



ETHICS IN ACTION: PERSONAL REFLECTIONS OF CANADIAN PSYCHOLOGISTS

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Ethically Addressing the Employment Needs of Adults Living with Developmental Disabilities

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As practitioners, we aspire to a world in which each person with a developmental disability (DD) has an opportunity to participate in a broad range of employment possibilities and is not limited to traditional options such as sheltered workshop employment (Lotan & Ells, 2010; Mank, 2007). Thirty years ago, when two of the chapter authors, Barry and Shelley, first started working in the field, it was assumed that individuals with a DD would be limited to such segregated work settings. Today, we celebrate the fact that research indicates that supported integrated employment, customized work settings, and self-employment opportunities can provide sustaining, productive, and satisfying careers; careers that not only provide meaningful work with adequate income, but that can also benefit the employment setting (Mank; Nützi et al., 2017; Telwatte et al., 2017). Although such goals are realistic, working toward or accessing them can be both personally and ethically challenging not only for the individuals experiencing a DD, but also for their families and the professionals who advocate for these same persons and opportunities. In our day-to-day work, Principle I (Respect for the Dignity of Persons and Peoples) of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017) guides psychologists' efforts to work from a place of respect and dignity for all persons. It is through this lens that we focus this chapter. Through our diverse involvement in this field, we have experienced the challenges and the heartaches, but also the opportunities and the rewards, of working with individuals from this vulnerable population. In this chapter we share some of our stories from a place of lived experience.

Who Are We and What Do We Bring to the Chapter?

We are rural-based interprofessional practitioners who collectively have extensive experience in generalist practice. We have known each other and have worked together to varying degrees over a span of two decades and are accustomed to working collaboratively in interprofessional teams. We possess both urban and rural experience as academics, clinicians, parents, and researchers. Shelley is a doctoral-level psychologist with a general independent practice and has experience working with youth and adults with a DD in employment settings. She holds an adjunct university appointment and has conducted research that looked at the efficacy of autism spectrum disorder screening instruments in rural Canada. Barry also is a doctoral-level psychologist with a lengthy career in hospital-based mental health, and has volunteer leadership experience related to employment and DD. Carol is a masters-level school psychologist who also has a general independent practice and is a parent of a youth with a DD. Lisa is a masters-level registered nurse who teaches undergraduate nursing, is active in interprofessional education and has a child with a DD. Jaqi is a masters-level clinical social worker, with experience in hospital and community-based mental health. She works with many adults who have a DD and are experiencing mental health issues, often as a result of such things as harassment or discrimination in the workplace, and has previously worked with children, youth and their families where DDs are presenting factors—both in the community and in mental health offices. Nora has a bachelor's degree in Community Studies and has worked with individuals with DD in the community and schools for over 15 years. Jessica is a bachelors-level trained registered nurse who has an interest in community engagement. She is planning to pursue her master's degree and has an interest in working with young adults with disabilities. Although we have varied clinical backgrounds, in this chapter, we share our passion for promoting employment equity for individuals with DD.

Most young adults dream of having a job that they like and of being able to live independently. This includes persons with DD. Meaningful employment is a significant factor influencing one's quality of life (Mank, 2007). However, for persons who have been diagnosed with a DD, finding and maintaining satisfying employment is often challenging. Through the lens of Principle I, we examine the ways professionals can ethically support and advocate for these opportunities, together and in co-operation with individuals with a DD, and consider the inherent value of this labour. This frequently means looking to persons with DD for guidance, and often inspiration, in developing creative and contemporary options.

Our embrace of inclusive and diverse employment experiences must at times be tempered by the challenges of matching suitable employment with equitable

financial compensation to a client’s job preferences and potential. As professionals, we also each must maintain practices consistent with our respective ethical responsibilities (Canadian Association of Social Workers [CASW], 2005; Canadian Nurses Association [CNA], 2017; CPA, 2017). In fulfilling our ethical responsibilities, we believe it is inaccurate to focus solely on the punitive aspect of ethics (e.g., what might I be disciplined for?) rather than on the positive aspects through attention to ethical values, virtues, and principles. As a former police officer, Shelley recalls earlier in her psychology career thinking of ethics as a dichotomous choice—meaning it is either ethical or it is not. As she matured in her psychology career, she eventually became less rigid in her view of ethics as always right or always wrong. As we have advanced through our careers and become more familiar with ethics, we have come to realize that Shelley is not the only one of us to have first approached ethics in this rigid manner.

In writing this chapter, we wish to share our enthusiasm for ethics, and to inspire readers to spark their own ethical conversations. We see this chapter as an opportunity to explore the perspectives of Canadians with DD, including considerations about where they are working, and how guidelines and codes of ethics may be used as part of their professional foundation to support these individuals in their employment of choice. As we work from an interprofessional collaborative practice (ICP) perspective, we include ideas that can encourage future practitioners to engage with other practitioners in client-centred care. As we discuss scenarios to illustrate practical approaches to ethical decision making, we will be referencing Principle I (Respect for the Dignity of Persons and Peoples) of the *Canadian Code of Ethics for Psychologists* (CPA, 2017). This Principle will be reflected in each scenario as well as in the reflective queries at the end of the chapter, which are meant to stimulate further critical thinking and dialogue.

Canadian Perspective

The Canadian Survey on Disability (Bizier et al., 2015) reported that in 2012 13.7% of Canadians living in the community aged 15 or older self-identified as experiencing some type of disability, and 160,500 (0.6% of Canadian adults) were noted as having a DD. This study surveyed persons with DD to understand their employment experience. The most prevalent developmental disabilities reported were Down syndrome, autism spectrum disorder and cerebral palsy. Interestingly, one in five (20.4%) Canadian adults with a DD reported that their employer was not aware of their condition. Sixty-one percent reported that they felt disadvantaged in their employment setting, and “more than a third (34.6%) believed that they had been refused a job; 31.4% felt that they had been refused a promotion; and 28.3% believed they had been refused a job interview due to their disability or disabilities” (2015, p. 6). There is often an assumption that

individuals with a DD work in sheltered employment settings. As can be seen from the statistics above, that is not always the case as people with DD work in many types of employment settings. When we allow for the freedom to set personal goals, we allow for “differentness” and rich diversity.

A recent development in the Canadian employment sector is what is called *the social enterprise*. This is defined as “a business venture owned or operated by a non-profit organization that sells goods or provides services in the market for the purpose of creating a blended return on investment, both financial and social/environmental/cultural” (Elson et al., 2016, p. 8). Examples of Canadian social enterprises include restaurants, upcycle stores, and coffee houses. According to the Canadian National Social Enterprise Sector Survey (CNSSES) Report (Elson, Hall, & Wamucii, 2016), approximately 31,000 Canadians are employed in social enterprises, and this includes the full range of employment experiences from full- and part-time, to seasonal, contract, and freelance (Elson et al.).

In our rural hometown, The Shanty Café and The Store Next Door are examples of social enterprises that provide employment for persons with DD. One of the chapter authors, Barry, had the privilege of sitting on the board and executive of the non-profit organization that developed these social enterprises while they were doing so. The Shanty Café is not just any restaurant—it serves up fresh homemade style bread, vegan options, and ethnic food with flavour but also with a social conscience. The store located next to the café, aptly called *The Store Next Door*, sells upcycled items that have been crafted from repurposed materials, such as broken hockey sticks that are now tables, coat racks, and furniture. It also provides retail space for their environmentally friendly all-natural products that are produced under their label “All-Ways-Us.” All their activities and products aim for what is called a *triple bottom line*, which means benefiting people, profit, and the planet.

The 2016 Canadian National Social Enterprise Sector Survey Report (Elson, Hall, & Wamucii, 2016) indicated that there are a number of individuals with a DD who work successfully in traditional and social enterprise employment settings. Other local examples include “Tall Boys,” a social enterprise that delivered Tim Horton’s coffee to local establishments and a sign-painting enterprise that paints nautical scenes and sayings on recycled wood for tourists and cottage owners and that are sold on Etsy (an e-commerce website that caters to home-made items) or at the local farmers’ market. However, successful employment for persons with DD is often not captured by data collection agencies, nor in this case, the CNSSES. Because of the difficulty in obtaining accurate numbers, statistics may be “broadly but not precisely encompassed within the count of paid employment” (Bizier et al., 2015, p. 31). This highlights the challenge of obtaining accurate data regarding those working in the different types of employment

sectors, and their prevalence. This may also be an indication of the stigma still associated with having a DD in our society.

Interprofessional Collaborative Practice (ICP) and Ethical Perspectives

The importance of the integration of an ethical ICP approach is illustrated by Dianne, who has a chromosomal disorder that affects her physical mobility. After enrolling in a Human Services program at the local community college that her parents suggested she try, she has decided that she is not interested in working with people and wants to explore other options. Dianne's psychologist has encouraged her to do this through the local Nova Scotia (NS) Works Employment Centre. This Centre helps people with DD prepare for the work force. Dianne now has an NS Works caseworker as part of her team. They realize that some of the jobs Dianne is interested in will require an occupational therapist to assess her functional abilities, including physical strength. This is a great example of how matching an individual with a DD to their preferred employment often requires an interprofessional collaborative practice (ICP) approach for best results. It also reflects the importance of practicing from a respect-for-person perspective where the client's self-determination is respected and valued. When the recommendations came back that several of Dianne's choices could work, the ICP team met with Dianne to navigate the logistics related to having her work in one of her chosen areas.

The concept of ICP is entrenched in Canada's health care system (Canadian Collaborative Mental Health Initiative, 2006; Commission on the Future of Health Care in Canada, 2002) and appears in the codes of ethics for psychology, social work, and nursing (CASW, 2005; CNA, 2017; CPA, 2017). The ICP team is made up of many partners, including the individual with a DD and their family, paraprofessionals, students, employer-based support staff and community professionals such as mental and physical health care providers, and occupational and physical therapists (Canadian Interprofessional Health Collaborative, 2010). This places the client at the centre of the ICP team, thus fitting well with the client-centred perspective of rehabilitation psychology, the branch of psychology within which employment practices for persons with a DD would best fit (Commission on Rehabilitation Counselor Certification, 2017; Mank, 2007).

Scenarios

In our advocacy work, we acknowledge the importance of interconnecting social networks in small, close-knit communities such as those found in rural and northern settings (Goodwin et al., 2016), but that also occur in urban settings

(e.g., cultural, policing, LGBTQ, and DD networks) (Schank & Skovholt, 1997). We recognize the challenges of such small communities, particularly with issues of confidentiality. However, we also have come to realize that the strengths of an ICP team—having the ability to collaborate, intervene, advocate, and share resources within the ethical parameters of confidentiality and informed consent—are critical to helping persons with a DD to obtain fulfilling employment.

The scenarios in this chapter are a compilation of various experiences encountered by the authors and represent how they have approached the ethical dilemmas involved. Identifying details have been disguised and altered to ensure confidentiality. The scenarios represent experiences across the lifespan, including late adolescence, early adulthood, and middle adulthood. They address issues related to employment choice, workplace promotion, and workplace harassment. Our goal is to raise the reader's awareness of how we have found that sound ethical practice requires familiarity with our own ethics codes as well as those of other professions, agency policies and recommendations, and provincial and federal statutes.

Scenario 1

One such scenario concerns Natacha, a school psychologist who has just returned from a 12-month maternity leave. During this time, she was not replaced, and teachers in her school attempted to fill in for her, as is common in rural locations where staffing resources can be limited. Prior to leaving she had worked with Adam, who is 17 years of age and has a diagnosis of autism spectrum disorder, with moderate social communication and behavioural challenges. Natacha originally received consent from Adam's parents to work with him and has had a positive working relationship with him for several years. He frequently stops by her office and chats about what is happening in his life and has always engaged respectfully and thoughtfully about decisions he is making. Natacha believes that Adam has the competence to make his own decisions. As such, despite still living at home, and being financially and emotionally supported by his parents, Natacha believes that Adam has the moral (and in many jurisdictions, the legal) right to make decisions about his future. Protection for vulnerable individuals and groups is a primary concern in Natacha's decisions in this scenario and, as such, she has placed Adam's wishes at the forefront of all decision making (CPA, 2017, Ethical Standards I.32-35).

Adam currently is completing a work term arranged by his school at a local café, taking food orders behind the counter. During peak times in the café, Adam has experienced communication errors with orders and has, at times, become verbally aggressive towards unhappy customers. The owner of the café has mentioned these issues to Adam on several occasions and notified him that if a change in behaviour does not occur, he will be removed from this position.

Natacha recognizes that this could have been avoided if additional supports had been put in place at the beginning of his placement. Unfortunately, she feels that he has “fallen through the cracks” in her absence.

Natacha is planning for an upcoming meeting with Adam, his parents, a school placement co-ordinator, and his employer. She is apprehensive because Adam’s parents want him to work full time at the café and not attend college after he graduates. Adam’s parents have left Natacha a telephone message requesting her help in convincing Adam to work instead of going to college. She believes the motivation is their belief that he would be better suited to an unskilled work environment and that continuing to work at the café would increase his chances of finding employment in this type of work after high school. Adam, however, has expressed an interest in attending college. Natacha knows he would require a psycho-educational assessment to attend, and his parents have not given consent for this. The educational system in her province requires parental consent for this until the age of 18. Although she has not completed a full competency assessment, Natacha has explained the process to Adam in words he understands and she believes that he has the capacity to make a fully informed decision about his career choices—specifically, comprehension, judgement, and expression of his wishes. In preparation for the meeting, Natacha ponders how to best balance their differing goals.

Natacha considers making a referral to Akira, an independent practice psychologist in the community, who has provided psycho-educational assessments pro bono in the past. Akira would not need the consent of Adam’s parents for the assessment, as she does not work for the provincial school board and is not bound by the school board’s age limit. Natacha deems Adam competent to give his own consent. This would respect Adam’s dignity and the right to make the decision for himself, independent of his parents, if he wishes to do so. Natacha wants to ensure that her approach respects all parties and takes their concerns into consideration but gives priority to protecting and supporting Adam’s self-determination. However, she acknowledges that this option may negatively affect the relationship between Adam and his parents and may damage her working relationship with them, and recognizes that sometimes ethical interventions can have unintended negative outcomes, such as fractured relationships. Natacha decides to consult a mentor to discuss relevant legislation, the *Code*, practice guidelines for determining competence, and developments in the ethics literature related to giving consent for health decisions (e.g., MacIntosh, 2016; Steinberg, 2013). This provides her with a solid understanding of her options, and she feels better prepared for the next steps.

Prior to the meeting, Natacha meets with Adam and explains the situation, including potential unintended consequences; he confirms that he wants to proceed with the assessment. She recommends that they meet with his parents to

enlist their support. With Adam's permission, Natacha holds a family meeting with Adam and his parents. She advises that a psycho-educational assessment may have value not only for college but also for the work environment. She explains the risks and benefits, the option to withdraw at any time, and available alternatives (CPA, 2017, Ethical Standard I.23). She also discusses the importance of respecting Adam's wishes, opinions, and ideas, and how this connects to the concept of decision-making competence, and her ethical obligation to support Adam as he navigates this process. Adam and his parents consent to the psychological assessment, agreeing that it may provide insight into his overall cognitive functioning and, potentially, his ability to attend college. Natacha could have referred Adam for a more formal assessment for competency to make decisions if she felt this was in question, or if his parents challenged his competence. However, given his level of functioning and ability to understand the ramifications of his decisions, this did not become an issue for her.

It is with attention to these multiple layers—Adam's aspirations, capabilities and age, his parents' concerns, everyone's emotions, financial concerns, and awareness of community resources—that Natacha must view and balance her ethical obligations in this not uncommon ethical dilemma.

Scenario 2

What happens if a traditional work setting or a social enterprise does not interest the person with DD? Twenty-one-year-old Jesse characterizes the challenges experienced by persons with a DD diagnosis who seek less traditional employment, as well as the determination it can take to overcome those challenges. Jesse opened one of our office doors a few years ago and has been determined to open many more doors since. As someone who views himself as nonbinary, Jesse prefers to be identified by the pronouns *ze* and *hir* as these pronouns are the ones with which *ze* is most comfortable. As we will see later in the chapter, Jesse is an example of how making vocational choices when one has a DD often requires balancing physical health problems, parental pressure, personal ability, and new technologies. It is a dynamic process that expands employment opportunities for workplace success in ways never imagined previously. In viewing these issues from a Principle I perspective, we also consider self-determination, self-expression, gender identity, and the social aspects of the person.

Jesse knows Ted, a rural-based psychologist, who works as part of an ICP team at a local youth centre. To address clients' employment challenges, Ted collaboratively works with other professionals, including Myra, a registered nurse and community support worker. Ted also provides therapy at the centre and has a separate filing system to ensure client confidentiality. Ted explains this to Jesse when *ze* arrives for *hir* first session. Ted collects only the information needed as part of the intake process. As part of his practice, Ted regularly engages in

self-reflection and ongoing professional development to better understand how his heteronormative experience influences his clinical practice, and as such, he also utilizes gender neutral record forms (Ethical Standard I.3). During the first session Ted learns that Jesse enjoys making things from material found in nature and from second-hand stores. Jesse is tech-savvy and has been successful in selling his creations through social media and online trading/selling websites. Ze would like to continue to sell his creations online. Ze lives with his parents, and his father has recently been laid off work, which has caused financial difficulties for the family.

Jesse is deemed competent to consent to treatment, which becomes relevant as Ted and Jesse discuss the conflict between Jesse and his parents. His parents want Jesse to work at the sheltered workshop, yet Jesse wants to sell his creations online while living at home and, to some degree, under their rules. However, his parents disagree and would like Jesse to find employment doing woodworking in a locally supported employment workshop. They feel that ze would adjust to this different medium of creating, and they also like the idea of Jesse being in a typically male workshop environment. They believe that his gender neutral identity is just a phase and being in the carpentry section of the workshop will help Jesse identify more with a masculine gender identity.

After the session, Ted wonders whether he should ask his cousin, who works at the employment workshop, to see if he would consider selling Jesse's products online. Ted realizes that if he asks his cousin, although not intentional, he may risk incidentally revealing confidential information about Jesse, breaching his respect for the moral right to privacy. Given this, Ted decides not to pursue this option. Alternatively, Ted could obtain Jesse's consent to ask his cousin (Schank & Skovholt, 1997). Ted considers having a discussion with Jesse and his parents about the potential isolation of online employment and to consider accessing community options to socially support Jesse while supplementing his employment.

As part of the ICP team, Ted consults with Myra about potentially approaching community partners, such as a local business networking group (e.g., Canadian Business and Developmental Corporation [CBDC]) or the local inclusive employment centre, to help Jesse meet his goals. They also consider speaking with Jesse's parents about the potential of online social networks as avenues for employment. Myra additionally connects with the LGBTQ2 community to see if there is a local parent support group, as the urban-based parent support group is too far to travel on a regular basis.

Finally, Ted talks with Jesse's parents about the pros and cons of Jesse being employed somewhere that ze does not enjoy and how this may have negative consequences on his life and employment success. All these concerns fall under Principle I and Jesse's desire for self-determination and the importance of Ted

respecting his desire and right for employment choice. This also means that Jesse is able to make an informed choice knowing both the intended and potential unintended consequences.

Scenario 3

Employment challenges are not limited to persons who are leaving high school or in early adulthood. They also include persons who are well established in an employment setting. Several of us have worked with individuals in their fifties who have encountered difficulties because of changing technology requirements in the workplace. They have found their adjustment process challenging, even though they had no difficulty in their previous multi-decade employment history. Others have told us how they have experienced employment discrimination in the workplace because of their DD. As noted in the previously discussed Canadian Survey on Disability (Bizier et al., 2012), many employers may not even know that their employees have a DD.

Alicia, who is in her late thirties, has been employed as an administrative assistant in a non-unionized position for eight years. She has witnessed a number of her colleagues with less seniority being granted better hours and promotions. As a person who lives with cerebral palsy, Alicia has a doctor's certificate from when she began employment limiting her work hours to no more than 80% of a full-time position. Her last performance evaluation was six years ago and contained performance concerns related to sick time usage while awaiting required surgery. This issue was successfully resolved after surgery. Alicia feels frustrated by many of the interactions she experiences at work and feels she receives minimal and ineffective support. She reports that her co-workers and managers have treated her poorly, including expressing concerns about her workplace accommodations (e.g., space for her mobility aid, and reduced hours).

As the only child of deceased parents, Alicia lives independently and mortgage-free in her inherited family farmhouse that is a thirty-minute commute to work. She likes her home but it requires ongoing maintenance and unexpected repairs such as a new roof. She experiences constant anxiety over the instability of her pay as she feels her work hours and employment are tenuous. She is looking forward to an appointment with Sara, a psychologist at the local mental health centre, as she is questioning her ability to cope with her frustrations and feelings and is seeking support and guidance.

During the initial sessions, Sara assesses how well Alicia is coping emotionally and provides Alicia with strategies to help her deal with the difficulties and lack of respect she is experiencing in her workplace. Although recognizing that Alicia's mental health is the stated reason for the referral, Sara also explores the extent of Alicia's employment concerns as well as other determinants of health

that may be impacting her mental health, such as finances, social support networks, housing, and health care supports system.

Sara realizes the importance of understanding Alicia's worldview as a young adult growing up with cerebral palsy while facing numerous issues regarding finances, social supports, relationships, and the early loss of her parents. Additionally, Sara researches cerebral palsy in order to better understand how this may uniquely affect Alicia. Gaining this broad understanding demonstrates respect for Alicia and acknowledges differences and similarities in personal and professional life between Alicia and Sara, based on their respective life experiences and Sara's privilege of physical health (CPA, 2017, Ethical Standard I.1). Sara recognizes that Alicia faces a number of determinants-of-health issues such as poor housing, social isolation, insufficient social safety net, inadequate income, and lack of employment stability, and that research shows these problems increase the likelihood of physiological and psychological distress (Pan-Canadian Public Health Network, 2018; Raphael, 2009). If the difficulties of her work situation can be addressed, then aspects of these determinants of health can be more effectively addressed. Sara also realizes that, as a psychologist in a public mental health setting, it would be easy to address Alicia's presenting issue of requesting coping strategies and discharge her. However, when seeing Alicia as a vulnerable person, Sara recognizes the responsibility to respect Alicia by taking a broader view and offering additional options in services.

As Sara and Alicia develop a stronger therapeutic alliance, Alicia becomes more open about sharing incidents where some of her co-workers and managers have been demeaning, disrespectful, and harassing toward her. From these conversations, Sara is becoming more aware of her own anger regarding how Alicia has been treated at her workplace and recognizes the need for healthy processing of this anger. Sara also recognizes how it can contribute in a positive manner to her commitment to promoting equality, diversity, and inclusivity in her practice. Ethically, Sara knows she must not project her own feeling, beliefs and expectations of workplace treatment on Alicia. Instead, she must provide Alicia with the information to make her own choices and that she then needs to respect those decisions, even if she disagrees with them. She also realizes that Alicia's workplace experiences violate a number of the underlying ethical values of Principle I of the *Canadian Code of Ethics for Psychologists*, particularly "Non-discrimination," "General respect," and "General rights." Alicia's employer, however, is under no obligation to adhere to the ethical principles and values of the ethical code of any health care profession. Nevertheless, Sara, according to Ethical Standard I.10 (under the value of "Non-discrimination"), has a responsibility to "Act to correct practices that are unjustly discriminatory," as well as a responsibility, according to Ethical Standard I.46 (under the value of "Extended responsibility") to "Encourage others, in a manner consistent with this *Code*, to respect the dignity

of persons and peoples.” Sara initiates a discussion with Alicia to see what her wishes are; this includes asking Alicia if she even wishes to know what her options are. Respecting Alicia and her response is all part of respecting her dignity.

As Alicia is in a non-unionized position, she believes that her employer would not support her rights and might even dismiss her if she complains too much. Sara reminds herself that she needs to be cautious in advocating for Alicia. Sara recognizes that Alicia could seek advice from, or file a complaint with, her province’s Human Rights Commission as well as consult with her provincial/territorial Labour Board/Labour Standards Department. A labour lawyer could be of significant help for Alicia, but most likely would not be affordable. Sara may be able to access limited legal advice through her company’s Employment Assistance Program, or through provincial/territorial legal aid programs if she qualifies for services. In some provinces each person is entitled to one hour of free legal advice regardless of income through legal aid services. If the city where she lives has a university law school, they might provide pro bono services.

Sara asks Tomika, who is a social worker with the mental health clinic, to work with Alicia to determine what social benefits would be available, including grants for a new roof for her house. Tomika helps Alicia to contact a provincial/federal employment support program to determine what employment supports and programs may be available. Tomika could also suggest that Alicia apply for the Disability Tax Credit and help Alicia find a health practitioner who can complete this form for her physical disability. Offering these options is in keeping with Principle I of the *Canadian Code of Ethics for Psychologists* (CPA, 2017) and Value 1 of the *Canadian Association of Social Work Code of Ethics* (CASW, 2005), both of which promote respect for Alicia’s inherent dignity as a person.

Sara is pleased that she can provide some help for Alicia to deal with the effects of how she has been treated in her workplace, as well as connect her to other resources and sources of support in collaboration with Tomika. But it is through reflecting on Principle I (Respect for the Dignity of Persons and Peoples) that Sara more fully realizes the unfairness and inappropriateness of how Alicia is treated in her workplace. Sara’s impulse is to directly advocate for Alicia at Alicia’s workplace. But again reflecting on Principle I, Sara realizes that she can best respect Alicia’s dignity by providing her with the information, support, and resources she needs so that Alicia can make her own best decisions on how to proceed.

Summary and Future Directions

As we hope to have shown in this chapter, employment opportunities for people with DD have gradually expanded into more mainstream, new, and integrated employment sectors. For example, in Jesse’s scenario we hope we have shown how advances in technology, although sometimes a challenge, also have opened

many doors for expanded employment options. Through integrated work settings, the workplace culture of acceptance and respect for persons with DD has evolved to embrace more inclusivity. We see these expanding options as exciting developments in this field. Although opportunities continue to grow, we are realists and recognize that, even with more fully equitable employment opportunities, there will continue to be ethical issues for all professionals working in the field. We believe there is a continued need to advance a culture of inclusivity and respect for all employees with DD, and that this can only occur with the willingness to acknowledge the equal worth and dignity of all persons. We also believe that this ongoing evolution of workplace cultures that support respect, inclusive employment policies, and human rights legislation must continue to advance. For example, we view the upcoming revision of the *Canadian Labour Code* as a promising opportunity in which to address workplace harassment, and it also may be an opportunity to take a further step in supporting workplace stability for persons with a DD.

Our three scenarios have illustrated that it is not just policies and laws that need to evolve, but also a systemic culture of integration and respect, and a change in attitudes of persons closest to us. At first, neither Adam nor Jesse was supported by their parents to take what were once considered non-traditional steps for persons living with DDs—in their situations, towards continuing education and online employment. In the case of Alicia, it was her co-workers and managers who presented the biggest challenges for her to have fuller and more satisfying employment. The professionals working with Adam, Jesse and Alicia, staying true to the aspirations of Principle I to respect dignity and self-determination, focused on and collaborated with others to support greater options for their clients. This was done through education and support for these clients and their families, through knowledge and potential use of policies or laws, and by supporting Adam, Jesse and Alicia to make decisions for themselves that would allow them more control over their own destiny. Having an awareness of our codes of ethics has helped to guide us, the authors, as we continue to make decisions of when and how to educate, advocate for, and/or support people consulting with us who have been diagnosed with a DD.

Codes of ethics are a product of their time, and as societies evolve, so do their ethical dialogue and mores. This, in turn, influences ethical professional practice. The publication of the 2017 *Canadian Code of Ethics for Psychologists* reflects this evolution, including the clarification of the applicability of ethical principles when psychologists use electronic and digital technology in their practice, clarification of boundaries relevant to rural and cultural practices, and an emphasis on ICP as it relates to clinical practice and research. As we have witnessed in our careers, progress will continue, and we are confident that this will involve more employment opportunities that are meaningful and equitable for persons living with DD.

Questions for Reflection

1. Imagine yourself as an adult with developmental disabilities. Describe one or two situations that would make you feel that your dignity as a person is being respected. Describe one or two situations where you think you would feel that your dignity is not being respected.
2. In what ways do you think employment contributes to a sense of dignity for adults? Are there exceptions?
3. As a practitioner or researcher, how have you balanced respecting dignity and taking care to be of benefit and avoid harm, especially when a person's ability to protect their own rights and their own well-being might be compromised?
4. Speak with someone who works with adults with developmental disabilities. What community resources do they use in addressing employment needs? What works well? What does not work well? Why?

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