CLD Corner—Honoring All Perspectives in Ethical Challenges: A Practical Method for Preserving Human Dignity in Culturally and Linguistically Diverse Cases

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*The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity. Questions are answered by members of the TSHA Committee on Cultural and Linguistic Diversity (CLD). Members for the 2017-2018 year include **Raul F. Prezas**, PhD, CCC-SLP (co-chair); **Phuong Lien Palafox**, MS, CCC-SLP (co-chair); **Mary Bauman-Forkner**, MS, CCC-SLP; **Alisa Baron**, MA, CCC-SLP; **Judy Martinez Villarreal**, MS, CCC-SLP; **Irmgard Payne**, MS, CCC-SLP; **Lisa Rukovena**, MA, CCC-SLP; **Mirza J. Lugo-Neris**, PhD, CCC-SLP; **Andrea Hughes**, MS, CCC-SLP; and **Amy Leal** (graduate student member). Please submit your questions to TSHACLD@gmail.com and look for responses from the CLD Committee on TSHA's website and in the* Communicologist.

Speech-language pathology can be very messy. Aside from the daily task of maintaining a germ-free space, tackling and surmounting what seems like endless piles of paperwork, or perhaps solving the fascinating and intriguing cases involving concomitant considerations, there are other factors that make working as a speech-language pathologist (SLP) challenging. For example, we may be asked to provide care to clients who possess beliefs, practices, and behaviors that may not only be different to us but also averse to our own personal sets of beliefs and lifestyle choices. Yet, like medical practitioners who historically swore a commitment to the Hippocratic Oath, we willfully agreed to comply with ethical standards outlined by the American Speech-Language-Hearing Association (ASHA, 2016). Thus, how do we successfully navigate through the difficult waters of serving those whose beliefs and practices may be different from our own, especially in a very multicultural setting, without personal and professional compromise? Welcome to ethics!

It may be surprising to some to consider speech-language pathology a moral enterprise. Yet, it is. Clear communication, physical, mental, and emotional development, and health not only contribute to a person's happiness but also benefit the community in which people are embedded. Like other disciplines, whether education, economics, or politics, we carry burdens and a certain set of skills to benefit the qualitative lives of others. Given the various types of personal moral beliefs and practices within a particular community, we can sometimes face the need to make tough ethical decisions. What are we to do?

Everyone Possesses a Worldview
In a series of presentations that were offered for continuing education opportunities, SLPs in the state of Texas were provided with ethical challenges involving the (1) SLP's personal beliefs and obligation to provide services, (2) the client's personal beliefs, (3) other vested individuals such as parents and school authorities, and (4) the contextual setting in which the service is needed. The clinical scenarios included a student who is transgender requiring services in a school setting, a Muslim woman wearing a hijab needing an audiological evaluation, and a Brahmin gentleman with certain food restrictions requiring a bedside evaluation in the hospital setting. The SLPs' responses, prescriptive courses of actions, and judgments varied. In fact, some statements were emotionally charged; it became evident that individuals had difficulty keeping their own personal beliefs from emerging into the discussion, regardless of the position. Therefore, we came to the conclusion that it is impossible to keep one's personal moral frame of reference out of the discussion; "seepage" will always find a way, for better or for worse.

Why? Our ethical assumptions are a major component to one's worldview. A worldview is the sum-total of our beliefs or ground-floor assumptions that govern how we individually perceive everything else; it is a habituated way of seeing and doing. We may liken a person's worldview to a computer's

operation system; it is the most important fact of that individual. While not all worldviews possess the same explanatory power, they are the "interpretative lens" by which we naturally evaluate everything, including not only the means and ends of our professional work as SLPs but also how we even frame our questions and inquiries. Thus, how we interpret and evaluate ethical problems will be influenced by our foundational personal moral assumptions. This is why becoming culturally competent, developing a multi-perspective identity (acknowledging other perspectives), and increasing our cultural intelligence are so important and have become necessary components in SLP graduate school preparation as well as continued education (ASHA, 2017; Battle, 2000; Cheng, 2007; Griffer & Perlis, 2007).

Is There a Way to Preserve *All P*erspectives?
What we also discovered from interactions with SLPs and the clinical scenarios is that there was a common tendency to displace or marginalize the SLP's personal moral beliefs in favor of the client's given the particular context in which the need for intervention is embedded. While we are to unequivocally uphold ASHA's commitment to provide services for those who qualify regardless of the person's worldview (ASHA, 2004), is there a way in which we can preserve personal dignity for *all* participants involved? All too often we hear stories of SLPs who quit the field of speech-language pathology because ethical problems extracted the best parts from them. Therefore, is there a way to preserve the dignity of the client, the SLP, other participants, and the contextual setting in which the need is expressed (e.g., public school)? While we may not personally align with others' worldviews, we contend that preserving human dignity should be applied to everyone (Gregor, 1996).

In order to consider the idea of honoring all perspectives, we offer and explore an eight-fold procedure (adapted from an ethical model presented by Rae, 2016) that enables us to evaluate situations in which potential differences exist between clients and practitioners. While this eight-fold procedure may not fully eliminate the conflict between (1) a client's personal beliefs, (2) the parent's wishes, (3) the school's responsibilities, (4) other vested individuals, and (5) the SLP's personal dignity, it may help dissipate ambiguity, restrain emotive judgments, and provide a step-by-step practical plan that will hopefully preserve the dignity of *all* involved.

In a situational setting in which the SLP, client, families, and/or contextual setting morally conflicts with each other, consider the following eight-fold approach (in sequential order):

1. **Uncover** every fact possible about the case, the person, and the situational setting or context in which all parties are embedded (e.g., case history information, personal beliefs).
2. **Identify** the ethical problem between you, the client, and the situational setting.
3. **Consider** ASHA's ethical standards, connecting them to the interests they support involving you, your client, your situational setting, and your profession (ASHA, 2016).
4. **List possible options** or alternatives available to you, your client, and your situational or contextual setting. Do not hesitate to ask for help with step 4 since there is strength found within our professional community (e.g., coworkers, listservs). We benefit from the practical insights of others, cases we debate, and research studies pursued.
5. **Evaluate the options listed**. Look for an alternative that will satisfy your client's needs, personal beliefs, ASHA standards, and situational setting in which all parties are embedded.
6. **Consider potential consequences**. What are the possible short-term and long-term consequences that follow from yielding to this option that may satisfy you, your client, ASHA's ethical standards, and other participants (e.g., caregivers) in the particular situational setting? If the option generates consequences that undermine your personal beliefs, your client' beliefs, ASHA's ethical standards, and others involved, return to steps 4 and 5.
7. **Make the decision**. Though we can't guarantee your decision will be pain-free (hence, the mess), proceed by making the best decision possible.

8. **Learn** from your successes and your failures from that decision. What are the takeaways? What would you do differently? How does your solution help other cases? What worked, and what didn't work? What preserved moral and intellectual excellence?

If we could create a ninth point, it would be to take the challenging lessons learned and rewards gained by equipping other SLPs. Thus, we encourage you to equip others with what you have learned, especially future generations of SLPs, as they too will have to grapple with societal change, multicultural demands, and even geo-political shifts. Once again, there is strength in our SLP community. We don't want our fellow colleagues to lose heart! We also want our clients to receive our very best. The more we learn from others, the more skills and resources we can use to meet clients where they are and take them where they need to be.

Consider the Following Scenario

A 14-year-old student (male who identifies as female) has been referred for testing to the lone middle school SLP. The concern for the student's parents is that their child succeeds with transitioning and that she receives transgender communication therapy in the school setting. They are requesting these services in order for their child to interact appropriately with her peers and adults in the school setting as well as to succeed overall in the classroom. The student and her parents are seeking help from the SLP to pragmatically guide the student to speak more appropriately as a female. After testing for speech and language is complete, the SLP determines that the student does not qualify for services that are currently and typically offered in public schools in the realm of speech-language pathology.

Though the SLP historically does target social/pragmatic goals for students with other diagnosed disorders (e.g., autism, PDD) as well as voice goals for students dual-coded in other areas that require a diagnosis from a psychologist (e.g., selective mutism), the SLP does not have any knowledge of working on social goals with transgendered clients (e.g., mannerisms/non-verbal) and has not had any training or experience working on transgender communication therapy. Having never received such training, the SLP feels ill-equipped for the assignment. Moreover, the SLP feels uncomfortable with participating or contributing to a 14-year-old student's transition and desire to change their gender due to her personal moral beliefs.

Application of an Eight-Fold Method

- Uncover every fact possible about the needs, the student (transgender communication therapy), and the situational setting or context (public school, family) in which all parties are embedded. Listen. Listen. Listen. Ask good questions such as "What do you mean by _____"? "How did you come to this conclusion?"
- Identify the ethical situation between you, the client, and situational setting:
    - The SLP possesses strong personal beliefs against working with individuals who are transgender or providing said services;
    - The child needs assistance with gender pragmatics/transgender communication therapy for social assimilation;
    - The middle school has a vested interest in the social health of the child;
    - The parents have a vested interest in the personal and social development of their child;
    - The SLP lacks adequate training in transgender communication therapy;
    - Though beyond the scope of this article, there is some disagreement among educational professionals whether or not transgender communication therapy constitutes an educational need in the public-school setting and whether or not transgender voice therapy services (including gender pragmatics) should be treated in a public-school setting by an SLP.
- Add ASHA's ethical standards, connecting them to the interests they support involving you, your client, your situational setting, and your profession. In this case, ASHA's Code of Ethics

prohibits discrimination not only based on sexual orientation but also on gender identity or gender expression (Frazier, 2009). ASHA members are strongly encouraged to develop cultural competence as a matter of ethical service delivery (e.g., ASHA, 2017). This includes practices related to working with LGBT populations (Steckly, 2009).

- List possible options or alternatives available to you, your client,you're your situational or contextual setting with the maxim to preserve the SLP's dignity, client's dignity, family's dignity, ASHA standards, and situational setting in which all vested parties are embedded (e.g., school, parents).
    - o Ask supervisor if there are other SLPs who have knowledge or specialize in providing transgender communication therapy. This would align with providing services that are "most appropriate for the child" and, hence, "individualized" in the school setting.
    - o Ask other professionals for assistance (e.g., other practitioners, psychologists).
    - o Consult with administrative officials who have a vested responsibility. What do they recommend?
    - o Study past cases involving transgendered clients and see how others have responded to such requests.
    - o Explore private practices that offer support and assistance with transgendered clients and services.
    - o Know your limitations.
- Evaluate the options listed. Look for an alternative that will satisfy your client's needs, personal beliefs, ASHA standards, and situational setting in which all participants are embedded.
    - o Potential recommendation: In consultation with the client, SLP family, school administrators, parent's desires, and ASHA standards, if this service qualifies as an educational need, outsource care to an SLP who is trained in working with transgendered clients. This may be difficult; however, if we consider the statistics in previously reported surveys, practitioners generally have indicated more comfort than knowledge when working with transgendered clients. In a survey conducted by Hancock and Haskin (2015), for example, 47% of respondents indicated that providing services to transgendered clients was not addressed in their master's curriculum. Moreover, 51% did not feel confident in describing transgender communication therapy. Advocates for working with transgendered clients agree that being a positive example is key, as well as acquiring knowledge as needed. Moreover, it is important to use appropriate terminology. For more information on gender pronouns, for example, please visit the following website: http://uwm.edu/lgbtrc/support/gender-pronouns/.
- Consider potential consequences. What are the possible short-term and long-term consequences that follow from yielding to this option that may satisfy you, your client, ASHA's ethical standards, and other parties in the particular situational setting? If the option generates consequences that undermine your personal beliefs, your client's beliefs, ASHA's ethical standards, and other vested parties involved, return to steps 4 and 5.
    - o Solution: In consultation with the client, SLP family, school administrators, and parents' desires, outsourcing is the best recommendation for all vested parties involved with the school using state-funds for the intervention:

1) Personal dignity will be intact; personal conscience remains clear.

2) Client will receive treatment plan for social assimilation.

3) ASHA standards will be upheld.

4) School will set precedence for path of treatment and funds.

- Make the decision. Though we can't guarantee your decision will be pain-free (hence, the mess), proceed by making the best decision possible. Modify your decision as needed if new information presents itself.
- Evaluate the experience. Remember that your task is not finished until you have evaluated the dilemma, the processes involved, solutions engendered and consequences determined.

Once again, pass this information onto the next generation of SLPs by anticipating, meeting and exceeding their needs.

But More Is Needed
Understanding that these ethical dilemmas are not easily solvable in a pluralistic society in which freedom of religion is prized, free speech is exercised, social moods change, and technology brings more and more people groups and worldviews into our public classrooms, our hospital settings, private practices, and on-location consults such as private schools, ambiguity in ethical decision-making will become more commonplace. Consequently, the eight-fold methodology we propose is insufficient alone. The methodology we propose to work out moral dilemmas is best complimented by the inculcation of virtue ethics into a corresponding thesis. Virtue ethics will help best prepare us when ethical problems come our way.

Historically associated with Aristotle's *Nicomachean Ethics*, virtue ethics states that an action is right if and only if it is what the virtuous person would do (Barnes, 1984). In essence, virtue ethics is concerned with the formation of one's character, about becoming a person of excellence.

This type of development demands the active and intentional pursuit of intellectual virtue and moral virtue. Intellectual virtue is acquired by actively learning. For example, observe your peers, learn from your failures, exercise your imagination, ask great questions, and study the latest theories and methods while never neglecting the past. Never stop asking people you admire (e.g., SLPs, administrators, educators) about best practices. Also, pursue studies in areas that are indirectly related to your field, such as psychology, medicine, sociology, and worldview thinking. Read widely and deeply; be curious!

Moral virtues are acquired by habituation. A habit is to think, feel, desire, and act in such a way that one doesn't consciously will to do so; one just does it. In other words, how we acquire moral virtue is by mastering habits of excellence to the extent that they become second nature to us. We become what we repeatedly do. For example, practice becoming caring by doing acts of caring with a larger project in mind of being a caring person.

Since the recent revival of virtue ethics, we have discovered that virtue ethics not only harmonizes with our major worldviews, whether non-religious or religious in Western thought and culture (e.g., naturalism, Catholicism, Islam, Protestantism), but also complements ASHA's ethical standards we embrace as SLPs. We can take both our own personal beliefs and professional duties (doing) and translate them into habits of excellence (being), thus shaping the very formation of our character.

As a result of cultivating a character of intellectual and moral excellence, we will be in a better position to resist certain external and internal pressures when moral difficulties find expression in our clinical activities or services. External pressures are factors such as unwarranted or undue pressures by those who do (e.g., parents) or do not have a vested and legal interest in the particular case (e.g., certain teachers). Internal pressures are personal character traits or reoccurring struggles from within, such as anger, fear, and impatience. Moreover, by exchanging these needed areas of improvement into virtues like tranquility, courage, and patience, we also will possess a disposition that not only contributes to the formation of our character and SLP professional development but also will comply with ASHA Standards (ASHA, 2017).

Conclusion
Speech-language pathology is a rewarding field. People's lives are changed for the better, local communities are enriched, and we are able to experience personal significance and value via

discovery, healing, progress, relationships, and research. But like all other disciplines, we are facing more and more ethical challenges and ambiguities given the diversity of worldviews, choices, values, and activities the people we are committed to serving are embracing. Therefore, given the ethical scenarios we will likely experience, what we offer by means of an eight-fold method and the proactive development of virtue is a way of clarifying ethical problems, applying inherent dignity to all involved, and cultivating best practices. Consequently, we are likely to meet each day with a clear conscience, uphold personal beliefs and professional respect, and offer our utmost for the benefit of everyone in our spheres of service.

References

American Speech-Language-Hearing Association. (2016). *Code of ethics.* Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2017). *Issues in ethics: Cultural and linguistic competence.* Available from www.asha.org/Practice/ethics/Cultural-and-Linguistic-Competence/.

American Speech-Language-Hearing Association. (2004). *Preferred practice patterns for the profession of speech-language pathology.* Available from www.asha.org/policy.

Barnes, J. (1984). *The Complete Works of Aristotle* (Vol. 1 & 2). Princeton, NJ: Princeton University Press.

Battle, D. E. (2000). Becoming a culturally competent clinician. *Special Interest Division 1: Language, Learning, and Education, 7*(1), 20-23.

Cheng, L. (2007). Cultural intelligence (CQ): A quest for cultural competence. *Communication Disorders Quarterly, 29*(1), 36-42.

Frazier, A. M. (2009). Culturally and linguistically diverse populations: Serving GLBT families in our schools. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations, 16,* 11-19. http://div14perspectives.asha.org/cgi/content/abstract/16/1/11

Gregor, M. (1996). *Practical Philosophy*. Cambridge, UK: Cambridge University Press.

Griffer, M. R., & Perlis, S. M. (2007). Developing cultural intelligence in preservice speech-language pathologists and educators. *Communication Disorders Quarterly, 29*(1), 28-35.

Hancock, A., & Haskin, G. (2015). Speech-language pathologists' knowledge and attitudes regarding lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations. *American Journal of Speech-Language Pathology, 24,* 206-221. http://ajslp.pubs.asha.org/article.aspx?articleid=2110011

Rae, S. B. (2016). *Introducing Christian Ethics.* Grand Rapids, MI: Zondervan.

Steckly, R. G. (2009). Gay, lesbian, bisexual, and transgendered people: An introductory discussion of terminology and demographics. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations, 16, 4-10.* http://div14perspectives.asha.org/cgi/content/abstract/16/1/4