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Running Head: INTERPROFESSIONAL CROSS-CULTURAL ETHICS

Trauma Recovery in Interprofessional Cross-cultural Contexts:  
Application of an Ethical Framework

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### **Abstract**

Research into the complex interactions of personal, professional and interprofessional ethics is in its infancy. Where interprofessional decision-making is made in cross-cultural contexts ethical dilemmas multiply while inversely, research to guide judgments is sparse. This study sought to explore interprofessional ethical decision-making within a project, which delivered Western trauma-recovery training to counselors in Palestine. A cross-cultural interprofessional ethical framework was adapted and later applied to project decision-making. A case study is presented based on field note reflections. Researchers perceived the following to be important in addressing ethical decision-making dilemmas: defining interprofessional and cross-cultural language; long standing relationships of trust; workers liberated from organizational agendas; democratized processes; and flexible structures. Recommendations are provided to help plan and evaluate interprofessional cross-cultural initiatives.

*Keywords:* Interprofessional ethics; cultural perspectives; trauma recovery; Middle East.

## Trauma Recovery in Interprofessional Cross-cultural Contexts:

### Application of an Ethical Framework

Within the context of mental health, interprofessional working is increasing. Despite the significance and complexity of interprofessional working, there is little research into ethical decision-making underpinning such practice (Jindal-Snape and Hannah, 2013). With cross-cultural contexts, research into personal, professional and inter-professional ethics and their interactions is even sparser (Parrot, 2010). The current study makes an important contribution to this field by presenting a case study of the application of an interprofessional cross-cultural ethical framework to the delivery of a Western trauma recovery program into occupied Palestine.

The focus of the case study is on researcher (n=2) retrospective reflection on the delivery of a trauma recovery training project in Palestine. Both researchers are Educational Psychologists, one from Palestine, the other from the United Kingdom. The Palestinian researcher is the Director of the Center for Applied Research in Education (CARE) based in Ramallah. The mission of CARE is to develop, deliver and evaluate peace building educational programs throughout schools in Palestinian. The UK researcher is a Reader in trauma studies at a UK university, and he is evaluating trauma recovery programs in Malta, Brazil, Palestine and the UK.

The case study provides a 'unique example' of the reflections of the two researchers. A complex holistic picture is provided of a project delivered within the real life ethical quagmire of occupied Palestine. The case study provides excerpts from researchers' field

notes including key events in planning, delivery and evaluation, researchers' thoughts and feelings on decision-making within the project and researcher notes of interactions among psychologists and social workers.

Although a case study design has been utilized to structure the presentation of the paper, case studies have their limitations. These can include selection bias of observation, analysis, and choice of material presented. Case studies have also been criticized for an over focus on participant experience, as opposed to quantifying the extent of change. Without further study, these issues raise questions over the generalization of case study findings (Cohen, Manion and Morrison, 2011). Despite these methodological weaknesses, the current study identifies a range of ethical dilemmas and issues to help professionals and researchers plan and evaluate future interprofessional cross-cultural initiatives.

### **Rationale for intervention**

The project, led by the researchers and authors of this paper, was a direct response to a request from Palestinian mental health practitioners to look at ways of addressing children's traumatic experience in a way that would capacity-build mental health services. This occurred following Espie's (2009) finding that high numbers of adolescents had lost hope for the future. As the researchers were already implementing an indigenous trauma recovery program in Gaza, i.e. the Healing Trauma Combating Hatred program (Abdallah, 2009), the researchers decided to extend the choice of trauma recovery programs available to counselors. Further, choosing a program from the West avoided making any assumptions about whether indigenous or international programs were more effective and set the scene for comparative evaluation.

### **Intervention program**

The Children and War Foundation's Teaching Recovery Techniques program (Smith, Dyregrov and Yule, 2008) was selected for a number of reasons: the target population was

children experiencing war; there was a good evidence base supporting effectiveness (Giannopoulou, Dikaiakou, and Yule, 2006); isolated Palestinian psychologists and social workers would be connected to an international trauma network; and group-based rather than individual programs fit better with the community mindset of Palestinians. Finally, the Teaching Recovery Techniques program, as a trainer of trainers' model also enables capacity-building where counselors go on to train other indigenous professionals.

### **Participants**

Nablus was identified as the location of the project because of the Ministry of Education priority to support an area with high levels of military violence and little trauma expertise. The project involved thirty-one counselors (social workers and psychologists, 17 males and 14 females) and two Children and War trainers (one male clinical psychologist from the UK, and a female clinical psychologist from Norway). **The Teaching Recovery Techniques program was delivered to adolescents aged 11-14 years (n=133 children).** **Evaluation involved a randomized control trial (Barron, Abdallah and Smith, 2013).**

### **Ethical decision-making framework**

Clark, Cott and Drinka's (2007) interprofessional framework was selected to guide researcher reflection because its focus fit well with project aims. For instance, the framework includes exploration of (i) the personal, professional and interprofessional ethics of project members, (ii) the nature of ethical interactions, and (iii) the ethical influences of structures and processes at individual, project and organizational levels. Clark and colleagues framework, however, omits any reference to cultural context. In order to address this omission, the National Child Traumatic Stress Network framework (NCTSN) for cultural sensitivity was integrated into Clark and colleagues interprofessional framework. The NCTSN framework was developed by an expert panel to promote and assess cultural sensitivity in program delivery across cultures and was selected because of the empirical

evidence underpinning framework components (NCTSN, 2006). The framework includes conceptualization of trauma, the nature of assessment, program impact on symptom expression; the use of culturally sensitive language and interpretation; and engagement of service users and the use of interpreters. All these components were integrated into the framework for analysis of project decision-making. In addition, because of the complex history of Palestine and the current Israeli-Palestinian context, a historical understanding of the interaction of the two cultures (Middle East and West) was also included (see Figure 1). Figure 1 depicts the interactive nature of the application of the adapted framework in the occupied Palestinian territories (oPt).

[[Insert Figure 1 here]]

The structure for the rest of this paper follows this framework and describes the researchers' reflections in detail using the framework's component parts. For instance, it details an exploration of the socio-historical context of violence in which the program is delivered; the nature of contested definitions of personal, professional and inter-professional ethics; the complexity of interprofessional ethics interacting with cross-cultural ethics; the differing conceptualisation of trauma and symptom expression between Palestine and the West; the challenges of interpretation of language; and the importance of culturally sensitive engagement with Palestinian professionals and organic formation of project structures.

### **Interprofessional cross-cultural framework reflections**

**Socio-historical context.** Any contribution by the West into the Middle East needs to be set within an understanding of the complex of historical, religious, social, geographical and political dimensions (McLeod, 2000). Historically, Britain in the Middle East is known for its colonial practices across the world, the harms these have caused, and the damaging legacies left behind. Even in recent history, Britain was central in the creation of the State of Israel. The signing of the Balfour declaration by a general in the British Army in 1946 sealed

the decision. This, however, was soon followed by the betrayal of the Palestinian people who had also been promised their own state (Farsoun and Naseer, 2006). Arguably, Britain, the chief architect of the declaration, could be seen as culpable for establishing the context for entrenched conflict in Israel and the occupied Palestinian territories. Such insights have not been missed by the Palestinian people, as one Palestinian social worker commented, “for many Palestinians there is still a sense of betrayal of what happened.”

As a consequence, for the project to be empowering for Palestinians, the position and trustworthiness of Western professionals needed to be considered. It was important, if the project was to leave a sustaining legacy, professionals from the West needed to be seen as supporting, not leading the project. This was accomplished by Palestinians making the final decisions on what was delivered, where, when and by whom, and by Western experts offering knowledge, skills and collaborating in planning, training and evaluation tasks. In other words, Palestinian psychologists, social workers and politicians were setting the goals and making decisions about what would fit within Palestinian professional cultures and young people’s needs. This avoided being perceived as repeating the problems of the past.

Such an approach, however, brought challenges for the researchers, especially at strategic government levels. For example, despite the project teams planning, the location of training had to change from Ramallah to Nablus to fit with Ministry of Education priorities. Underpinning this decision was different views on which young people were perceived to be the most at need. Another challenge experienced by researchers was a negative legacy left by previous Western professionals. For example, some Western professionals parachute into Palestine, deliver their therapies and leave, resulting in a de-skilling for indigenous professionals, which is no skill-based learning. Understanding the goals and dynamics of capacity-building was core to ethical practice. This involved the skilling up of indigenous professionals to not only delivery trauma recovery programs but to subsequently train their



own colleagues. Capacity-building tasks included co-planning and implementation with Palestinian professionals of (i) the appropriate selection of social workers and psychologists, (ii) the organization of the delivery of quality training and supervision; and (iii) the design and administration of robust program evaluation.

Other challenges to capacity-building included the consequences of violent occupation. The researchers experienced low confidence levels and feelings of isolation in social workers and psychologists. For instance, these professionals made statements such as, “we have little expertise, only theoretical knowledge” and “we get overwhelmed by the extent of violence and trauma in our children”. In addition, professionals communicated a relationship of dependency on the West for economic support. For example, the researchers were informed that project activities tended not to go ahead unless funds were provided from Western organizations. In relation to the project, this led to fewer counselors than expected offering training to colleagues. To address this, a subsequent phase of the project was developed and funded by the Children and War Foundation. Adaptability by Western trainers and researchers was, therefore, crucial to project success.

An unexpected socio-historical challenge to capacity-building was differences in the lengths of memories between Middle East and West (i.e. Palestinian professionals tended to view the world through a lens of hundreds of years). Some Palestinian professionals even referred to the role Britain played in the crusades. While this is in the past for Western minds, from Middle East eyes such atrocities remain in current discourse. Indeed, in case Western professionals resign such concepts to history, one Palestinian counselor reminded the Western researcher that a leader of a Western power recently used the word ‘crusade’. At that point mayhem was unleashed on the Iraqi people as part of a so called ‘war on terror’. Further, the British Government’s inaction to the plight of the Palestinian people over many years was construed as “neglectful”, with some viewing this as collusion with a colonialist

**power.** For the Western professionals then, the context was one of being aware of the potential distrust from Palestinian professionals, not only because of past Western abuses, but also because of the current relationship between Israel and the UK, including the use of western intelligence services in the region (Brynjar, 2007). For all these reasons, an ethical approach to capacity-building involved establishing long-standing relationships of trust. Trust developed within the project through a variety of means. These included: (i) building on researcher relationships that pre-dated the project; (ii) a long-term commitment by Western professionals to a project running in multiple phases over many years; (iii) the development of personal as well as professional relationships between families; and (iv) Palestinians being invited to the UK to raise awareness of child trauma in Palestine.

**Defining personal, professional and interprofessional ethics.** Along with the challenge of being responsive to the issues raised by the socio-historical context of Palestine, Western professionals had to be aware of the influence of not only their own personal, professional and interprofessional ethical perspectives, but also those of the indigenous professionals. **To aid clarity in analyzing the dilemmas encountered in personal, professional and interprofessionals working together, these three different aspects of ethical working are discussed in separate sections.**

**Personal ethics.** Clark and colleagues (2007) defined moral principles as “general guidelines for behavior based on established ethical concepts considered essential for maintaining human relationships and communities” (p. 593). Thiroux and Krasemann (2009) made the distinction between subjective perspectives and objective understandings and argue that professionals need to be aware and recognize the difference between the two in making decisions. Cranston, Ehrich and Kimber (2003) emphasized that the ethical stance of a professional is influenced by the social context in which decisions are made such as the age, gender, ethnicity, culture and conscience of those involved. When faced with moral

dilemmas, Ehrich, Kimber, Millwater and Cranstone (2011) observed that professionals are more likely to bring their personal ethics into the decision-making process. Within an interprofessional cross-cultural context, this can either moderate or exacerbate conflict. For example, within the project, it was observed in training that some counselors were more open to hearing boys, rather than girls, views. As a result, this issue was discussed during training with practice built in for asking for and listening to girls' experiences. This was a counter-cultural experience for some of the male counselors.

To navigate decision-making and avoid conflict, Reynold's (2006) argued for professionals to be aware of their 'ethical predispositions', which is their cognitive framework that guides decision-making. Awareness of such a framework can help professionals attend to whether their decision-making contravenes professional and cultural norms, increases the likelihood of conflict or indeed causes harm. Within the project, professional awareness of ethical predispositions played a significant part in the development of a positive project ethos. For example, there was an explicit awareness through planning discussions that professionals were in the project not because their agencies expected them to be there, but through a sense of choosing to be there. This ethical disposition involved a value-based commitment rooted in a shared understanding of the impact of oppression and trauma on children (Barron and Abdallah, 2013). Further, there was recognition across the planning team that these professionals were mostly un-fettered from organizational agendas with regard to day-to-day decisions, which could have created barriers. In essence, workers ethical predispositions were part of enabling interprofessionals across cultures to co-create their own structures, processes, communication and ethos around the goal of providing recovery programs to children in Palestine. This is very different from interprofessional practice within the UK where such work can often be mired in agency conflicts (Irvine, Kerridge, McPhee and Freeman, 2002).

Rather than a simplistic agency-centric agenda, the professionals involved recognized in each other, a primacy of asserting the ‘others’ human rights and a track record of moving to action. The recognition of commonality of personally owned ethics, in turn, led to high levels of commitment. For instance, most of the professionals in the project had committed their own time, money and expertise. Despite such commitment, some barriers to the recognition of ethical predispositions were identified (e.g. one social worker stopped another giving their views on the Israeli occupation, “not in front of the x” (naming the Western researcher). In response, the Palestinian researcher explained that a culture of spying as part of the dynamics of occupation has led to distrust and suspicion of others’ motives, both within professional communities and of Western professionals. Similar feelings were also felt by some from Western regions. For example, researchers became more aware of what was safe or not safe to say politically or to hear. Specifically, one western researcher was subjected to 3 hours of security searches and questioning, including a period of isolation on travel out of Palestine. As a consequence, an agreed strategy was to avoid political comment during training.

***Professional and interprofessional ethics.*** In contrast to ethical dispositions driving action, the moral obligation to do what is good and right for professionals, especially in the West, is enshrined in codes of ethics, implicit or explicit. Within social and health services in the UK, codes of ethics were introduced as a response to failures in effectiveness of interprofessional practice (Brown and White, 2006). Typically these codes include specified behaviors, frameworks for decision-making, as well as the need for qualifications, on-going professional development and supervision. In contrast, in the United States and Australia, greater emphasis is placed on the concept of shared care and decision-making, rather than codes for efficiency (Légaré et al, 2011; Moore et al, 2012). Regardless of conceptual differences across countries, interprofessional codes aim to enable professionals to

collaboratively respond to changing contexts in order to get the best for service users. Webster and Lunt (2002) likened these codes to a decision-making compass for ethical practice.

Within the project, a session was provided by the researchers to school counselors on effective evaluative research and ethics procedures. It was acknowledged, however, that western ethics procedure, with an emphasis on individual informed consent, was different to Middle East research ethics emphasis on consent at family and community leader levels. As a consequence, Palestinian's emphasized that ethics procedures needed to fit with a community oriented view of the world and that consent was also needed by family and school community leaders. From a Palestinian perspective, unethical practice was seen as negatively impacting not just on individuals, but also on whole families and communities.

Despite the West's emphasis on ethical codes, the effectiveness of these is highly contested. What is good and right, and who decides this, is open to debate. Some authors argue that codified practice can lead to the de-skilling of interprofessional judgment, intuition and analysis (Sachs and Mellor, 2003). Workers can experience 'disjuncture' where agencies vested interests direct workers to rigidly hold procedural protocols which run counter to diverse responses for diverse problems (Fenton, 2012). Ironically, codes of ethics applied in this way can lead to the very thing the codes were set up to avoid- the harming of service users. The interaction of personal, professional, organizational and legal interpretations can all combine to undermine rather than facilitate collaborative practice (Melia, 2001). Ambiguous roles, lack of awareness of other agencies strengths/weaknesses, differing perspectives on the service user, power plays, poor communication and the uncertainty of how to deal with inter-professional conflict are all examples of dilemmas experienced (Zwarenstein, Goldman and Reeves, 2009). The current project was, therefore, cautious of a legalistic application of interprofessional ethical codes, preferring a humanistic and relational

approach to understanding what is ‘good and right’ by frequently asking for, listening to and taking seriously each other’s perspectives on decisions.

**Interprofessional ethics across cultures.** Socio-historical legacies and dilemmas of personal, professional and interprofessional ethics interacted with conceptualizations of what it meant to be an ethical practitioner across cultures. Although literature on interprofessional ethics is emerging in the West, the same cannot be said for the Middle East (Jindal-Snape and Hannah, 2013). Where interprofessional literature does exist, the emphasis tends to be on communal understanding of how professions are with each other (Barber, 2001). This is in direct contrast to the individualistic, managerialized and codified orientation of the West (Strahlendorf, 2011). In the Middle East for example, expectancies, not expectations, are established through narratives, which affirm established cultural beliefs about the position of multi-agency professionals within a familial-based community. Palestinian professionals in the project reported seeing themselves as an “extended family member” to the families they work with. Likewise, the western team was invited into homes and the UK researcher was referred to as “brother”. This contrasts sharply with the relational distance of professionals in the West. As a result of this increased intimacy, the western professionals needed to merge between familial and professional forms of communication, depending on the context from home settings to planning meetings and training.

In terms of literature, most cross-cultural ethics studies related to Palestine explore human rights in the Israeli-Palestinian conflict and tend to be published in English language international relations journals (Pawlikowski, 2011). Makkawi (2012) as an exception, focused on a critique of ethics underpinning the development of community psychology in Palestine. Makkawi argues that the adoption of traditional western psychology, with its focus on the prevalence and resolution of symptoms, fails to address the military, economic and social context of injustice, which creates and maintains family and community pathologies.

Makkawi criticizes non-governmental organizations (NGOs) for implementing Western programs without evidence of program efficacy and highlights the diminished capacity of the Palestinian Authority, because of the prolonged occupation, to monitor the quality of NGO projects. In short, Western programs delivered in Palestine are typically accepted on trust without consideration to the ethical issues associated with the socio-political-historical context. The interprofessional cross-cultural framework proposed by this paper offers one route to begin to address this omission.

Beyond Palestine, studies into research ethics in the wider Middle East appear almost invisible, although there is recognition of difference between Middle East and Western perspectives (Silverman et al., 2010). Similar to the communitarian mindset of professionals in this study, the ethical frameworks of Palestinian researchers emphasize distributive justice and collective rights rather than individualized codified ethics procedures (Maria, 2013). In support of a Middle Eastern perspective on ethics, De Jong (2012) criticized the illusion of Western researcher objectivity, which has enabled positivistic research to flourish in contexts of oppression. As with naïve implementation of Western programs, De Jong argues for a critical reflective stance to consider the ethical context of the situation in which research takes place, such as violent military occupation. Such a view invites the researcher to adopt a non-neutral liberationist stance.

The interaction of differing conceptual frameworks of what interprofessional ethics means between Middle East and West is, therefore, problematic for a project set in a cross-cultural context. The project faced a myriad of challenges, not only with interprofessional working, but also with cross-cultural practices and understandings. Fortunately, the latter challenges of cross-cultural understandings are well documented and provide a map to structure the exploration of differences in the project. In the project, cross-cultural challenges included differences in language, cultural and/or religious beliefs, the conception of the

problems, the understanding of what children, adolescence, family and community means, and the differing conceptualizations of healing and recovery (Miller, 2006). **Include** the barriers encountered within interprofessional practice, and a myriad of worldviews both within and across professional groups, and cultures potentially contest for dominance (Irvine et al, 2002). Effective delivery of a recovery program within such a context of uncertainty was daunting, not only for the project team but also for all participants.

**Conceptualization: trauma, recovery and symptom expression.** In addition to the diversity of professional and interprofessional codes of practice within cross-cultural settings, the project had to consider cultural and interprofessional differences in understanding the nature of trauma and recovery. To not do so, would have been to mirror past insensitivities. In contrast to a Western individualistic view of trauma, Palestinians' hold a communal view where emphasis is placed on the impact of trauma for family (Barron and Abdallah, 2013). Solutions are, therefore, at family, group and community levels.

Islamic thinking has also had an impact on the conceptualization of trauma for Palestinian society. An Islamic deterministic view of reality frames the traumatized child's experience in the hands of Allah, which some authors argue reduces child and parental responsibility for change (Hammad, Kysia, Rabah, Hassoun and Connelly, 1999). Trauma is seen as 'evil spirits,' which require spiritual, rather than psychological, intervention (e.g. driving out the demons or prayer). On the upside, as the problem is seen as coming from out-with the child, no stigma is attributed to the child. On the downside, Islamic belief attaches a taboo to mental illness, such that Palestinian children who show behavioral signs of distress are more likely to be stigmatized and labeled as crazy, especially if seen by a therapist. As a result, children in Palestine tend to report embodied symptoms compared to the behavioral difficulties of children in the West (Barron et al., 2013).



It was important for the western psychologists to understand these traditional views, which permeate parts of Palestinian society. In addition to helping make sense of the difference in symptom presentation between Middle East and West, cross-cultural understandings shaped the nature of training provided for counselors. A challenge was to respect religious and cultural beliefs, while introducing a different perspective to helping traumatized adolescents. This was explicitly covered in planning discussions where the significance of belief in Allah in spiritual healing for Muslims was recognized. Traditional gender differences also emerged where some women did not want their picture taken at the end of training celebration. Within training itself, traditional beliefs were expressed through worker choice within the limits of holding to the principles of effective program delivery, such that a worker could adapt the program to fit with the beliefs of families they were working with. For example, as long as counsellors followed the script, families had a right to believe the healing was from Allah.

The Teaching Recovery Techniques program emphasis on normalizing symptoms and externalizing traumatic events provided a new, yet familiar, message that the problem was located beyond the child and not connected to the stigma in Palestine of mental illness. Trauma symptoms were reframed as a natural response to exceptional circumstances. This provided a congruent message for psychologists, social workers, teachers and parents where the child's symptom expression of trauma was re-framed as normal. Feedback from psychologists and social workers indicated this reframe embedded well into Palestinian mental health recovery narratives, although there was a greater emphasis on what traumatic events happened to 'communities' over time. As a result, interventions had to include the healing of families, groups and communities.

In addition to taboos on behavioral signs of distress, children in Palestine do not have the same rights of self-expression as western children. Self-expression for children is seen as

within the domain of the family and discouraged with strangers. This is mostly due to an honor culture where family reputation is foremost. The result for children is that they find it difficult to share family experiences in school settings, as this is construed as betrayal (Dwairy, 1998). As the program enables children to share their experience of traumatic events, training had to address counselors' own feelings in enabling children to share. This was achieved through the trainers modeling how to ask questions about listing traumatic events and share feelings and symptoms, as well as giving counselors choices in whether to share. Counselors were enabled to role play the activities and discuss choices about enabling children's self-disclosure. Counselors were then encouraged to share their own ways of facilitating and responding to children by, for instance, telling stories of how other children coped or using counselor self-disclosure.

In addition to cultural differences in beliefs about child self-expression, interprofessional differences in conceptualization of trauma needed to be considered (Barron and Abdallah, 2013). How trauma is conceptualized (e.g. PTSD) is fundamental to the effectiveness of the Teaching Recovery Techniques program, and as such, it was important to identify perspectives that were incongruent and could impact on program effectiveness. Regardless of culture, project social workers tended to hold sociological perspectives on program delivery, **with a focus on** intervening in families and communities whereas the psychologists' tended to emphasize within child factors, e.g. reduction of symptoms and growth in self-confidence. Traditionally in Palestine, these conceptual differences have led to differences in program focus in that some programs aim to build community resilience, while others focus on the self-control techniques (e.g. Abdallah, 2009). As Teaching Recover Techniques focused on the latter and is more protocol-oriented than in the West (Barron and Abdallah, 2013), more training practice was given to enable counselors to follow the scripts.

Conversely, training also had to support counselors in program adaptation, such as responding to children's distress and helping children understand they were not to blame.

**Language and interpretation.** Fundamental to resolving the interprofessional cross-cultural differences in conceptualizations in the project was the nature of communication. Communicative issues included differences in cultural/linguistic understandings, interprofessional terminology and the use of specialized language (Minas, Stankovska and Ziguas, 2001). Many issues were addressed through an interpreter, which itself raises ethical issues, as well as recognizing the need to check out shared understandings. In this case, the interpreter was a Palestinian psychologist and one of the project leaders. This ensured interpretation was in a Palestinian dialect and was as culturally attuned as possible. The interpreter had been educated in the West and, therefore, had the potential to bridge two worldviews.

Interpretation involved translation of the training materials, the program, evaluation materials and 'live' interpretation of the English speaking presenter during training. Ethical issues included trusting the translation was accurate and the trainer to checking out what counselors said in response to questions (Minas et al, 2001). For example, at times trainers interrupted a discussion between the interpreter and counselors to discover what had been said. Further, at times, the interpreter and trainer acknowledged the feelings of frustration this generated. For counselors, a degree of uncertainty was expressed in discussing their feelings and these being translated and heard by a psychologist and researcher who were 'foreigners' and for some, from a different profession. Specifically, counselors did not want their feelings of inadequacy and confusion to be translated. In response, trainers, the interpreter and researcher modeled sharing their own experiences at the end of each day. Reception of counselors' feelings at these times was positively encouraged. On the up side, translation facilitated the process of trust building through slowing down the process of training by

giving more time for thinking. In addition, trainers highlighted the importance of counselors asking questions if training concepts or skills had not been clearly explained. Issues raised included discussing the complex process of translating word meanings for two languages and two professions. Concepts such as family, child, adolescents, trauma and trauma recovery were found to be understood differently across cultures and professions (Minas et al, 2001). For example, what “refugee” meant to a Palestinian social worker whose home was demolished had a different meaning to a western psychologist who was delivering service to refugee families from other countries in the UK.

**Engagement with Palestinian professionals.** The process of engagement covered the early stages of the project, including negotiating involvement with CARE and the Children and War Foundation, development of the project proposal, initial contacts between the project team and counselors, relationship building and checking understandings as to the way ahead. Addressing differences in professional language across professions and cultures was central to the process of engagement between Western and Middle East professionals. Within the project, professionals needed the capacity to communicate in such a way that multiple relationships were rapidly built. This was especially so during training where time was limited. To enable attuned communication and relationship building, the process of engagement was based on a discourse underpinned by democratized processes where power and decision-making were shared (Horowitz, 1970). Through this process, it was discovered Western professionals had higher expectations than Palestinians for counselors to train other counselors. **Underpinning this was a failure to understand that, because of financial dependency on the West, developments tended not to occur unless they were funded.**

In order to identify responsibility for tasks, new technologies, such as Skype and e-mail, were used, which facilitated regular global communication (Clark and Drinka, 2002). During planning, all e-mails were copied to the whole team for comment. **Interestingly,**

Skype was reported as a tool of empowerment for Palestinian professionals who felt isolated from the rest of the world.

In the early stages of the project, the development of the proposal and budget provided the focus to: identify the vision; shape respectful and inclusive processes that valued difference; develop mutual understandings; clarify roles; and grow a shared moral language (Hermsen and Ten Have, 2005). When uncertainty and difference occurred, values and goals were re-named and emphasized (Clark, 2006). For example, in response to a difference in opinion about training location, information was provided by Palestinian psychologists on travel limitations set by the occupation. At the same time, the following statement was made, “we are working together to heal children as part of a global community of peace”. By keeping the focus of discourse on social justice, the team was able to explore differences in values, explain differing expectations and address any misunderstandings, such as professional and cultural stereotypes, differing sense of time and pace of work between Middle East/West and work pressures for individuals beyond the project (Jormsri, 2004). Professionals needed an open mind and an experimental approach to negotiating differing understandings as they occurred.

**Structure.** Democratized processes appeared to lead to an organic creation of minimal structure. The structure required for the project was developed through regular communication (typically weekly) between the Director of CARE, the principle investigator and the trainers from the Children and War Foundation via email, Skype and face-to-face contact. The focus and purposes of communication was driven by roles, tasks and timescales as follows: (i) the Director of CARE had responsibility for delivering the project on the ground (training, program delivery and research); (ii) the Children and War Foundation for training in the Teaching Recovery Techniques program; (iii) the University for evaluative research, and achievement of the tasks and timescales set in the project proposal. Success was

measured by tasks delivered on time or adaptation to unforeseen circumstance (e.g. a time delay occurred due to school staff on strike because of non-payment of salaries). Progress was monitored through frequent regular communication across the project team and recorded as notes of discussions sent as emails. Such an approach provided a way to trace the history of discussions and actions.

Because of a range of interprofessional cross-cultural issues, the training day's structure required consideration. Factors included: counselor knowledge/skills, counselor traumatisation, economic circumstances, other work demands, travel restrictions and expectations about training. Most counselors were graduate psychologists and social workers under 25 years of age. While they held theoretical knowledge in trauma recovery, they tended to lack practice frameworks. The training, therefore, needed to be attuned to this transition from theory to practice and to monitor how this was progressing. Training, through learning techniques for children, also provided counselors with ways of helping them cope with their own trauma symptoms. Finally, the structure of each training day needed to be set within local context expectations because the Palestinian professionals were used to long days of training and the provision of high quality packs.

### **Limitations**

The current study has a number of limitations. It is a single case study based on a small number of researchers' reflections and as such limits the generalizability of findings. The framework was applied to West/Middle East cultures and psychologist/social worker interprofessional decision-making, whereas different cultures and professions may yield different ethical dilemmas perhaps requiring further framework adaptation. There was no fidelity assessment of the application of the framework and no assessment of the framework's validity and reliability. The framework was applied retrospectively and as a consequence is likely to have influenced reflections of past experience. Pre-project reflection may generate

other issues. Researchers' perceptions were open to bias of both selectivity and subjectivity, and reflections were based on field notes, rather than more rigorous observational recording, such as video of interactions. The adapted framework is novel and needs further application in a range of interprofessional cross-cultural projects to determine its usefulness in both the planning and evaluation of projects.

### **Conclusions**

This is an important study given the growth of interprofessional cross-cultural collaborations. It provides a valuable contribution to the field through the adaptation of an ethical culturally-sensitive interprofessional framework to guide decision-making, not only within a trauma recovery project in Palestine, but also for other researchers and practitioners across the world. The framework identifies a range of interprofessional cross-cultural factors to be addressed in order to anticipate, plan and navigate the diversity of perspectives and resultant challenges. The importance of explicitly negotiating shared purpose and values, clarifying who the customer is, utilization of a democratized process, and the exploration of meaning of interprofessional and cross-cultural language and concepts were core factors. Liberation from organizational agendas, developing structures only when needed and long-standing relationships of trust were also important for ethical working. Finally, the use of skype, email and video conferencing were reported as "tools of empowerment" by professionals working in contexts of violent occupation and isolation.

### **Framework Implementation**

A detailed description of framework implementation is beyond the scope of this paper; however, the following is provided as helpful steps in framework application: (i) identify all professions and cultures within the project (ii) share the framework with all involved and enable indigenous professionals to take a lead role as soon as possible; (iii) identify what aspects of ethical decision-making are important for the project; (iv) consider the order for

applying the framework headings relevant to the context, as other headings may need to be added; (v) generate questions for each of the framework headings through using the dilemmas identified in each section of this paper; (vi) explore the literature for the interprofessional and cross-cultural issues identified; (vii) begin to plan collaboratively how these interprofessional cross-cultural dilemmas will be addressed; (viii) consider using the framework as not only a planning tool, but as an evaluative tool to assess the projects capacity to hold to ethical decision-making (potentially pre-during and post-project application).

### **Recommendations for future research**

The exploratory and discursive nature of this qualitative research highlights a series of questions for research into ethical decision-making in interprofessional cross-cultural contexts. Future research needs to clarify and define what makes interprofessional ethics distinctive within cross-cultural contexts compared to single country settings. There is a need for the development of coherent theory and practice frameworks to bridge and integrate such understandings. It is suggested the application and evaluation of the adapted framework to other interprofessional cross-cultural projects would be a helpful step in this process. Ethical models of research are needed to explore the injustices of the socio-political-historical context in which the research is being conducted, as well as empower indigenous professionals to conduct high quality empirical studies. The latter could include both quantitative and qualitative approaches to quantify and assess subjective experience of professionals. Examples include documentary/file analysis of the nature of contact, video of communicative interactions and questionnaires, interviews, focus groups. Such developments would bring needed methodological rigor to explore a field in its infancy.



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Figure 1: Interprofessional cross-cultural ethical decision-making framework

