

Ethical Decision Making

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The Vignette

You have been asked to counsel an 11-year old aboriginal youth who is withdrawn in school and spends a lot of time alone. He is accompanied by his grandmother who says that they need each other very much because her husband has died recently. The youth describes feeling alone, remembering times when he has been abandoned, and hearing voices singing and the voice of an old man speaking to him in the tribal dialect. The grandmother is not eating or sleeping well and she thinks a lot about traumatic events experienced in residential school. You are uncomfortable about counselling without first obtaining a psychiatric assessment to evaluate what may be psychotic symptoms. A psychiatric assessment would require a trip some 100 miles away to a large urban centre.

In addressing the ethical dilemma presented in the above stated vignette, I have chosen to follow the Ethical Decision Making Process as presented in the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2001). The Guidelines for Non-Discriminatory Practice will also be incorporated throughout the decision making process (The College of Alberta Psychologists, 1998), as the youth is of an aboriginal minority group.

The Canadian Code of Ethics for Psychologists: Ethical Decision Making Process

Step 1: Identification of the Individuals and Groups Potentially Affected by the Decision

The primary individuals I depict as being affected by any decision I make are the youth and his grandmother. However, extended family members of the youth and his community may be affected by my decision as well. Finally, I the psychologist and the discipline of psychology may be affected with respect to public trust in the discipline.

Step 2: Identification of Ethically Relevant Issues and Practices, Including the Interests, Rights, and any Relevant Characteristics of the Individuals and Groups Involved and of the System or Circumstances in which the Ethical Problem Arose

Fourteen ethical values from the Four Ethical Principles from the Canadian Code of Ethics for Psychologists (2001) have been identified as being pertinent to this dilemma: six under Respect for the Dignity of Persons, four under Responsible Care, two each under Integrity in Relationships and Responsibility to Society. Eight values from the Guidelines for Ethical Decision Making with Diverse Populations for Non-Discriminatory Practice (1996) have also been identified to pertain to this dilemma.

Principle I: Respect for the Dignity of Persons

I.3 Strive to use language that conveys respect for the dignity of persons as much as possible in all written or oral communication.

Guideline for Ethical Practice with Diverse Population: (10) Use inclusive and respectful language.

It is imperative to be aware of and ensure that the language used when communicating with the youth and his grandmother is non-discriminatory and understood by both individuals.

I.11 Seek to design research, teaching, practice, and business activities in such a way that they contribute to the fair distribution of benefits to individuals and groups, and that they do not unfairly exclude those who are vulnerable or might be disadvantaged.

Despite potential barriers that the youth may face in accessing psychological services, such as residing in a remote community and being of a minority group, it is essential to ensure that psychological services are made available to him.

I.16 Seek as full and active participation as possible from others in decisions that affect them, respecting and integrating as much as possible their opinions and wishes.

Guideline for Ethical Practice with Diverse Population: (9) Respect, listen and learn from clients who are different from oneself in order to understand what is in their best interests.

It is important to encourage and seek as much participation from the youth as possible in making decisions regarding his treatment, being cognizant and considerate of his personal and cultural opinions, beliefs, and wishes.

I.23 Provide, in obtaining informed consent, as much information as reasonable or prudent persons would want to know before making a decision or consenting to the activity. The psychologist would relay this information in language that the persons understand (including providing translation into another language, if necessary) and would take whatever reasonable steps are needed to ensure that the information was in fact understood.

Guideline for Ethical Practice with Diverse Population: (12) Ensure that consent is truly informed, keeping in mind diversity issues and cultural differences

Guideline for Ethical Practice with Diverse Population: (13) Be especially careful to be open, honest, and straightforward, remembering that persons who are oppressed may be distrustful or overly trustful of those in authority.

It is important to be aware that many North American Aboriginal cultures view elders and grandparents as leaders within their community and there is an emphasis on the importance of

extended family within the community. It is critical to be cognizant and respectful of the youth's cultural values and determine which individuals, along with his grandmother, he may wish to be involved in decisions regarding informed consent.

It is also important to ensure that information regarding assessment and treatment options be fully understood prior to obtaining consent. Acknowledgment of the grandmother's distress involving her experience with residential schools may cause her to be somewhat distrustful of treatment outside her culture; therefore, she must feel respected, included, and well informed regarding the recommendations for her grandson. It is also important to be cognizant of the effect of grief over the death of the grandmother's husband is causing her and possibly the youth, and that she may fear her grandson would have to leave her in order to receive assessments and treatment. The youth has also indicated that he is currently struggling with issues of abandonment and may not wish to leave his grandmother to receive assessments and treatment.

Though language barriers were not mentioned within the vignette, it was hinted that they may speak in their native language (the youth indicated that he heard the voice of an old man speaking to him in the tribal dialect). Therefore, it is vital to ensure that both the youth and his grandmother have a good grasp of the English language and an interpreter is not required. If either the youth or the grandmother is more comfortable with another language other than English, an interpreter will need to be made available.

I.27 Take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward.

It is important to be aware of my own values, beliefs, and biases to ensure that these do not result in coercion or pressure towards the youth or his grandmother to agree to pursue psychiatric assessment.

I.30 Respect the right of persons to discontinue participation or service at any time, and be responsive to non-verbal indications of a desire to discontinue if a person has difficulty with verbally communicating such a desire (e.g., young children, verbally disabled persons) or, due to culture, is unlikely to communicate such a desire orally.

It is important to be cognizant of any nonverbal indicators the youth may demonstrate indicating he is uncomfortable with the recommended treatment.

Principle II: Responsible Caring

II.1 Protect and promote the welfare of clients, research participants, employees, supervisors, students, trainees, colleagues and others.

The youth's overall welfare is the primary concern in this ethical dilemma.

II.8 Take immediate steps to obtain consultation or to refer to a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that the clients problems are beyond their competence.

Guideline for Ethical Practice with Diverse Population: (18) Consult with others who may be more familiar with diversity in order to provide competent services.

It would be appropriate and ethical to consult with professionals who are more familiar and knowledgeable with the culture of the youth and his grandmother, and perhaps more importantly, their community.

II.10 Evaluate how their own experiences, attitudes, culture, beliefs, values, social context, individual differences, specific training, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others.

Guideline for Ethical Practice with Diverse Population: (2) Be aware of one's own cultural, moral, and social beliefs, and be sensitive to how they may enhance one's interactions with others or may interfere with promoting the welfare of others.

It is important to be aware of my own personal values and beliefs and how they may affect the working relationship with the youth and grandmother.

II.14 Be sufficiently sensitive to and knowledgeable about individual, group, community, and cultural differences and vulnerabilities to discern what will benefit and not harm persons involved in their activities.

It is crucial to be sensitive to the cultural beliefs held by the youth and his grandmother in choosing treatment that will promote the maximum benefit and least amount of harm to everyone involved.

Principle III: Integrity in Relationship

III.8 Acknowledge the limitations of their own and their colleagues' knowledge, methods, findings, interventions, and views.

Guideline for Ethical Practice with Diverse Population: (5) Be aware that theories or precepts developed to describe people from the dominant culture may apply differently to people from non-dominant cultures.

It is important to acknowledge any personal limitations in working with cultural beliefs, values, and morals of the youth and his grandmother. It is imperative to be cognizant that certain models of treatment may not be the most appropriate and effective choice for the youth due to his cultural beliefs and values.

III.10 Evaluate how their personal experiences, attitudes, values, social context, individual differences, stresses, and specific training influence their activities and thinking, integrating this awareness into all attempts to be objective and unbiased in their research, service, and other activities.

It is important to be cognizant of my own beliefs and values to maintain objectivity while working with the youth and grandmother, whose beliefs and values may differ from my own.

Principle IV: Responsibility to Society

IV.15 Acquire an adequate knowledge of the culture, social structure, and customs of a community before beginning any major work there.

Guideline for Ethical Practice with Diverse Population: (4) Study group or cultural norms in order to recognize individual differences within the larger context.

It is important to be educated and cognizant of the values and beliefs which may be held by the youth's culture and community, as they may differ greatly from my own and the community I work in.

IV.16 Convey respect for and abide by prevailing community mores, social customs, and cultural expectations in their scientific and professional activities, provided that this does not contravene any of the ethical principles of this Code.

I need to ensure that I remain within the parameters of the ethical principles within this code while remaining respectful of the cultural beliefs and values of the youth and his grandmother.

Step 3: Consideration of How Personal Biases, Stresses, or Self-interest Might Influence the Development of or Choice Between Courses of Action

I recognize that I value assessment practices as one means of effectively addressing the intervention planning for individuals and their families. An effective intervention plan could vary greatly depending on the array of issues and concerns that may be present. Providing an intervention plan that only addresses some of the concerns, and possibly omits addressing a main concern, would not be the most appropriate or effective plan for that individual. A formal psychiatric assessment can assist in the determination if a mental health concern or illness is present; therefore ensuring the illness and its effects in other areas is addressed in the overall picture of intervention. A psychiatric assessment may also indicate that the nature of hearing voices as indicated by the youth is actually not caused by a mental illness, but a spiritual belief of the youth and his culture. I must recognize that the youth may have different values and beliefs than my own, and the interpretation of certain behaviours may differ than that of my own. Therefore, it is important to be culturally sensitive and unbiased while maintaining the ethical standards of my discipline.

Step 4: Development of Alternative Courses of Action

My analysis rules out refusing to counsel the youth unless he and his grandmother agree to a psychiatric assessment. After discussing this dilemma over with a colleague who is familiar with the cultural beliefs and community of the youth and his grandmother, two courses of action were determined that are consistent with my analysis of the ethical principles that potentially influence this decision.

Alternative 1

Upon meeting with the youth and his grandmother, I would explain why and how a psychiatric assessment would be beneficial in determining the direction of the intervention plan I feel best addresses the overall well being of the youth. I would request that my colleague who is familiar with the cultural beliefs and community be available for consultation with the youth and his grandmother during our meeting. I will need to be prepared to provide the youth and his grandmother with some options regarding the transportation and accommodation during the days of assessment in the city so that they can choose the one that is most comfortable for them. Upon the results from the assessment a treatment plan can be determined which can blend counselling provided by myself with traditional tribal methods of healing and counselling.

In addition, I would speak to the grandma about her distress, the impact of her traumatic past, and the death of her husband on her well being and the youth's. I would then offer assistance either from myself or to make a referral.

Alternative 2

I acknowledge that my initial discomfort about counselling the youth without first conducting a psychiatric assessment originates from my own personal beliefs and values. I recognize that this may not coincide with the youth's and grandmother's beliefs and values. I must also acknowledge that they may not be willing or able to travel 100 miles from their community in order to receive this assessment. Therefore, with consultation with a colleague who is familiar with their cultural beliefs and community, I will blend a combination of counselling provided by myself with traditional tribal methods of healing. In order to provide the most effective treatment plan, further personal background information regarding why the youth is isolating himself from peers, feels abandoned, and feels alone will need to be gathered. Once I become acquainted with the youth through intervention I will determine if a psychiatric assessment would be beneficial. If so, I will discuss it with the youth and the grandmother at that time.

In addition, I would speak to the grandma about her distress, the impact of her traumatic past, and the death of her husband on her well being and the youth's. I would then offer assistance either from myself or to make a referral.

Step 5: Analysis of Likely Short-term, Ongoing and Long-term Risks and Benefits of Each Course of Action on the Individual(s)/group(s) Involved or Likely to Be Affected (e.g., Client, Client's Family or Employees, Employing Institution, Students, Research Participants, Colleagues, the Discipline, Society, Self)

The following are some of the possible positive and negative consequences of my chosen options. The positive consequences are indicated in regular print whereas the negative consequences are provided in italics.

Alternative 1

The youth has been referred for counselling services, and it seems unethical to proceed with any type of treatment without gathering a complete history and conducting a formal assessment in order to maximize the potential benefits of counselling. *However, due to the grandmother's seemingly current difficulties with coping with the death of her husband, needing the youth, and possible post traumatic stress from her experience of residential schools of her youth, the grandmother may be distrustful of the psychiatric process, which may lead her to withdraw consent for the youth's treatment.*

A psychiatric assessment will likely provide integral information that could not be otherwise obtained. This information would greatly contribute to the youth's treatment program. *However, the possible stress that may be experienced by the youth and his grandmother of undergoing assessment in a large urban center 100 miles from their community may outweigh the information gained from the assessment.*

If the youth obtains a formal diagnosis from the psychiatric assessment, he may be eligible for funding and additional support that he may otherwise not have access to without it. *The youth and his grandmother may believe that hearing voices and singing in his tribal language is not symptomatic of a mental illness, but a spiritual or cultural gift; therefore, they may not accept a conclusion of mental illness from the assessment. This could lead the youth and grandmother to lose confidence in this process to provide appropriate and beneficial treatment for the youth and decide to withdraw consent for treatment.*

Alternative 2

This alternative may put the grandmother and youth more at ease with the treatment process as it can take place entirely within their community and involves cultural interventions they may be more familiar with. *However, it may be more difficult to ensure that all issues are being addressed through this intervention plan, as all information regarding mental health will not be formally determined without a psychiatric assessment.*

This alternative may provide the youth and his grandmother with a greater sense of control and understanding in the treatment process as it blends ‘Western’ counselling with their cultural methods of healing. *However, without a formal assessment or diagnosis if one is required, funding may not be available to provide the youth with the services required for an effective treatment plan.*

The combining of both ‘Western’ counselling and traditional cultural processes may be more enticing for the youth and his grandmother the with intervention plan. *However, ensuring the individuals providing the counselling and healing process are focusing on the same concerns could be difficult to ascertain. Treatment plans and formal diagnosis should be a collaborative process involving a variety of different assessment techniques and resources which neither I nor anyone else within his community are qualified to provide.*

Step 6: Choice of Course of Action after Conscientious Application of Existing Principles, Values, and Standards

Both alternative one and two support principle one: Respect for the Dignity of Persons, in that both alternatives include seeking consultation with professionals who are familiar with the youth’s culture and community, and the blending of ‘Western’ counselling and cultural healing methods. I feel that alternative one supports principle two: Responsible Caring, more effectively in that it

strives to promote the youth's welfare by investigating all areas of his health prior to designing an intervention plan. Therefore, I believe that alternative one is the best choice in this situation as it supports principle one and two, while still giving principle one the most weight.

Step 7: Action with a Commitment to Assume Responsibility for the Consequences of the Action

I believe that alternate one is the best course of action and will follow the steps outlined, being cognizant of the ethical principles incorporated within the chosen plan. I assume responsibility for the outcomes of this action plan and will evaluate both the positive and negative outcomes of this plan,

Step 8: Evaluation of the Results of the Course of Action

Evaluation will be a continuous process and dependent on both the youth and his grandmother's initial consent and ongoing commitment to the decided treatment process. If at any time the youth or his grandmother express concern or disagreement with the chosen treatment plan, it will need to be re-evaluated to best suit the youth's needs.

Step 9: Assumption of Responsibility for the Consequences of Action, Including Correction of Negative Consequences, If Any, or Re-engaging in the Decision-making Process If Ethical Issue Is Not Resolved

In spite of my best efforts to anticipate consequences and to maximize a positive outcome, it is possible that my course of action will not work. In such a case, I must assume responsibility for my misjudgement and act swiftly to correct any negative consequences by immediately re-engaging in the decision making process as a mean to attempt to rectify any harm done to the youth.

Step 10: Appropriate Action as Warranted and Feasible, to Prevent Future Occurrences of the Dilemma (e.g., Communication and Problem Solving with Colleagues, Changes in Procedures and Practices).

I believe that it would be helpful to take a proactive stance and learn more about cultural diversity; especially, the impact that culture can have on the presentation of symptoms and the treatment process. In addition, I think it would be helpful to advocate for better access to psychiatric assessments; as a lack of availability in rural areas creates a real obstacle for those who would benefit from having one but do not have transportation and are unfamiliar with the areas in which they are available. Lastly, I feel that I will have more insight into how I can improve my practice as a psychologist once I see the results of my decision

References

Canadian Psychological Association (2001). *Companion manual to the Canadian code of ethics for psychologists (3rd ed.)*. Ottawa: Author.

College of Alberta Psychologists. (1998). *Guidelines for non-discriminatory practice*. Edmonton, AB: Author. Retrieved on July 12, 2011 from <http://library.athabascau.ca/caap603/nondiscriminatorypractice.pdf>