

ETHICS ROUNDS

The supervisor as gatekeeper: Reflections on Ethical Standards 7.02, 7.04, 7.05, 7.06 and 10.01

Learning Objective: Examine ethical aspects of the supervisory relationship

'Gatekeeping' aspects of the supervisory role provide a helpful lens through which to explore the ethical dimensions of supervision.

Print version: page 90

One of the great pleasures of serving as APA's ethics director is that I have the opportunity to meet and speak with psychologists throughout the country about the ethical dimensions of their work. Recently Division II (Education and Training) of the California Psychological Association invited me to speak on "The supervisor as gatekeeper: Dealing with ethical and legal dilemmas." I was delighted to see the interest in this topic; on a beautiful Saturday in Manhattan Beach, Calif., training directors and supervisors from across the state filled a conference center to discuss these important and challenging issues.

The concept of gatekeeping

As I reflected on the topic of gatekeeping, it struck me that Division II had chosen a particularly rich concept, one with several core elements. Gatekeeping implies passage, or movement, between two (or more) places. Certain criteria govern when passage is appropriate. Authority rests with the gatekeeper to apply the criteria and so to allow, or not allow, passage. The gatekeeper must take responsibility for that decision. Many of the ethical and legal dilemmas that arise in supervision stem from the gatekeeping function -- for example the manner in which supervisors apply the criteria that govern passage (such as from noncompetence to competence), and the circumstances under which supervisors are held responsible for their decisions to allow passage, or not.

Five questions

Five questions seemed helpful as starting points in thinking about the elements implicit in the concept of gatekeeping in a supervisory context.

1.) What is the nature of the supervisory role, and how does this role differ from other important roles such as consultant and therapist?

A role establishes a particular kind of relationship. Subtle differences in a psychologist's role can significantly affect whether an interaction is likely to be helpful or harmful in a given context. Ethical Standard 7.05 provides an example of how the Code emphasizes the importance of keeping roles central to training separate, in this instance the roles of evaluator and therapist:

7.05 MANDATORY INDIVIDUAL OR GROUP THERAPY

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program.

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy.

The starting point for thinking through the ethics of supervision is clarifying the nature of the role.

2.) What is the nature of the relationship between a supervisor and a client?

Both our Ethics Code and many state laws directly connect the supervisor and the client:

10.01 INFORMED CONSENT TO THERAPY

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

In addition to the ethical and legal dimensions of the relationship identified in Ethical Standard 10.01, clinical responsibility for the client's welfare rests with the supervisor as well. The relationship between the supervisor and the client thus has clinical, ethical and legal aspects, all of which the supervisor must hold in mind during the process of supervision.

3.) Does supervision, by definition, create a multiple relationship and a conflict of interest?

Supervision is one of the many facets of psychological training. Our supervisees are also our students, research assistants, co-authors, and sometimes our friends. Supervisors protect a client's welfare and help a trainee attain competence, while at the same time maintaining boundaries that respect everyone's best interests. These multiple roles often coexist productively, but when they do not the supervisor must explore competing values and interests to resolve potentially harmful tensions.

4.) How does a supervisor assess a supervisee's competence?

Can we ever *really* know what our supervisees are doing? Supervisors use a variety of teaching methods, including direct observation, videotapes, audiotapes, and having a trainee as co-therapist. The particular technique chosen is placed in the context of Ethical Standard 7.06:

7.06 ASSESSING STUDENT AND SUPERVISEE PERFORMANCE

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

Ethical Standard 7.06 gives supervisors both the discretion to determine how best to assess a supervisee's performance, and the responsibility to make clear to the supervisee how the "timely and specific" process of assessment will work.

5.) How does a supervisor know when to invoke a remedial process?

Supervisors invoke a remedial process when a trainee falls short. Trainees, for their part, must be clear what is expected along *all* dimensions of their training: academic, professional, personal, interpersonal, and so forth. In the language of ethics and law, applicants must be put on notice of what is expected of them:

7.02 DESCRIPTIONS OF EDUCATION AND TRAINING PROGRAMS

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

In addition to the importance of notice, there must be a process that is followed in order to address a trainee's particular challenges. Ethical Standard 7.04, which contains aspects of notice, sets forth conditions under which a program may invoke a process that requires disclosing certain types of information:

7.04 STUDENT DISCLOSURE OF PERSONAL INFORMATION

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

In their gatekeeping role, supervisors will become familiar with what notice programs give students regarding what is expected, and what process follows when those expectations are

not met. Supervisors will want to avoid what I refer to as the *promoveatur ut amoveatur* principle, loosely translated from Latin as, "Let us move this supervisee along in order to have the supervisee gone from our placement." While some times tempting, that approach does not give the supervisee, the profession or the public their due.

I am grateful to CPA for having included the APA Ethics Office in their day. Particularly satisfying was the tone of the conference, in which ethics was discussed not as a problem to be solved, but as an integral part of how supervising psychologists approach their work. That tone bodes well for the next generation of psychologists to experience ethics as part of the fabric of their work and their professional identities.

ETHICS ROUNDS

On being an ethical psychologist

Learning Objective: Comprehend the role of ethics and ethical dilemmas in clinical work

Being mindful of the values that inform our clinical work, even--and especially--when those values compete with one another, represents an approach to the ethical practice of psychology.

Print version: page 114

"Ethics" and "ethical" are words that people use in different ways. For some, to say that a psychologist has behaved "unethically" means that the psychologist has violated a rule of conduct, perhaps a licensing board regulation or a standard in the APA Ethics Code. This way of thinking about ethics focuses on the *unethical*, the *absence* of what is ethical, a breach in the minimum standards of our profession's behavior. The "Code of Conduct" aspect of the Ethical Principles of Psychologists and Code of Conduct sets forth 89 such standards, a violation of which constitutes "unethical" behavior.

A different orientation toward ethics derives from the "Ethical Principles" aspect of the Ethical Principles of Psychologists and Code of Conduct. This orientation, which focuses on the principles to which we aspire, raises an important question for every member of our profession: What does it mean to be an ethical psychologist? A satisfying response will not come from a rule-based approach. Abiding by enforceable rules is necessary, but by no means sufficient for becoming an ethical psychologist. How, then, do we pour content into this aspirational concept of ethics?

Ethics can be defined as thinking about reasons in terms of values. The five ethical principles in the Ethics Code set forth psychology's core values: Beneficence and Nonmaleficence; Fidelity and Responsibility; Integrity; Justice; and Respect for People's Rights and Dignity. While it is entirely appropriate that other values, such as earning a living and developing professionally from our work, inform and motivate our behavior, the values in the five ethical principles play a fundamental role in setting the ethical parameters of our profession.

An ethical dilemma arises when two or more of the values found in the ethical principles conflict. Such a dilemma is an *ethical* dilemma because its resolution must appeal to values. Since, by definition, more than technical expertise is at issue in an ethical dilemma, even the most skilled practitioner cannot resolve an ethical dilemma by appealing to technical expertise alone. Resolving an ethical dilemma requires identifying the relevant values and weighing those competing values against one another to determine which receives priority.

In *Tarasoff v. Regents of the University of California* (see Judicial Notebook, [page 112](#)), a young man, Prosjenit Poddar, in treatment with a psychologist, threatened to harm a young woman, Tatiana Tarasoff. The psychologist did not break confidentiality to tell the young woman or her family of Poddar's threat, and Poddar did indeed kill Tatiana. In reviewing the case, the Supreme Court of California stated "The protective privilege ends where the public peril begins." This statement, found in a legal case, resolved an ethical dilemma that pitted confidentiality ("the protective privilege") against safety ("the public peril"). To resolve the

ethical dilemma, the California court identified the values at stake--confidentiality and safety--and concluded that, in California, safety receives priority when these values conflict: Psychologists break confidentiality to protect the safety of a third party, such as Tatiana, from a patient's harm.

The California court emphasized that in giving priority to safety over confidentiality, confidentiality nonetheless remains important to preserve. According to the court, psychologists disclose confidential information *only* to the extent necessary to protect safety. Psychologists thus keep both values--safety and confidentiality--in mind at all points during the process of protecting. To say that one value receives priority is not to say that the other value is unimportant or may be neglected.

The California court's reasoning provides an excellent place to begin reflecting on one way of thinking about what it means to be an ethical psychologist. Elaborating on the court's analysis, an ethical psychologist is one who recognizes ethical dilemmas and strives to keep all of the competing values in mind as the dilemma unfolds. Encountering and engaging in ethical dilemmas, far from being a sign that a psychologist is somehow falling short, is rather an indication that what we do is subtle, complex and important. Holding on to multiple values simultaneously can be a significant challenge in our work and often requires courage in the face of uncertainty.

An area of practice that especially illustrates the call to be an ethical psychologist is working with individuals who struggle with chronic suicidal feelings. Such individuals, who sometimes meet the diagnostic criteria for borderline personality disorder, can place the question of values into bold relief because what these clients want may not be in their best interests. On one side of this dilemma is the Preamble to the Ethics Code, which states that the code "has as its goals the welfare and protection of the individuals...with whom psychologists work." On the other side of this dilemma is Principle E, "Respect for People's Rights and Dignity," which begins "Psychologists respect the dignity and worth of all people...and the rights of individuals to...self-determination." This dilemma may make itself felt throughout an entire treatment with a chronically suicidal patient, as a treating psychologist attempts to protect the patient's safety and welfare while at the same time respecting the patient's treatment wishes and life choices.

Marsha Linehan, PhD, a psychologist who developed dialectical behavior therapy (DBT) for individuals who meet criteria for borderline personality disorder, gives the profession a wonderful example of a treatment that integrates competing values. DBT clients engage in impulsive and sometimes very high-risk behaviors. Linehan's clinical approach takes both protecting the client's welfare and respecting the client's autonomy seriously. The foundation of DBT is informed consent: Clients work toward their own concept of "a life worth living," with the understanding that hospitalization, even in times of crisis, may hinder rather than help them on their way to that life. In good DBT treatment, there will be a tension between protecting the client from harm and enhancing the client's autonomy. Linehan welcomes that tension. Seeing an intervention too far in either direction--toward protecting the client or toward autonomy--as missing an opportunity for growth, a skilled DBT clinician uses the tension that arises in a particular moment with a particular client to push the client forward toward health. Ideally, such a melding of solid clinical and ethical thinking will help fashion the standard of care, so that good law, good ethics and good clinical care will come together and go hand-in-hand.

There is no single, definitive way of thinking about what it means to be an ethical psychologist. To say that an ethical psychologist does more than abide by our rules and standards by no means diminishes the importance of rules and standards, which are the bedrock that protects those with whom we work, and us, from harm. Thinking through what "more" characterizes an ethical psychologist, over and above obeying rules of conduct, is a fruitful exercise for all who are part of a profession that touches so many lives in such a profound manner.

ETHICS ROUNDS

On being an ethical psychologist: A more-than-academic example

Learning Objective: Recognize how the Ethics Code may be applied in an educational manner to a conflict of interest dilemma in an academic setting

Mindful of the values that inform his professional work, a teaching psychologist uses a potential conflict of interest to bring ethics into his classroom.

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Of the many privileges that come with directing the APA Ethics Office, the ones I enjoy most are having the opportunity to speak with psychologists across the country about the ethical challenges that arise in their work and discussing how they meet those challenges. Only since coming to APA have I appreciated the breadth of what psychologists do--our profession touches upon every aspect of human and animal behavior and experience--and every area of psychology has its unique ethical dilemmas. Each day in the Ethics Office is an education.

I felt especially fortunate when recently I had lunch with Dr. James Hansell, a psychologist who teaches at the University of Michigan and practices as a clinical psychologist and psychoanalyst in Ann Arbor. Dr. Hansell has written an undergraduate textbook with Dr. Lisa Damour, a practicing clinical psychologist in Cleveland who teaches abnormal psychology at John Carroll University. As I sat down to lunch with Dr. Hansell, I asked him to share with me how his textbook was faring. With some pride, he told me that the initial reception has been promising, but then I noticed a hesitation in his voice. At this point I should tell my readers that I've known Dr. Hansell for a number of years and so felt comfortable pressing him to share what was on his mind. The result was one of those conversations that is delightful precisely because it takes a thoroughly unanticipated turn.

Dr. Hansell remarked that when it came time to write his course syllabus, the thought of assigning his own textbook as required reading made him uncomfortable, given that he receives royalties for each book sold. I assured him that assigning one's own text had never been viewed as problematic under the APA Ethics Code and that often people use their own textbooks for perfectly legitimate reasons. It would be somewhat ironic, I noted, to spend years writing a textbook that surpasses others in the field or that makes a unique contribution to how an area of psychology is taught, only to be left unable to use the book with one's own students. While Dr. Hansell had considered this same reasoning when his book was published, a feeling of ethical unease nonetheless remained with him. Dr. Hansell came to use this feeling in a very interesting and creative way.

Reflecting on his lingering experience of unease indicated to him that work remained to be done in thinking the issue through, and he began by pushing himself to understand more deeply what he was feeling. Dr. Hansell saw a tension between his ethical responsibilities as a teacher, which required that he use materials he judged best for his students' educational experience, and his own self-interest, which had the potential to lead him astray in making that important assessment. Dr. Hansell reasoned that he could remove the self-interest aspect of the tension with relative ease; he would donate royalties when his was the

required course textbook. But he also wondered whether over and above relieving the tension, he could actually use his ethical unease for his students' benefit.

Dr. Hansell decided to bring the issue directly into the classroom in the following way. At the beginning of each semester, he tells his students that he is requiring his book because he believes it will best facilitate the educational experience he hopes to provide. He emphasizes the importance of ethics to psychologists and acknowledges that the choice of his own text as required reading could be perceived as a conflict of interest:

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

ETHICAL STANDARD 3.06, CONFLICT OF INTEREST

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

He explains that in order to remove the specter of such a conflict from the course, royalties from the book that are generated by the class will go to charity.

Dr. Hansell then tells the students that throughout the term they should identify charities that are related to the course subject matter (abnormal psychology). He keeps a list of charities suggested by the students, and at the end of the semester the class has a discussion concerning the various possibilities. Dr. Hansell also uses the discussion as an opportunity for the students to reflect on social and economic issues related to mental health and mental illness. Following its discussion, the class votes on the charities to which the royalties will be donated. The first class using Dr. Hansell's book voted for four charities in equal measure (several hundred dollars each): an Alzheimer's association, a local low-fee mental health clinic, a child and family services agency, and a tsunami relief agency for post-traumatic stress disorder work. (Dr. Damour agreed with her students that her royalties would be donated to tsunami relief.)

Dr. Hansell discovered an elegant and creative way to use his ethical unease in the service of his professional work. He recognized his ethical unease for what it was (a necessary first step), brought it to his students' attention in a manner that emphasized the centrality of ethics in the profession of psychology, and finally employed it as a stimulus to enhance his students' educational experience and make a contribution to mental health services. What makes Dr. Hansell's response elegant is that rather than recoiling from or trying to avoid his ethical unease, he embraced it in a generative way.

All of us have moments of ethical unease, which is a sign that we are struggling with an ethical challenge. Recognizing such moments for what they are can help us use our discomfort in constructive and creative ways. The study of ethics is both complicated and interesting because we will likely experience ethical unease at different moments than our colleagues. As an example, many highly ethical academics use their own textbooks as required reading in the classroom and retain the royalties; these psychologists almost certainly experience other, different moments of ethical unease. Often important is not so much the circumstances under which the experience of ethical discomfort arises, but rather how we use the experience.

Ethics is associated with enforcement and sanctions, and these are important aspects of our work. But ethics is much broader and involves the challenges that each of us encounters in our daily professional lives. Psychologists meet those challenges through a vast array of highly creative and interesting responses that span the breadth of our profession, which is why I feel privileged each morning I arrive at work and the phone rings.

ETHICS ROUNDS

Reflecting on how we teach ethics

Learning Objective: Grasp the role of clinical judgment and discretion in teaching psychology students to address and resolve ethical dilemmas

Our background, training and identity as psychologists should be central to how we teach ethics.

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This past July, I had the opportunity to spend a day discussing ethics with faculty members from the Chicago School of Professional Psychology. This very thoughtful group of psychologists had extensive experience in forensic practice and several had taught ethics courses. I had with me a fairly detailed plan for the day, which was soon abandoned as our discussion turned from my planned material to how we teach ethics in the classroom and at our training sites. As our discussion unfolded, I found myself wondering whether my ways of teaching ethics were sometimes off the mark.

The issue that sparked my thinking was a question commonly brought up in ethics and risk-management workshops: An HIV+ client continues to be sexually active, refusing to disclose the status to a partner or partners and refusing to allow the treating psychologist to make any such disclosure. Is the psychologist either permitted, or required, to notify a partner or some other party of the client's health status? Most often the discussion centers on the jurisdiction's duty-to-protect (*Tarasoff*) law and how that law applies (or not) to the HIV+ scenario; on the jurisdiction's level of protection of HIV status; and on the relative risks and benefits of disclosing or not disclosing the material, given factors such as the likelihood that a disclosure will have the intended result of protecting a partner and the possible effect of the disclosure on the therapeutic relationship. These discussions press for an "either-or" resolution: The psychologist should either disclose the client's status or maintain the client's confidentiality. As the discussion progressed, I wondered whether this way of talking about ethical dilemmas--as important as these considerations are to the process of determining a course of action--missed something central to the ethics of our profession.

The exercise of judgment and discretion is the defining feature of a profession. Remove judgment and discretion from an ethics code and one is left with a simple laundry list of required and prohibited behaviors. This approach to ethics hardly befits a group of highly skilled and dedicated professionals and is ultimately unworkable, since it would be impossible to address the myriad circumstances that arise in a profession as broad, complex and nuanced as psychology. Consistent with its stature as a profession, psychology has an ethics code that allows, indeed requires, psychologists to exercise their judgment and discretion in arriving at an ethical course of action.

Arriving at an ethical course of action for a psychologist implies first, that the decision-making process involves ethics--that is, entails weighing and balancing the values of our profession--and second, that the psychologist relies on professional skills as an essential part of that process. The scenario above implicates values central to our profession. Principle A, "Beneficence and Nonmaleficence," exhorts psychologists to "safeguard the welfare and rights of those with whom they interact and other affected persons." Principle E, "Respect for People's Rights and Dignity," says that psychologists respect "the rights of

individuals to privacy, confidentiality, and self-determination." A tension arises in the scenario between the psychologist's concern for "the welfare of...other affected persons," and the psychologist's respect for the client's rights to confidentiality and self-determination. Principle A states, "When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm." In thinking through the dilemma to arrive at an ethical course of action, the psychologist will weigh and balance these values against one another, in the context of the laws that govern, among other things: HIV status, the duty to warn or protect, and confidential communications between a psychologist and a client.

A discussion that ends here, however, is incomplete because it leaves the *psychology* out of the decision-making process. To have a professional code of ethics means that psychologists use their background, training and expertise as members of our profession to arrive at an ethical course of action. Identifying and weighing competing values against one another in the context of a legal landscape is essential, but represents only half of the decision-making equation. Remaining is to examine the client's psychology, an understanding of which will almost certainly affect, perhaps profoundly so, what course of action the psychologist ultimately decides upon.

Consider four clinical presentations regarding the scenario above. First, the client is a 45-year-old businessman who has contracted HIV through unprotected sex with prostitutes on business trips. He and his wife have two young children and plan for no more. They are affluent, live in a conservative part of the country and regularly attend church. While this man says he loves his wife and does not want to harm her, he is terrified that if his wife learns of his health status she will leave him and take the children, and that he will lose everything he has worked his entire life to achieve. Second, the client is a very immature 18-year-old male who comes from a culture that attaches great shame to homosexuality. To refute rumors among his peer group that he is gay, he begins to have unprotected sex with a girl his age whom he tells "protection is the female's business." Third, the client is a 30-year-old woman with bipolar illness who goes off her mood-stabilizing medication and becomes hypomanic, a usual prelude for her to a full-blown mania. She becomes convinced that any man who contracts the virus through a sexual contact with her will become, like her, invincible. Fourth, the client is a 25-year-old man whom you suspect has psychopathic features. He announces that he got tested and has HIV, probably from IV drug use "when people didn't know you could get it from needles." Asked whether he intends to tell his partner, whom he has been dating several weeks, he replies, "No way--we probably won't stay together, and I don't want word out on the street that I got the virus."

Each of these four presentations calls for a unique clinical response requiring a high degree of skill and nuance. The "either-or" approach to ethical decision-making risks missing what role psychology plays in arriving at an ethical course of action--that is, risks leaving out what lies at the heart of our ethics: that we have the benefit of extensive training and experience *as psychologists*. Equally important, framing the question as "either to disclose or not" and thus failing to discuss the clinical aspects of the scenario, including the very strong feelings that these issues generate in us as treaters, artificially removes the question from its clinical context, where psychologists inevitably confront their ethical dilemmas, apply their clinical skills and implement their decision-making processes.

I felt fortunate for the opportunity to think about these challenging issues with faculty members so clearly concerned with their students becoming ethical psychologists. The faculty's reflections gave me pause, by impressing upon me the importance of how we present ethics in the classroom, at clinical sites and in the lab. When we leave what is

psychological out of our ethics presentations and discussions, we neglect the unique contributions we are poised to make by virtue of our background, training and experience as members of our profession, and so miss an essential aspect of our ethics. I left the workshop with an obvious but perhaps for that very reason all the more valuable lesson to keep in mind: Being a psychologist is an integral part of being an ethical psychologist.

ETHICS ROUNDS

A letter to 'Ethics Rounds'

Learning Objective: Explore how the Ethics Code applies to referral situations in which significant conflicts of interest may be present

Ethical complexities when therapist-spouses refer clients to one another call for a thoughtful process to protect our clients from harm.

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"Ethics Rounds" received a letter, excerpts of which are below, from a man who lost a sibling in a tragedy felt acutely by our entire nation. The author, who has achieved a significant measure of professional success, witnessed the tragedy that led to his brother's death and sought treatment when he recognized that he himself was experiencing symptoms of post-traumatic stress disorder for which he was encouraging his employees to seek therapy. Subsequently, the author's wife requested a referral from his psychologist/psychoanalyst, and began her own intensive work with one of the recommended therapists, a psychiatrist. Well into the treatment, a fact emerged about their now treating therapists that had neither been discussed nor disclosed at the time of the referral or after: The treating psychologist and psychiatrist, who did not share a last name, were married. The author writes:

Betrayal, distrust and lack of intimacy are among other issues I've been dealing with....My trust has been shattered. The shock and betrayal I feel at the failure to disclose this information has led me, after three confrontational sessions, to terminate my therapy....The deception and manipulation I feel are overwhelming. I am enraged that two very smart, highly skilled and experienced professionals could have conspired to collectively make such a horrific decision. I believe I had a right to know. Looking back on previous sessions, I believe there were several times when information that I shared in confidence was leaked "over the kitchen table" and used in my wife's therapy. It appears clear to me that both therapies have been contaminated for some time. After my wife confronted her therapist first, it's clear that he "warned" his wife when I came to my next session....I find the action of our therapists unconscionable and thoughtless, especially about the possible consequences to me.

People bring us their pain. That represents a great privilege and a great responsibility for our profession. The human condition is such that we cannot always take pain away. While our clients will forgive us much, they will not forgive our causing them more pain by failing to apply our clinical skills in thoughtful, competent and respectful ways.

Driving our ethics are the twin values of beneficence and nonmaleficence, which form Principle A of the Ethical Principles of Psychologists and Code of Conduct, "Psychologists strive to benefit those with whom they work and take care to do no harm." By virtue of the complexity of our work and the influence that we have over people's lives, harm can easily come from failing to think carefully through how our decisions affect our clients, rather than from untoward intentions.

The unique role and relation we have with our clients give psychology its own ethics, so that being an ethical psychologist is not the same as being an ethical person. What makes our

role and relations as psychologists unique from an ethical perspective is that they are based upon trust. A foundation central to that trust is that psychologists will apply their clinical skills in a manner that guards against possibilities of unnecessarily causing further pain.

The pain in this man's letter is palpable. As he describes it, a trust broken by his therapist has made the pain he brought to treatment more acute. At the heart of that broken trust is what he appears to experience as insensitivity to how his relationship with his treating psychologist evoked pain from past relationships. Exacerbating his distress is that a disclosure and a discussion initiated by his psychologist may have helped avoid the rupture in the therapy relationship that he has found so upsetting. Relatively simple and straightforward language can address the issue in a direct and helpful way: "I have someone who I think would be especially good, although we first need to talk about this person's relationship to me, which could complicate matters in our work together...", or some similar wording.

To accept that something very painful occurred in the treatment, one need not assume that these treaters were acting from problematic intentions. One could assume the very opposite, that their motivations were entirely appropriate and ethical. Being good at what one does and being passionate about one's work can be a hugely attractive quality in a person, and we often love and commit ourselves to people whom we admire in part for these very reasons. It is therefore not in any manner surprising that psychologists sometimes feel inclined to refer to people with whom they have committed relationships. That understandable inclination becomes problematic when psychologists do not assume responsibility for thinking through its implications in a careful process, a process that should address at least three issues.

First, a potential dilemma arises out of the principle of beneficence, by virtue of which we strive to do good, insofar as referring a therapy client to someone with whom we share an intimate relationship may also accrue to our financial benefit.

Ethical Standard 3.06, Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

Disclosure is sometimes seen as a remedy to a conflict of interest. When a spouse or partner to whom a treating psychologist refers does not share the psychologist's last name, the client does not have a cue even to raise the question. In this instance, a failure to disclose, coupled with the potential conflict of interest, risks an especially complicated clinical effect should this information emerge in the course of the therapy or after.

Second, clients often have fantasies about how we handle their confidential information. Proximity to and contact with important figures in our clients' lives can be related to how intensely they concern themselves with matters of confidentiality. When a psychologist does

not disclose information that a client may very reasonably believe is important, what is shared and what is not—who gets told what—will inevitably be part of that treatment. In a case of married psychologists treating a husband and a wife, the power of the clients' fantasies regarding what is being shared may overshadow the reality. At the very least, each psychologist will need to make clear that treatment-related information will be shared only with explicit permission and only then after careful discussion. Even with such caveats and complete abstinence from inappropriate disclosures, the concern over confidentiality may significantly complicate one or both treatments. The difficulty in allaying these concerns is understandable when placed in a larger context; protecting spousal communications with testimonial privilege is society's way of formally recognizing the unique and intimate communications that occur between spouses.

Third, many clients will seek to please or at least seek to avoid disappointing their therapists. A referral to a treating psychologist's spouse, whether disclosed at the time of the referral or subsequently discovered, will inevitably provoke complicated and ambivalent feelings that will need to be addressed in the course of treatment. The clearest statement up front that a client is free to pursue the referral, or not, as he may wish, may help diminish how the client experiences these feelings but will almost certainly not remove the necessity of addressing the issue at some point. The stakes for everyone involved are simply too high. The referral is to perhaps the most intimate person in the referring therapist's life so that any decision the client makes will be fraught with meaning—which will be outside the awareness of very few clients.

Special considerations for how to handle these situations arise in rural areas, but the author of our letter writes from a city rich in psychology resources. Wherever treating psychologists find themselves facing ethical dilemmas, benefiting those with whom we work and protecting their welfare call for engaging in a thoughtful process that will lead to an ethical course of action. Reflecting on our own motivations—regarding the letter above, what reasons we might give for not disclosing such a relationship—and engaging our clients in a process of informed consent can be excellent places to begin. Our clients bring us enough of their own pain. The principle of nonmaleficence—do no harm—calls us to avoid adding to their pain, at the very least through the competent application of our professional skills, expertise and knowledge.

In a part of his letter not printed above, the author writes that he pursues this matter solely in the hope that someone else will be spared his distress. To that end, "Ethics Rounds" thanks the author for allowing his experience to be shared in a public way.

ETHICS ROUNDS

Reflections on training ethical psychologists

Learning Objective: Examine how to teach ethics to psychology students and trainees

Training in the ethical practice of psychology involves both teaching the APA Ethics Code as well as exploring larger questions of what it means to be an ethical psychologist.

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The *Ethical Principles of Psychologists and Code of Conduct* (2002), our Ethics Code, provides the foundation for the ethical practice of psychology. Students and trainees should have a thorough working knowledge of what is in the code and ample opportunity to explore how the code's language applies to their area of practice, research or teaching. A careful read shows how the code invites both trainees and more experienced psychologists to consider larger questions of what it means to be an ethical psychologist—questions that are fruitfully posed and explored during psychology training. Four examples involve:

- Coming to know oneself as a clinician.
- Examining the role of affects in identifying ethical dilemmas.
- Educating ourselves about how language reflects the values of the dominant culture.
- Asking what personal characteristics contribute to being an ethical psychologist.

Coming to know our strengths and weaknesses

Coming to know oneself as a clinician is not always associated with ethics. Yet the consequences of having a sense of one's strengths and weaknesses, of considering which clients one is well suited to work with and conversely which clients one best refers to a colleague, directly relates to Principle A in the Ethics Code, beneficence and nonmaleficence. The goodness of fit between a psychologist's unique talents and a client's unique clinical challenges can have a powerful effect on how well or poorly a treatment goes.

Psychologists who call APA's Ethics Office sometimes convey a sense of distress and even helplessness over a treatment that is going badly, yet which they feel an ethical obligation to continue out of a concern that not to do so might constitute abandonment. Along with recommending a clinical consultation during such a phone call, the office may also ask whether the psychologist is the best person to work with this particular client. It is interesting that this question can be met with a sense of relief, as if simply posing the question gives the psychologist permission to consider referring the client to another clinician who may be better suited to conduct the treatment.

Some psychologists are excellent in working with psychotic patients. Others are exceptional in working with clients who struggle with axis-II disorders. Coming to know which clients one works best with has important ethical implications because all of us are better suited to

benefit certain clients than others. Training programs provide excellent opportunities to begin exploring this facet of our professional lives, especially so when the issue is framed as an ethical component of professional development.

Attending to affects

Using affects as cues to ethical dilemmas can likewise be a productive topic of discussion for psychologists in training. It is interesting and instructive to listen when trainees frame issues as ethical dilemmas. Sometimes their language is oriented largely toward cognitions, duties and rights, for example, "I thought I needed to break confidentiality when this patient threatened to hurt his roommate," or "I wasn't sure whether I needed to make a mandatory report after meeting with the family," or "It's the patient's right to do what she pleases, regardless of what I may think."

Very often, though, the cue to an ethical dilemma is a feeling rather than a thought. Phrases such as, "It didn't feel right for me to," "I wasn't comfortable with," "I became anxious when," "I started to worry that" can all be signals that the trainee is encountering an ethical dilemma that has not yet been fully formed in words. Put more colloquially, the pit of one's stomach can be as good an indicator of an ethical dilemma as can be one's frontal lobes.

A valuable part of ethics education can be training in how to recognize and put into words affects that are cuing ethical dilemmas. Practice will make one better at this skill and can foster a sense of the benefits of consultation, as described in the Preamble to the Ethics Code:

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

Before resolving an ethical dilemma, a psychologist must first identify the dilemma. Learning that affects serve as cues that can be explored to identify and understand a dilemma more deeply can be a valuable part of development as an ethical psychologist.

Awareness of our values

The language we use may enforce values of the dominant culture in ways that are sometimes outside our awareness. Recently I had the privilege of speaking to graduate students in psychology at Gallaudet University, considered the world's premier university for deaf and hard-of-hearing students. During the course of my talk I made reference to the "hearing-impaired community," a comment that drew a visible reaction. After a moment of glances shot back and forth across the seminar room, one of the students told me in a respectful yet direct manner that "hearing impaired" was not an appropriate term because it implied deficit, and members of the community do not think of themselves in terms of deficit.

The comment humbled me and made me feel that I'd not done my homework, feelings I don't particularly enjoy. At the same time, I felt honored that the students had brought me into their world and shared a piece of their experience with me. The exchange highlighted how the life of a psychologist involves engaging with others about things that matter to

people and that sometimes we are awkward and we stumble. Reflecting on the exchange also impressed upon me how easily our own worldviews become part of our work in a way that can make others feel diminished.

Personal and professional

Asking which personal characteristics contribute to being an ethical psychologist follows from appreciating how the person of the psychologist can be an essential part of our professional work. Distinguishing clearly between the private and the professional life of a psychologist is complex for several reasons. More of our private lives is available for public view than ever before, due in large part to technology that is seemingly ever-present. With technology having significantly diminished the realm of our privacy, personal events more readily make themselves felt in our professional lives. Also, as we interact with clients in deeply meaningful ways, the personal may evolve into the professional as more of our personal psychology becomes involved in the professional relationship.

An area ripe for ethical analysis is the relationship between the private and the professional. Examining this relationship will involve exploring an array of issues such as what kinds of personal information, when disclosed, serve to help or hinder a treatment; what personal characteristics of the psychologist facilitate or inhibit a healing relationship; and whether and in what manner the psychologist's personal morality—virtues and vices, in a manner of speaking—enhance or undermine the ethical practice of psychology. "What kind of person makes an excellent psychologist?", when accepted as a legitimate question for serious consideration, invites us to explore the role of our personal psychology, morality and behavior in our professional lives.

Becoming an ethical psychologist is a process that happens over the span of one's professional life. A thorough working knowledge of the Ethics Code is essential as we encounter and seek to resolve the ethical dilemmas that signal the nuance, complexity and value of what psychologists do. Also central to becoming an ethical psychologist will be contemplating questions that speak to our professional strengths and weaknesses, our awareness of how the values we hold manifest themselves in our work, and how we view the relationship between our professional and our personal lives.