## Appendix B

## AI-Generated Case Study

## "Caught Between Two Worlds": Navigating Ethics and Mental Health in Multicultural Contexts

**Client Profile**

**Name:** Daniel Chen

**Age:** 30

**Ethnicity:** Asian American (second-generation Taiwanese American)

**Gender:** Male

**Occupation:** Software Engineer

**Referral Source:** Primary care physician due to reported symptoms of anxiety and sleep disturbances

**Presenting Problem:** Generalized anxiety, work-related stress, and familial conflict

**Setting:** Outpatient mental health counseling center

---

**Background**

Daniel Chen, a 30-year-old second-generation Taiwanese American male, sought counseling services after his primary care physician noticed symptoms of chronic anxiety, including racing thoughts, sleep disturbances, heart palpitations, and fatigue. Daniel reported that he has been feeling increasingly overwhelmed by expectations at work and responsibilities at home, including pressure from his family to marry within his ethnicity and support his aging parents financially and emotionally.

During initial sessions, Daniel disclosed feelings of guilt and shame for not meeting his family's cultural expectations. He reported intrusive thoughts about being a failure, social isolation, and persistent worry that he would never "live up to" the model minority image others had of him. Daniel also expressed discomfort with the idea of being in therapy, sharing that in his culture, mental health is often stigmatized, and he has not told his family about seeking professional help.

---

## Ethical Dilemmas Identified

***1. Informed Consent and Cultural Stigma (ACA A.2.b / CRCC A.3.a)***

Daniel initially appeared hesitant about fully engaging in therapy. He asked the counselor whether his family would be informed of his participation and whether any documentation could be kept private. His concerns reflected both cultural stigma around mental health and fear of judgment from family members.

**Ethical Dilemma:** How can the counselor obtain informed consent while addressing Daniel's cultural discomfort and fears of disclosure?

**Ethical Response:** Counselors must ensure that clients understand their rights and the scope of confidentiality in a culturally sensitive manner (ACA A.2.b). In this case, the counselor should clarify confidentiality limits (ACA B.1.c; CRCC B.1.a) while exploring Daniel's cultural context to ensure that informed consent is meaningful and not just procedural.

---

***2. Counselor Competence and Cultural Understanding (ACA C.2.a / CRCC D.2.a)***

The counselor, a White American female with limited experience working with Asian American clients, began to question her ability to provide culturally competent services. Although she had taken diversity training, she realized she lacked deeper understanding of Daniel's specific cultural values, such as filial piety and saving face.

**Ethical Dilemma:** Can the counselor provide competent care given her limited experience with Daniel's cultural background?

**Ethical Response:** According to ACA Code C.2.a and CRCC D.2.a, counselors must practice only within the boundaries of their competence. This may involve ongoing cultural consultation or supervision, referring to a more culturally competent clinician if necessary, or including culturally-relevant interventions such as addressing family dynamics and intergenerational expectations.

---

***3. Autonomy vs. Family Expectations (ACA A.1.a / CRCC A.1.a)***

Daniel expressed internal conflict about pursuing his personal values (e.g., choosing his own partner, living independently) versus meeting his family's traditional expectations. He was torn between autonomy and cultural loyalty, which led to feelings of depression and hopelessness.

**Ethical Dilemma:** Should the counselor encourage Daniel to prioritize individual autonomy, or validate his collectivist family values, which may be exacerbating his mental health symptoms?

**Ethical Response:** Both ACA and CRCC codes stress the importance of respecting client autonomy (ACA A.1.a, CRCC A.1.a) while integrating cultural sensitivity. The counselor must avoid imposing individualistic values and instead support Daniel in navigating these tensions in a way that honors both his mental health and cultural identity (ACA A.2.c; CRCC D.1.c).

---

***4. Potential Dual Relationships in Community Settings (ACA A.6 / CRCC B.3)***

During therapy, Daniel revealed that the counselor's spouse was an executive at his company. Though they had not interacted directly, Daniel feared confidentiality could be compromised or that he might be indirectly judged or harmed in his workplace.

**Ethical Dilemma:** Should the counselor continue treatment, or refer Daniel due to the potential dual relationship and perceived risk?

**Ethical Response:** ACA A.6 and CRCC B.3 state that counselors should avoid nonprofessional relationships that could impair objectivity or risk exploitation. Even if no actual dual relationship exists, the *perception* of risk by Daniel warrants serious consideration. A referral may be appropriate, with full client involvement and without abandonment (ACA A.11.b; CRCC A.11.a).

---

**Clinical Considerations and Recommendations**

- **Multicultural Competence:** Engage in cultural supervision and consult literature on Asian American mental health, especially regarding stigma, intergenerational conflict, and somatization of distress.
- **Strengths-Based Approach:** Highlight Daniel's resilience in seeking help and managing professional responsibilities. Validate his struggle as part of a bicultural experience.
- **Family Systems Integration:** Explore optional family therapy or involve cultural liaisons if appropriate and desired by Daniel.

- **Self-Determination:** Facilitate self-exploration to help Daniel define his identity and values, while honoring familial bonds without pathologizing cultural expectations.

---

**Discussion Questions for Counselor Training**

1. How can counselors balance respect for cultural values with the need to uphold ethical standards such as autonomy and beneficence?
2. What additional steps can counselors take to assess and ensure their cultural competence?
3. How can supervision or peer consultation be used ethically and effectively in managing complex multicultural cases?
4. When is it ethically appropriate to refer out a client based on cultural mismatch or dual relationship concerns?