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An Exploration of Clinical Philosophy: Bridging Theory and Practice

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Note: At the request of those we support, we have replaced the term 'client' with 'member' throughout this article. This change aims to honour their agency within our shared community. We embrace this change as a step toward fostering inclusivity and recognizing their inherent belonging.

What is Clinical Philosophy?

Think of clinical philosophy as a moral compass that helps healthcare professionals steer their way through the commitment and challenges of being a direct support professional (DSP). It serves as a guiding framework that informs decision-making, shapes professional values, and influences the quality of the care we provide. It is all about understanding why we do what we do, and what values drive our actions.

When we think of clinical philosophy, we think of what our values are, and how we bring them to our roles, as well as the ethical principles that guide and inform our clinical practice. While each person is unique, there are several ethical standards that clinicians and frontline workers are obligated to maintain.

Firstly, the work that we do must benefit the person we support. This involves putting the members' welfare and rights above everything else. This means all decisions must be made to serve the members' best interests, not the goals of others. Included in this is actively identifying the potential negative impacts of any decisions made. This is to ensure that the benefits outweigh the risks or negative impacts that may occur from the member's involvement with the clinician (i.e., behaviour analyst, expressive arts therapist, psychiatrist, etc.).

Secondly, we must treat others with compassion, dignity, respect, and justice. This involves equitable treatment of all members and fair distribution of resources regardless of social factors such as age, disability, ethnicity, gender expression, sexual preference, etc. It also involves aiding those in vulnerable populations to be autonomous in their decision-making as much as possible.



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Thirdly, we must behave with integrity. This means that clinicians hold themselves to a standard in which they ensure that they are accountable for their work, follow through with their obligations, behave in an honest and trustworthy manner, as well as ensure that they are practicing according to the science and philosophies that inform their work (i.e., using evidence-based strategies).

Lastly, we must ensure our competence. This means staying up to date with current work in our designated fields and ensuring that the strategies implemented in our work are within our scope of practice. It also means recognizing and communicating when something is out of our scope of practice.

The principles and practices mentioned above can be considered fundamental frameworks for ethical practice, which are applicable across various clinical fields, including counselling services at our own agency.

Reflection Point: How many of these principles and practices do you apply in your own work? Additionally, are there any other practices you follow that aren't mentioned here?

Origins of Clinical Philosophy

The roots of clinical philosophy can be traced back to ancient civilizations where healing practices were intertwined with moral and philosophical considerations. Early healers and medical practitioners recognized the inseparable connection between medicine, culture, and ethics.

Challenges and Controversies

Clinical philosophy faces challenges and controversies. Cultural, religious, and societal differences can affect ethical views in healthcare. Also, new clinical interventions, changes, and technology in healthcare bring new ethical issues that need ongoing attention. To address these challenges, we need to keep learning, talk openly, consulting with those receiving services, and think about ethics regularly.

Also, a formal ethical code provided to healthcare professionals is open to interpretation. For this reason, it is fundamental to build a framework of trusted clinicians to whom you can turn to for guidance when making decisions.

Why Clinical Philosophy is Important

Taking time to reflect on what guides our work as DSPs can be a compassionate act towards ourselves and our members. By exploring our beliefs, values, and assumptions, we can access opportunities for growth and improvement. The deeper impact of this can lead to organizational change. This process allows us to become more attuned to the needs of those we care for, fostering a deeper sense of empathy, understanding, and commitment in our practice and field.

Reflecting on our decision making and referencing our ethical philosophy is a practical measure that not only ensures that we are practicing ethically but also allows us to build 'roots' out of which we base our decision making.

An Indigenous elder once shared that there are *Five Core Needs* common to all peoples:

1. To be Seen
2. To be Heard
3. To be Valued

4. To be Believed In
5. To be Loved*

Reflection Point: What are your thoughts on this perspective? Have you experienced fulfillment of any of these needs? Conversely, what happens when these needs go unmet? How can we effectively meet these needs for the individuals we support?

*Admittedly, the word 'love' is a controversial topic in our field because it can mean different things to different people. Most of us were trained to keep a professional distance and avoid showing favoritism to the people we support. We would like to acknowledge using the word 'love' might blur those boundaries or make people uncomfortable. Additionally, different cultures and backgrounds see love in different ways, so it's important to be mindful of these nuances. We offer to replace the word 'love' with 'care' and still capture the essence and significance. 'To be cared for' – who doesn't want that?

What Are Our Approaches?

1. **Individualized care:** This involves taking the time to assess each individual, as well as what their needs, wants, and goals are. Depending on the individual, a plan is carefully crafted that is unique in approach. This can involve researching, implementing, and revising the therapeutic and strategic initiatives in place for the individual.
2. **Member first:** This approach involves advocating for the member's best interests above all else. This can include breaking down barriers, pushing back on policies and procedures not centered on their growth, and ensuring that clinical decisions are centered on member growth, independence, and well-being.
3. **Multi-disciplinary approach:** This means taking a collaborative approach with other healthcare professionals to maximize the knowledge and expertise that various healthcare professionals bring to the table. This way, a more holistic approach can be taken to work towards a common goal that is beneficial to the members.
4. **Communication:** This involves regular conversations and check-ins with those on the member's direct care team, such as the program supervisor, manager, DSP, family members, etc., while respecting the boundaries of confidentiality and consent to share information. This is fundamental to a collaborative approach needed for effective change.
5. **Meeting the member where they are:** This involves understanding that we sometimes can see the potential for a member to be successful, and can see a plan that can clearly get the member there; however, we cannot put the plan in place. This can be due to circumstances in the member's life such as what their values are, what they are motivated to work on, and their general interest in working with the assigned clinicians. Working with the member in these scenarios is an important ethical consideration as they are the main change agents in their lives.
6. **Respecting personal decisions:** Our aim is to witness individuals with whom we collaborate making decisions that benefit them. Yet, it can be challenging when they opt for paths that might pose harm. Nevertheless, our duty is to offer support, not to assume a parental or disciplinary role. We can educate those we work with about the potential outcomes of their choices and empower them to make informed decisions. However, if their choice differs from what we would personally choose, or if it might potentially harm them, we must refrain from judgment.

7. **Informed practice:** When you are making decisions as a support professional, ask yourself why you are making that decision. Is it because of something that you read or heard? If so, are the sources credible? Is it because of your own beliefs? If so, is it okay for you to apply this to someone else? Is it because of something that the member has communicated to you?

Ensuring that our decisions are based on scientific, evidence-based strategies is one way that we inform our practice, as well as recognizing what our own personal biases may be, and ensuring that we do not practice in our profession according to those.

8. **Cultural humility:** Cultural humility is important because it teaches us to respect everyone's differences and acknowledges that we don't know it all by admitting that we are entering this with humility. By being humble and open to learning, we can communicate better and avoid stereotypes. It helps us work well with others; cultural humility also helps us grow as people. Overall, it makes our interactions with others more respectful and positive.

Reflective Journal Prompts:

1. Think of someone for whom you have ample respect, and with whom you have a good relationship. How do they act towards you that makes you feel supported or cared for? Write it down and reflect on the impact of their actions. Is the way that they support you in line with some of the items mentioned? If so, which ones? How can you embody this in your workplace to create a supportive space for those with whom you work?
2. What are some of your own personal biases? Do you think that this informs your decision making with the people you support? Why or why not?
3. To expand on the above prompt, consider your social context, such as your gender(s), age, ethnicity, dis/abilities, and sexual orientation. How does your identity influence your beliefs?
4. Reflect on your own role as a frontline staff: What are your responsibilities to the people you support and to your colleagues? How do you see your role evolving? How do you envision the future of frontline care?
5. Describe a situation where you witnessed or experienced burnout or compassion fatigue. What coping strategies did you use, and what changes would you like to see in the healthcare system to support frontline staff?

Key Take Aways:

1. Consider your personal biases and recognize how they inform your decisions.
2. Building rapport with those you support is key to making ethical decisions that support the member's needs, wants, and goals.
3. Communicating with the member's direct circle of care is key to an individualized and informed approach when making decisions as a DSP.
4. When making a decision in your workplace, ask yourself who that decision benefits.
5. Stay curious and avoid assumptions. Whenever there's something you're unsure about, whether it pertains to culture, behaviour, or anything else, asking questions helps with making informed decisions.

Conclusion:

Clinical philosophy serves as the foundation of ethical and compassionate healthcare practice, ensuring that healthcare professionals uphold the highest standards of care and integrity in their interactions with members and colleagues. Considering the ethical standards of care as a Direct Support Professional can increase the level of support that you offer to those with whom you work. It can aid in building rapport with members, which will subsequently aid in effectiveness in your role. When you build and maintain rapport, you gain the trust of the member, which is essential in allowing a therapeutic framework to thrive. In addition to all the positive impacts of practicing ethical care, it tends to be reciprocated: when you extend kindness to others, they are more inclined to return it. Echoing the golden rule: treat others as you would like to be treated.

About the Authors:

Virginia Jahyu (she/her), MA, ExAT, is an expressive arts therapist with a strong interest in arts empowerment, community building, and social justice. Virginia is inspired by liberation healing, and is invested in deeper understandings of colonial impacts on mental health and identity. She values the intersectionalities and breadth of human identities, dis/abilities, experience, and creative expressions. Her passion for the arts, accessibility, and equity continues to guide her work. Virginia proudly serves as the vice president of the Ontario Expressive Arts Therapy Association and works in the clinical department as an expressive arts therapist at Vita Community Living Services.

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