

## ETHICS ROUNDS

# Ethics in New Orleans

**Learning Objective:** Identify key issues regarding the discussion of ethics and psychology at an APA annual convention.

### **A vibrant program at convention highlights the role of ethics at APA.**

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Ethics took center stage at this year's APA Annual Convention. Perhaps the most visible sign of our ethics was the context: APA's decision to keep convention in New Orleans. Out of necessity, the Board of Directors had explored various possible venues following the hurricanes of 2005. In making its final decision, the board focused on how APA could best support the city and our many colleagues in the Gulf Region. The decision was clear: APA was going to New Orleans. Those who attended convention received a welcome of thanks and deep appreciation extended by hotel receptionists, cab drivers, waiters and waitresses, and city workers.

Many APA members participated in activities around the city. Some brought school supplies. Others helped with construction. Still others helped in tending to animals left without homes following the storms. The physical impact of the hurricanes was evident throughout the area; the psychological impact was less visible but every bit as powerful and likely far more lasting. Colleagues from Mississippi, Louisiana and Georgia spoke at a meeting called by the APA Ethics Office for state, territorial and provincial association ethics committee members, to discuss ethical challenges that arose for psychologists responding in the aftermath of the hurricanes. In preparing for the meeting, I had anticipated a discussion of record-keeping, informed consent, perhaps the issue of mandated reporting for children given media stories I had read about what had gone on in some of the shelters. I was completely off the mark.

The psychologists who spoke at the meeting—Dr. Angela Herzog from Mississippi, Drs. Scott Eckholdt and James Quillin from Louisiana, and Dr. Linda Campbell from Georgia—described in moving, eloquent and powerful ways the impact of the hurricanes on themselves and their colleagues. They used the language of trauma and emphasized an obvious yet easily forgotten fact: Psychologists in the region suffered the same losses as everyone else in the population, yet were nonetheless called to be caretakers. The caretaking began in the storm's immediate aftermath, continues full-force in the present, and will be required for many years to come. In many instances, the psychologists on whose shoulders this role fell have not received adequate caretaking themselves, yet nonetheless feel compelled to press on. Their talks silenced the room of 60 or so psychologists.

As I reflected upon the meeting, I was struck by the multiple levels of ethical responsibilities that Drs. Herzog, Eckholdt, Quillin and Campbell evoked. On the individual level, psychologists have a responsibility for self-care and to refrain from engaging in professional activities when our competence is compromised. On a collective level, we have a responsibility to our colleagues who have endured our country's worst natural disaster, suffered significant personal losses, and nonetheless have the responsibility of meeting the mental health needs of the affected

population. This responsibility may entail supporting our colleagues in their hugely challenging work, assisting a colleague to get needed help or, in some cases, insisting that a colleague take a vacation or break. The twin ethical principles of beneficence and nonmaleficence—do good and do no harm—extend not only to our patients and clients, but to our colleagues as well. On the association level, we have a responsibility to create programs that help psychologists fulfill these responsibilities, and that assist psychologists in preparing for future emergencies and disasters that will inevitably come. This preparation includes disaster response training and developing ways to minimize the impact of disasters on psychologists' professional lives, as can happen when clinical and billing records are lost or destroyed. The Ethical Principles of Psychologists and Code of Conduct (2002)—APA's Ethics Code—calls for a response on each of these levels.

Other ethics programs at convention—there were a total of 41 listed in the official convention program and the Ethics Office and Committee were involved in 12—provided a sense of developments in the field. Two programs addressed ethics in media psychology, a subject of frequent requests for ethics consultation to the APA Ethics Office. Over the past decade, psychologists have come to interact with the media in a wide variety of ways that involve special ethical challenges, for example conducting therapy sessions on camera and consulting for reality TV programs. APA's Div. 46 (Media), a sponsor for these two programs, has been actively examining how psychologists can fully incorporate ethics into their media activities. One program sponsored by Div. 52 (International) focused on APA ethics in an international context. This program explored ethics codes in the healing professions from a historical perspective and compared APA's code to codes from other national psychological associations. The program was the first of what I hope will be many collaborations between the Ethics Office and Div. 52 to incorporate an international perspective into APA's way of thinking—a perspective that will enliven and enrich our understanding of ethics. The American Psychological Association of Graduate Students (APAGS) was well-represented in the ethics programs at convention, as this year's winner of the student ethics writing prize, Rebecca Schwartz, of the University of Missouri–Columbia Department of Psychological Sciences, presented her winning paper, "Challenges of Addressing Graduate Student Impairment in Academic Psychology Programs" to the APA Ethics Committee.

The Ethics Committee, as it does each year, held a two-hour program to discuss areas of ethics that have frequently come to the attention of the APA Ethics Office since the previous convention. One of this year's vignettes involved training programs and the Internet:

*The director of a clinical training program, Dr. Net, has been hearing more and more about interns discussing their profiles, pictures and blogs on sites such as "mylocation.com" and "searchingforlove.com." Some of the personal information the students disclose on these sites includes their interests and information about their families, as well as what they look for in a date and descriptions of good (as well as bad) dates. Dr. Net is also aware that the interns are occasionally active in online chat rooms and other participatory Internet sites. Dr. Net believes it is important to get the students to think about the implications of providing personal information about themselves in a public forum, but also doesn't want to intrude on their privacy, especially since these are now such common activities for individuals this age. What are*

*the ethical issues involved? Are the students' postings any of Dr. Net's business?*

The vignette gave rise to a lively discussion about how the Internet has shifted lines that demarcate our private and public lives, and the ethical aspects of engaging in private behavior that may affect our professional work.

Throughout convention, I was continually impressed with how deeply felt issues related to ethics often are. Several programs sponsored by Div. 48 (Society for the Study of Peace, Conflict, and Violence: Peace Psychology) addressed human rights, torture and APA's position on ethics and interrogations, issues that evoke passionate responses among our members. Other programs addressed student-faculty authorship and individual differences of culture, ethnicity, religion and parenting styles in child custody evaluations, topics that likewise evoke strong feelings. The intensity that these discussions bring is not always easy or pleasant to manage, but the overarching message is clear: When it comes to ethics, our members care deeply.

## ETHICS ROUNDS

### Disclosures of information: Thoughts on a process

**Learning Objective:** Identify a process under the APA Ethics Code for disclosing confidential information.

**The possibility of disclosing information always invites a thoughtful process of considering values central to our profession.**

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One of the many privileges of serving in the APA Ethics Office is the opportunity to discuss with psychologists the ethical challenges they face in their day-to-day work. Each year the Ethics Office receives many hundreds of calls requesting consultation on the Ethics Code, and in the majority of calls resolving an ethical dilemma entails discussing how some aspect of confidentiality applies. That confidentiality plays such a central role in the work of the Ethics Office is not surprising.

The importance of confidentiality to the work we do is widely recognized and accepted. In *Jaffee v. Redmond* (1996), the U.S. Supreme Court stated:

“Effective psychotherapy depends upon an atmosphere of confidence and trust in which the patient is willing to make a frank and complete disclosure of facts, emotions, memories, and fears. Because of the sensitive nature of the problems for which individuals consult psychotherapists, disclosure of confidential communications made during counseling sessions may cause embarrassment or disgrace. For this reason, the mere possibility of disclosure may impede development of the confidential relationship necessary for successful treatment.”

The value of confidentiality, of course, extends broadly across our entire profession and is by no means limited to psychotherapy. By virtue of the special relationship that develops in a psychotherapy, however, confidential information communicated in that setting is more often the subject of struggles between psychologists and outside individuals or entities.

Struggles over confidential information conveyed in a psychotherapeutic setting appear frequently in the media. Often the struggle has arisen from a circumstance that has been hugely painful for all involved and that evolves over time in a legal arena. The *Jaffee* case, for example, involved a police officer who had shot and killed a man allegedly brandishing a knife; following this incident the officer began a psychotherapy. The man's family then sued the officer in a wrongful death action and demanded notes from the officer's treatment to prove their claim. In a case involving a military academy, a female cadet alleged that she had been sexually assaulted by a male cadet. In the course of the criminal matter, the male cadet invoked a constitutional right as the foundation for demanding that he see treatment notes from a sexual assault counselor with whom the female cadet had met following the incident. In an incident known to many APA members, a well-respected psychologist in California was murdered, and the police wanted to review his case records in a search for possible suspects. While the family supported the prerogative of the police

to obtain the records, the community of professional psychologists believed strongly that, in the absence of some evidence pointing to a particular individual, blanket permission to examine all client files was an unwarranted breach of privacy. In each of these cases, there were compelling and conflicting interests in both protecting and obtaining information that had been communicated in a therapeutic relationship.

When faced with a request or a demand for information obtained in a confidential relationship, psychologists begin with an ethical principle and an ethical standard:

**Principle E: Respect for People's Rights and Dignity**

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination

**4.01 Maintaining Confidentiality**

Psychologists have a primary obligation and take reasonable precautions to protect confidential information

As the Supreme Court stated in *Jaffee*, an "atmosphere of confidence and trust" is essential to our work. Principle E and Standard 4.01 impress upon psychologists how central confidentiality is to our values and to the ethical standards that put our values into practice.

Standard 4.05 provides specific guidance to psychologists as they determine whether disclosing information is appropriate in a particular situation. Note how the standard, whose two parts identify a process for disclosure *with* client consent and then *without* client consent, provides three conditions under which disclosure is appropriate:

**4.05 Disclosures**

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

According to Standard 4.05, the three conditions in which psychologists disclose confidential information are first, when a client has consented to the disclosure; second, when the law mandates the disclosure; and third, when law gives the psychologist discretion ("permitted by law") to disclose. While each of these possibilities has its own complexity and nuance, psychologists do well to be mindful that every disclosure consistent with APA's Ethics Code will fall under one of these three broad categories.

Disclosures made pursuant to a mandatory reporting statute are made in the context of a societal determination that some value is more important than confidentiality in a given context. Child abuse reporting statutes, for example, are a result of

balancing confidentiality against protecting children; society has determined that confidentiality yields to child protection. Likewise, many states have determined that confidentiality yields to protecting the foreseeable victim of a patient's harm, a balance struck in *Tarasoff v. The Regents of the University of California* (1976). As important as confidentiality is, society has determined that in certain instances some value other than confidentiality is even more important and so mandates that psychologists disclose information.

Disclosures pursuant to client consent, unlike mandatory disclosures, place the client's self-determination central to the psychologist's ethical analysis. In many instances a disclosure will further the client's wishes and the psychologist therefore discloses the information pursuant to the client's release. As an example, recently a psychologist approached the Ethics Office requesting a consultation regarding what should properly occur in response to a signed release from a former client seeking a security clearance. Providing information relevant to the question was in keeping with the client's wishes, and therefore consistent with the Ethics Code and the client's self-determination. This manner of responding to a client's consent is a way of putting Principle E, Respect for People's Rights and Dignity, into practice, because such a disclosure in response to a competent client's release promotes the client's own values and goals.

The third condition set forth in Standard 4.05 arises when a psychologist has discretion under the law to release information. While disclosures of this nature seem to occur less frequently than disclosures fulfilling mandatory reporting laws or pursuant to a client's release, they are nonetheless important for psychologists to consider in a variety of circumstances. As an example, in states that do not impose upon psychologists a duty to protect or warn the foreseeable victim of a patient's harm, psychologists will often have discretion under the law to disclose information to protect safety, and certain states allow disclosures for the purpose of obtaining clinical consultations even in the absence of a client's consent. Such disclosures are, of course, entirely consistent with Standard 4.05.

Disclosures of information always involve values central to our profession. The Ethics Code sets forth those values and a process for determining whether a given disclosure is appropriate. The process in the Ethics Code both safeguards client self-determination and places psychology in the context of the values and norms of the society in which we practice.

## ETHICS ROUNDS

### **Ethics from a developmental perspective**

**Learning Objective:** Explain how a developmental perspective on ethics can lead to a deeper understanding of the ethical challenges psychologists face.

#### **A developmental perspective offers a richness to our understanding of how a psychologist's career evolves in the context of our field's ethics.**

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One of the great pleasures of directing APA's Ethics Office is the opportunity to discuss ethics with APA members at all stages of their careers. Near APA's headquarters in Washington, D.C., are Howard and Gallaudet universities, where each year I visit with trainees to talk about the "Ethical Principles of Psychologists and Code of Conduct" (2002) and to hear about the ethical challenges they are encountering at this early stage in their professional lives. Attending ethics seminars in these wonderful programs is always a great pleasure for me and renews my confidence in the future of psychology. I also spend quite a bit of my time in continuing-education programs for psychologists well into their careers who have long since completed their graduate studies. Reflecting on this range of experience, I realized that from entry into graduate school, an APA member may spend four, five or even six decades engaged in professional activities.

Given what psychologists know about how individuals develop across the entire lifespan, it seems sensible that there would be a developmental aspect to the ethical challenges and dilemmas that psychologists encounter over the course of their professional lives. Nonetheless, little attention has been paid in the literature to examining ethics from a developmental perspective. Such a perspective offers interesting avenues for exploring how the growth and maturing of a psychologist involves evolving ethical challenges.

A developmental perspective on ethics would explore the strengths and vulnerabilities of psychologists at different stages of their careers, beginning with entry into graduate school and continuing through retirement from professional activities. It would be especially interesting to place such a perspective explicitly in the context of psychological research on human development to examine how ethical challenges evolve in relation to our maturing selves. While a developmental perspective on ethics is related to theories of moral development, it is distinct. A theory of moral development examines different stages of moral reasoning, often viewed as forming a hierarchy from lower to higher levels of analysis. A developmental perspective on ethics, on the other hand, focuses on how different stages of life present or emphasize new or different ethical challenges for psychologists. Such a perspective explores how these evolving challenges require new skills or different sensitivities to negotiate successfully.

#### **Three developmental stages**

Painting with broad brushstrokes, one can find distinguishably different phases of a psychologist's professional life from the perspective of ethics. The beginning of

training in psychology is often marked by an energy and enthusiasm, an eagerness to use new skills and engage in new professional endeavors. This period may be characterized by an anxiety-driven ethics, a heightened concern of stepping out of bounds and a companion desire for certitude in knowing what specific behaviors are ethical and which are not. Ethical ambiguity tends to generate more anxiety at this stage of training, as is common across many disciplines. Often at this stage when things go wrong it is by virtue of an over-eagerness to do what is right and avoid what is wrong—which is entirely normative and can provide a healthy foundation for sensitivity to ethical concerns throughout a psychologist's career. Failure to move out of this stage, on the other hand, may lay the foundation for a risk-avoidant posture that can restrict a psychologist's ability to engage clients and others with whom psychologists work in flexible and meaningful ways.

At mid-career, psychologists may experience a feeling of hitting their stride, of coming to master the skills and techniques they have been honing for a decade or more. This period of one's career can bring enormous professional accomplishment and satisfaction. Nonetheless, this time may also offer special ethical challenges. The novelty of one's professional work has likely worn off and with it a beginner's enthusiasm has largely waned. What seemed new and fresh may now be experienced as routine. A psychologist may experience personal obligations, such as the demands of family, as wearing or even overwhelming. Such demands, financial and otherwise, can leave a psychologist feeling depleted and render the psychologist more vulnerable to ethical lapses. It is noteworthy, and almost certainly not accidental, that sexual involvements seem more likely at this rather than at an earlier stage of a psychologist's career.

Later still in a psychologist's career, challenges arise that are distinguishable from the beginning and middle stages of professional life. Three or more decades into a career, a psychologist has a wealth of wisdom and experience upon which to draw. Along with these years of experience, a special vulnerability may arise from a feeling that the rules governing the ethics of the profession apply to others and no longer to oneself, that one is now able to decide what is right and wrong in dealing with clients without reference to codes of ethics and legal rules. This mindset can set the stage for serious ethical lapses. As retirement draws near, terminating with clients becomes a necessity, with myriad logistical considerations such as what to do with case-related documents and referring clients to other practitioners who are competent, ethical and able to provide good care. Psychologists must now simultaneously say goodbye to individual clients and to one's identity as a practicing psychologist. Such losses can present significant challenges that must be negotiated.

### **Integrating the professional and personal**

Distinguishing between three stages of a psychologist's career in this manner offers only a rough approximation, but serves to convey that the challenges psychologists face evolve in subtle and not-so-subtle ways across a career. These evolutions come in tandem with changes in a psychologist's personal circumstances as life moves forward, with the stresses, demands, rewards and physical changes that life inevitably brings. A developmental perspective on ethics highlights the relationship between the personal and the professional to explore how changes in these two realms relate to one another and serve to enhance or inhibit the ethical practice of psychology.

A developmental perspective on ethics has significant implications for continuing education. From a development perspective, continuing education provides a unique opportunity for psychologists to discuss and explore ethical challenges as they are experienced, rather than from a time far removed from when a psychologist actually encounters the challenges. This way of approaching ethics education offers the potential for a richness, vibrancy and relevance to our ethics programs.

Viewing our ethics from a developmental perspective is intended to complement rather than replace the broad range of substantive issues that ethics education addresses. As complementary to programs that address specific content areas, programs that offer a developmental perspective incorporate in an overt way the contexts of our personal and professional lives. By doing so, a developmental perspective more fully integrates our personal and professional selves, an integration that will ideally serve to enhance our competence and raise our standards of ethical practice.

## ETHICS ROUNDS

### Ethical practice in a reproductive medicine setting

**Learning Objective:** Identify the ethical questions and dilemmas psychologists confront practicing in the area of reproductive medicine confront.

**Psychologists' work in this area involves an abundance of roles, clients and different settings.**

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An enjoyable aspect of my job is that I am able to learn in more depth about the various ethical issues facing psychologists in the course of their daily work. It is invaluable to me as deputy director of APA's Ethics Office to understand ethical issues such as competence, informed consent and conflicts of interest in that context. In November, I had the pleasure of attending the American Society for Reproductive Medicine's 64th Annual Meeting in San Francisco: "Bridge to the Future of Reproductive Medicine." I was struck by the wide range of health and mental health professionals who were members of an association "devoted to advancing knowledge and expertise in reproductive medicine, including infertility, menopause, contraception and sexuality."

One of the strongest professional groups involved in ASRM is the Mental Health Professional Group (MHPG), whose members are psychologists and others interested in the MHPG's mission "to promote scientific understanding of the psychological, social and emotional perspectives of infertility patients." What most impressed me is that psychologists are involved in all aspects of human reproduction. It was quickly apparent that psychologists' work in this area involves an abundance of roles, clients and different settings, including private practice, employment in hospitals and IVF clinics, and consultation. Clients include men and women, heterosexual, gay and lesbian couples, single parents and institutional clients.

Psychologists counsel "intended parents" who are considering using egg or sperm donation alone or in combination with the services of a woman who will carry and give birth to the baby for them, a "gestational carrier." They consult with IVF clinics or private agencies to conduct psychological screening of prospective egg donors or gestational carriers. They lead medical staff trainings around psychological issues in infertility and provide group training with individuals and couples in mind-body aspects of coping. Psychologists conduct research on the psychological aspects of reproduction. Psychologists also provide counseling regarding sexual health, pregnancy and parenting issues after infertility and after infant loss. Many psychologists also work with couples considering adoption or child-free living.

#### **A deep well of knowledge**

As I attended the extensive MHPG programming, I was struck by the number and depth of the competencies that a psychologist working in this area must master. To help clients understand and navigate medical systems and make informed decisions about their care, psychologists must understand rapidly changing medical treatments and technologies. Competence in psychological testing is required when screening for

participation as a gestational carrier or egg donor. Knowledge of family systems and relationships are also important competencies. The psychologist may be called upon to help all those involved in decision-making to consider the possible impact of decisions on their future families and offspring.

In addition, the psychologist's work occurs within an environment where complex bioethical decisions must be made on an on-going basis as new technologies are developed and research sheds new light on the ways current technologies affect the psychological health and well-being of families. Many profound issues arise, such as intergenerational family members as egg or sperm donors, selective reduction of embryos in multiple gestation pregnancies, and the disposition of surplus frozen embryos, that require added cultural and religious competencies when working with patients.

Before the annual meeting, the MHPG has two all-day post-graduate courses on topics relevant to mental health. One of these courses "Assisted Reproduction for Gay Men and Lesbians: Social, Psychological and Legal Aspects" involved presentations concerning the psychological research on gay and lesbian parenting, legal issues, and issues in counseling, including APA's "Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients." The day ended with a panel of gay fathers who told their stories about building families. As I listened to the men speak of post-pregnancy relationships they had developed with the egg donor, gestational carrier, or biological mother, I was struck by how innovations in reproductive technology result in fluidity in our concept of family.

Informed consent regarding donation also arose in various sessions. Unlike sperm donation, informed consent of egg donors takes place in the context of a formal psychological screening process in which psychologists play a significant role. While the contrast between genders may reflect differences such as level of medical risk, I pondered whether the lack of a screening for sperm donors minimized the psychological complexity of sperm donation and reflected outdated beliefs regarding procreation and gender.

Throughout the sessions, I heard numerous interesting discussions concerning how one obtains informed consent of donors of both genders who are often young, unmarried and without children, given the shifting perspectives that marriage, parenthood and children may bring for both men and women. I also considered whether psychologists, in screening of egg donors, are also setting the stage for better informed consent by helping women to understand and explore these shifting perspectives. It appeared to me that often the psychologist is the professional best able to consider whether the donor's decision to donate has been fully explored given the conflicts of interest inherent in the financial incentives of the clinic or agency, or the personal relationships between intended parents and the "known donor."

Psychologists involved in counseling intended parents concerning their disclosure to the donor-conceived offspring must also help parents explore the future impact of their disclosure decisions on children not yet born and families not yet completed. Issues involving disclosure of the donor's identity must also be determined prior to donation so that informed consent of the donor can occur. Given the advances in DNA testing and the wealth of information available on the Internet, the question arises whether donors or intended parents can be assured that any particular donation will remain anonymous.

## **The personal and the professional**

The conference also gave me an opportunity to ponder the impact of personal experience on professional practice. Indeed, I was awed to meet so many pioneering individuals who had, in part, been drawn to infertility work due to the lack of mental health resources during many of their own family-building journeys. The APA Ethics Code reflects the understanding that there is a relationship between our personal and professional lives. To what extent do personal experiences inform and indeed strengthen an understanding of, and connection with, patients? At what point do personal experiences become a detriment to good clinical care if the therapist does not remain vigilant concerning the effect of personal values and experiences on practice? I was impressed by the extent to which MHPG members remain alert to the effect of their private infertility experiences and outcomes, as well as their personal values, on their work.

This opportunity to see a growing practice area for psychologists up close was invaluable for the education of the Ethics Office. Attending the MHPG programming increased my ability to be a resource for psychologists struggling with ethical issues in the context of health psychology in general and an infertility practice in particular. It is my hope that a greater understanding on the part of the Ethics Office is the reward to the members of the MHPG for graciously permitting me a window into their work.

## ETHICS ROUNDS

# A multicultural conference and summit, and an inauguration

**Learning Objective:** Gain an appreciation of the role of diversity in the APA Ethics Code.

**The convergence of the 10th anniversary of the Multicultural Conference and Summit with the inauguration of Barack Obama invites our reflection on the relationship of diversity and ethics in psychology.**

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It was a remarkable moment in our nation's capital. Writing this column on the evening of Jan. 20, I can hear sirens throughout the city as President Barack Obama traverses Washington to attend inaugural balls. As I roamed the streets yesterday, Martin Luther King Jr. Day, and today, Inauguration Day, I passed a sea of faces, of every age and color imaginable, welcoming the Obama administration with a feeling of celebration, gratitude, resilience and enormous pride in who we are as a people and in what we have accomplished in electing our first president of color. Moving along 18th Street, shoulder to shoulder with thousands of people leaving the National Mall immediately following the inaugural address, a young African-American woman called out for the crowd to sing "We Shall Overcome" in an effort to keep us warm in the cold, biting wind. An African-American man, somewhat her senior, laughingly called back, "We just overcame!" The exchanged captured the spirit of what we had just collectively witnessed on the steps of the Capitol. It was a great day.

The 10-year anniversary of the National Multicultural Conference and Summit, held in New Orleans days before the new President's Inauguration, offered an opportunity to celebrate our diversity as individuals and as a profession. Attending my second summit, I was struck by the feeling of safety that characterized the symposia and workshops, clearly the result of enormous hard work by the conference organizers who set of tone of respect for differing perspectives and experiences. This tone allowed conversations and discussions to take place that in my experience are rare for professional meetings and that make the summit a unique event for psychology.

Recognizing the centrality of the summit in appreciating and embracing diversity in psychology, APA's Ethics Committee hosted three programs. The first symposia, "Am I Competent Enough? Multicultural Competence from an Ethics Perspective," examined the Ethics Code's call to ensure that psychologists are competent to provide services to individuals of diverse backgrounds, as set forth in Ethical Standard 2.01:

### **2.01 Boundaries of Competence**

**(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin,**

**religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals...**

The second program, a roundtable breakfast discussion, "Ethical and Professional Implications of Diversity Competence: Graduate Student Perspectives and Experiences," invited graduate students to discuss their own diversity and its role in their training programs. The third program, a symposia, "When Aspects of Diversity Collide: Ethical Considerations," examined the ethical issues that arise when different aspects of a client's identity appear to come into conflict, for example religious affiliation and sexual orientation.

Each of these programs exploring the role of diversity in psychologists' ethical decision making was exceptionally well received, and the two symposia were standing room only. One reason for the high interest in ethics discussions at the summit is the complexity of intersecting identities and the implications for applying our Ethics Code. Responding to the ethical dilemmas that psychologists encounter in practice requires nuanced approaches that must be worked through in a considered and thoughtful manner.

The Ethics Committee's strong presence at the summit was a clear indication of the committee's view that diversity has a central place in our Ethics Code, which addresses individual differences in both the aspirational principles and ethical standards:

### **Principle E: Respect for People's Rights and Dignity**

**Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.**

#### **3.01 Unfair Discrimination**

**In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.**

Principle E and Standard 3.01 are framed in terms of prohibitions, oriented toward what psychologists do not do. This orientation is common for ethics codes, which are often—and understandably—more focused on avoiding harm (nonmaleficence) than doing good (beneficence). While the Ethics Committee applies the code through its adjudicatory process, it also seeks to promote the ethical practice of psychology through its educational activities, as at the summit. As ethics adjudication tends

more toward prohibitions, ethics education often tends more toward encouraging psychologists toward their aspirations and ideals. Both adjudication and education are equally essential parts of APA's ethics program, although they may highlight somewhat different aspects of the committee's work and focus.

The committee's educational orientation was especially evident at the summit when the Ethics Committee collaborated with Div. 44 (Society for the Psychological Study of Lesbian, Gay and Bisexual Issues) to grant four graduate student travel awards to come to New Orleans. These awards were given to students "with a clear commitment to the exploration of ethics and LGBT people of color issues in psychology." The four recipients of this award were Nestor Borrero-Bracero from the Universidad de Puerto Rico, Angelo M. Enno from Utah State University, Michael Jay Manalo from the University of Georgia, and Xiomara Owens from the University of Alaska. These individuals' eloquent and moving remarks at a jointly sponsored Ethics Committee/Div. 44 award luncheon inspire optimism in the future of our profession.

We can look to the summit as a compelling statement on the value that our profession places on recognizing and respecting diversity. The Ethics Committee's role at the summit is a statement regarding how central the committee sees diversity to its work. To view the role of diversity in ethical decision-making as nothing other than an imposition would be to neglect an essential aspect of ethics at APA, that part represented by the joy and celebration so evident in the crowds celebrating the inauguration of our first president of color.

Diversity is an ethical issue not solely because the Ethics Code requires that psychologists attend to individual differences, not solely because neglecting diversity represents an impermissible bias under the code, not solely because ignoring the role of culture and ethnicity leaves psychologists with a poor scientific foundation for our work. Diversity is an ethical issue because we enhance the dignity and worth of the individuals and groups with whom we work when we more fully recognize, respect and appreciate the fullness of their lives and their experiences. The comment in the opening paragraph notwithstanding, there remains much to overcome in our profession and in our country that stands in the way of people fully expressing their diversity. Nonetheless, the convergence of the president's inauguration and the 10th anniversary of the National Multicultural Conference and Summit provides an excellent opportunity to reflect on how our nation's attitudes toward diversity, reflected in our choice of president, have left us closing this day with feelings of peace, pride and optimism for our future.

## ETHICS ROUNDS

### Reading the Ethics Code more deeply

**Learning Objective:** Explore how to read the APA Ethics Code as a guide to psychology's core values.

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Ethical Standard 8.07, Deception in Research, illustrates how the Ethics Code incorporates our profession's core values in resolving ethical dilemmas.

One of the most enjoyable aspects of my position as director of APA's Ethics Office is the opportunity to speak with students about their training in ethics. It always makes for a lively and interesting discussion when students want to go beyond the text of the *Ethical Principles of Psychologists and Code of Conduct* (2002) to understand why the Code is written in a particular way.

The current version of the code is the result of a five-year revision process that entailed seven revision drafts; every word is the result of careful review and consideration. When I speak with students, I try to emphasize that behind every rule in the Ethics Code there is a reason, and behind every reason there is a value. We want to push ourselves to a deeper reading of the code by asking questions that bring us progressively closer to the foundations of our ethical positions. Ethical Standard 8.07, Deception in Research, gives an excellent example of this process.

#### 8.07 Deception in Research

**(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.**

**(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.**

**(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)**

Note four aspects of Ethical Standard 8.07. First, the standard itself is built upon an ethical dilemma. One part of this dilemma is the value of advancing the science of psychology, a value central to the Association's mission as APA's core texts emphasize. According to APA's Vision Statement, approved by the Council of Representatives in February 2009:

The American Psychological Association aspires to excel as a valuable, effective and influential organization advancing psychology as a science, serving as ... the major catalyst for the stimulation, growth and dissemination of psychological science and practice.

APA's Mission Statement likewise states, "The mission of the APA is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives," while the Association Bylaws begin, "The objects of the American Psychological Association shall be to advance psychology as a science ... by the promotion of research in psychology." Principle B in the Ethics Code, Fidelity and Responsibility, also highlights the centrality of advancing the science of psychology by stating that psychologists "are aware of their scientific responsibilities to society."

The ethical dilemma arises by virtue of Principle C in the Ethics Code, Integrity, which states, "Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology." The use of deceptive techniques in the service of advancing the science of psychology presents an ethical dilemma because it brings into conflict two of psychology's core values: Advancing science through research and promoting truthfulness. Ethical Standard 8.07 helps psychologists resolve this conflict.

A second aspect of Standard 8.07 important to note is that the standard incorporates a philosophical approach to help resolve the conflict, utilitarianism, most often associated with John Stuart Mill. A utilitarian approach assesses an act by its consequences (thus utilitarianism is sometimes referred to as a form of "consequentialism"). To judge an act according to a utilitarian approach, the question is posed: What consequences are likely to follow this act? Paragraph (a) in Standard 8.07 gives a good example of a utilitarian analysis "the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value." The phrase "is justified by" reveals a utilitarian perspective: The good that comes from the deception must outweigh the use of a technique that is not honest and truthful. Our initial ethical analysis in Standard 8.07, therefore, involves weighing and balancing the use of deception with the knowledge we gain from employing a deceptive technique. To be acceptable under Standard 8.07, the balance must weigh in favor of the knowledge we gain.

Paragraph (b) of Standard 8.07 places a limit on the use of a utilitarian analysis by stating that psychologists do not engage in deception "reasonably expected to cause physical pain or severe emotional distress." According to paragraph (b), there is no justification for deception in these circumstances; our utilitarian analysis has reached the limit of its applicability. Put another way, when a deceptive technique is reasonably expected to cause physical pain or severe emotional distress, our ethical analysis no longer consists of exploring what good the research may yield. Even if great strides in scientific knowledge could be made through a deception study involving physical pain or severe emotional distress, the study would nonetheless be unethical according to the APA Ethics Code. There is no longer a weighing and balancing of the goods that will come from the deceptive technique. Nonmaleficence, "do no harm," now becomes central to the Standard: Advancing science cannot justify inflicting these harms.

The third aspect of Ethical Standard 8.07 important for our discussion comes in paragraph (c), where the standard turns to Principle E in the Ethics Code, Respect for People's Rights and Dignity. Principle E begins, "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination." Principle E is the foundation for obtaining informed consent, the process by which psychologists protect and promote an individual's self-determination. The Ethics Code places great emphasis on informed consent and by extension on the value of self-determination; five ethical standards in our Ethics Code have the term "informed consent" in their title.

While obtaining informed consent normally commences at the initiation of the professional relationship, be it therapy, research or education, this process is reversed in Ethical Standard 8.07. Because deception masks the true nature of the research, informed consent must follow rather than precede the data collection. Timing is nonetheless important to Standard 8.07, which states that participants are informed about the deception "as early as is feasible" and in any case "no later than at the conclusion of the data collection." The endpoint—the conclusion of the data collection—is that point in time when deception no longer serves the purpose of advancing science and so loses its ethical justification.

Fourth and finally, Standard 8.07 states that participants in deception studies are allowed "to withdraw their data." This final clause in the standard highlights the value of self-determination in Principle E, by placing the value of self-determination over the value of advancing science, a reversal of the standard's earlier balance. The value of self-determination yields to advancing science in the initial part of the Standard 8.07 because otherwise the research could not be conducted; in the latter part of the standard advancing science yields to self-determination, which brings Standard 8.07 back in line with other ethical standards that permit research and other psychological activities only after informed consent has been obtained.

Both the power and the danger of deception as a research technique are amply demonstrated by our profession's history. The caution in the Ethics Code surrounding the use of deception is made evident in the final clause of paragraph (a), which says that psychologists use deceptive techniques only when "effective nondeceptive alternative procedures are not feasible." This clause creates a figure-ground of ethical acceptability for the use of deception: Deception is allowed only in those studies that could not effectively be conducted without using deception.

Ethical Standard 8.07 takes competing values and structures the use of deception so that advancing science, avoiding harm, and respecting self-determination are all part of the ethical equation. Each clause in the standard represents a negotiation among these competing values. In examining how the clauses are put together, we can see the standard's rules and reasons. As we read the Ethics Code in this manner, we may come to a greater appreciation of psychology's values and see more clearly how those values are expressed in the work psychologists do.