicultural factors (Lawson, 2005). Critical environmental factors should be noted at the time of the in-home intake interview (Zuckerman, 2012). In Rosalyn's case, for example, certain environmental information did not appear on the intake form that Marie reviewed before her first home visit. Once Marie entered Rosalyn's home, she was asked to take off her shoes and noticed religious memorabilia, Islamic prayer rugs, and paintings with Arabic symbols. Obtaining this information at the intake is key to establishing rapport with the family and increasing successful outcomes for Rosalyn. It is recommended that in-home counselor pay attention to the neighborhoods and home in which their clients live. Tate et al. (2014) gives examples of questions in-home counselors can use to conceptualize the environmental context such as "what does this kid's home look like? What does their street look like? Is there any structure? Is [the house] clean? Is it chaotic? Are there a lot of people around? Is it open, is it shut in?" (p. 375).

In addition to having awareness of environmental factors that impact the counseling relationship, in-home counselors have an ethical responsibility to become aware of their own bias and prejudices impact to the counseling relationship (ACA, 2014; Ratts et al., 2015). A professional counselor has an ethical responsibility to embrace a client's cultural background and utilize culturally sensitive approaches (ACA, 2014). If a professional counselor believes working with a client is outside of his or her scope of practice, it is the ethical responsibility especially regarding multicultural competency, for the counselor to "gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to be a culturally competent counselor in working with a diverse client population" (ACA, 2014, p. 8). An in-home counselor has access to a client's environmental context; at times this information can be helpful for the counseling relationship but, conversely, it may bring adverse reactions for the in-home counselor, as well.

Clinical Supervisors

Discussions regarding the cultural implications of working in clients' homes should occur during clinical supervision (Glossoff & Durham, 2010; Lawson, 2005); for example, Joel, Marie's clinical supervisor, was integral to Marie's assessment of Rosalyn's ethical dilemma. Clinical supervisors have an ethical responsibility to integrate sensitivity to and understanding of diversity issues and assist supervisees with processing a supervisee's responses to clients who differ racially and culturally (Barnett & Johnson, 2010; Ceballos, Parikh, & Post, 2012). The quality of those discussions surrounding cultural issues prompts greater personal insight, stronger emotional bond with supervisor, and a high level of satisfaction with clinical supervision (Barnett & Johnson, 2010).

Clinical supervision is vital to enhance discussions on the influence of culture on the in-home setting (Lawson, 2005). Awareness of one's own cultural influence and that of the family

unit will assist in accomplishing treatment goals. In the present case study, assessment of Marie's level of multicultural competency was completed by Joel. A clinical supervision assessment, *Cross-Cultural Counseling Inventory* (LaFromboise, Coleman, & Hernandez, 1991), could be used to assess issues of cross-cultural counseling skills, socio-political awareness, and cultural sensitivity. Marie's score could assist Joel with understanding the multicultural knowledge, skills, and abilities needed for growth and development as a competent in-home counselor.

Supervision is key to discussing the ambiguity that in-home counselors may feel when entering clients' homes, especially with populations in which the counselor has limited experience clinically (Lawson, 2005; Lawson & Foster, 2005). The intensity of an in-home counselor's job and lack of training received regarding in-home competencies make the process of clinical supervision essential for in-home counselors (Macchi et al., 2014). Clinical supervision can mediate stress and burnout, and is critical for professional development and quality of life of an in-home counselor (Macchi et al., 2014). It is recommended that clinical supervisors are active in continually assessing in-home counselors' abilities by using techniques such as live supervision to observe the family dynamics within the home, and between the counselor and family (Hammond & Czyszczon, 2014; Lawson, 2005). Joining with the in-home counselor and family initially and throughout the treatment process is critical for in-home treatment (Hammond & Czyszczon, 2014; Zarski & Zygmund, 1989). Another recommendation is focusing clinical supervision on clinical responsibilities primarily rather than administrative responsibilities. Research demonstrates a heightened need for clinical needs of supervisees' presented during supervision for in-home counselors (Bowen & Caron, 2016).

Counselor Educators

Programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) emphasize clinical counseling practice in a multicultural and pluralistic society and have identified a core curriculum course focus on social and cultural diversity that includes theories and models of multicultural counseling, identity development, and social justice and advocacy competencies (2015). Research illustrates an advantage of in-home counseling is having access to a client/family's environmental factors (Bowen & Caron, 2016). It is critical that professional counselors who conduct services within the home have the knowledge, skills, and abilities to competently integrate these characteristics within the treatment process. Integration of cultural and social contexts enhance the counseling process for ethnic minority clients (Meyer & Zane, 2013).

Furthermore, research demonstrates the lack of preparation professional counselors feel to integrate religion and spirituality into counseling (Adams, 2012; Henriksen et al., 2015; Young, Cashwell, Wiggins-Frame, & Belaire, 2002). Though counselors do report that religion and spirituality are significant factors for clients' functioning, counselors also report feeling inadequately trained to infuse this topic into their teaching and supervision (Adams, 2012; Henriksen et al., 2015). The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) competencies are intended to provide guidance for counselors to ethically integrate religion and spirituality (ASERVIC, 2009). There are six domains with 14 competencies outlined for counselors.

Infusing religious/spiritual experiences throughout each course and clinical practice to adequately prepare future counselors is a necessity for counselor education programs (Hodge, 2001). Most vital is providing opportunities for students to practice broaching religion and

spirituality throughout their courses. An in-home counselors' ability to broach the topic of religion/spirituality can be a determining factor of client success (Day-Vines et al., 2018; Jones & Welfare, 2017). Counselor education programs can provide opportunities for students to practice broaching religion and spirituality through several strategies such as experiential activities (Cashwell & Watts, 2010), spiritual genograms (Willow, Tobin & Toner, 2009), or using the Cultural Formation Interview (DSM-5; APA, 2013). Counselor educators can assign students to visit cultural groups/events that differ from their own then process the interactions with peers in structured discussions (Cashwell & Watts, 2010). In addition, conducting spiritual genograms during classes can expand on a student's cognitive ability to conceptualize the impact of spirituality and religion to the counseling relationship (Willow et al., 2009). Lastly, students can use the Cultural Formation Interview found in the Diagnostic and statistical manual of mental disorders (DSM-5) to conduct interviews in courses focused on topics such as the cultural definition of a problem or cultural perception of the cause, context, and support (APA, 2013).

Conclusion

Ethical dilemmas continually arise for in-home counselors; it is essential counselors in training as well as practicing in-home counselors have opportunities to enhance their clinical practice (Lauka et al., 2013). The updated ACA Code of Ethics (2014), *Section I*, reports that counselors must have an identified ethical-decision-making model that they use in practice. Counselors in training usually encounter ethical-decision-making training in introductory courses; however, continued conceptualization with varied ethical dilemmas throughout courses will increase the number of ethically and culturally competent counselors entering the field.

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