

ETHICS ROUNDS

Reflections on being an ethical clinician

Learning Objective: Gain insight into what it means for a psychologist to be an ethical clinician.

Being an ethical clinician entails differentiating our needs and desires from those of our clients and determining which of our needs and desires are appropriately met through our clinical work.

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The National Gallery of Art is a short distance from the APA building in Washington, D.C.—close enough for an afternoon walk through one of our nation's most treasured art collections. A favorite painting for visitors is Orazio Gentileschi's "The Lute Player." The subject of "The Lute Player," which Gentileschi painted in the early 17th century, is a young girl sitting at a table, concentrating intently on finding a chord as she strums her lute. The girl, her hair in braids and her face turned toward the viewer, wears a white blouse and a flowing canary-yellow dress, while on her table rest her music scores and other musical instruments, including a violin. A rich, velvety cloth covers the table and the stool on which she sits.

Light in the painting falls on the girl's upper body and so emphasizes her complete focus on the music and her lute. The light also partially illuminates the violin resting on the table, whose stem—or "neck," as it is properly called—is pointed outward. A reason why "The Lute Player" is so popular—aside from its beauty—is that the violin's neck points at the viewer regardless of where the viewer stands in relation to the painting. Stand to the painting's left or right, or at its center, and the neck of the violin points toward you. What makes visiting "The Lute Player" especially fun is that the violin's neck will actually follow you as you walk across its horizon. Delight inevitably accompanies a visitor's discovery of what Gentileschi has done.

Gentileschi's painting and our ethics

"The Lute Player" can be interpreted in a manner that resonates deeply with practicing ethically as a clinical psychologist. The setting suggests that the young girl spends many hours in practice, expending enormous effort to perfect her technique and enhance her skills as a musician. Competence has been called the cornerstone of ethics, for good reason. Competence is the foundation for Principle A in the Ethics Code, Beneficence and Nonmaleficence, which begins, "Psychologists strive to benefit those with whom they work and take care to do no harm." Psychologists can neither benefit patients nor avoid harm if they are not practicing in a competent fashion, which takes our continuing effort and attention to maintain a high standard of clinical work.

As she hones her skills, the girl is fully immersed in her endeavor. The movement of the violin's neck conveys her focus on the viewer, wherever the viewer may be or move. The ethical starting point for our clinical work is recognizing where a client stands in relation to what we offer and following the client's movement as we maintain the relationship. The girl is firmly settled in her seat, balanced and secure in her setting, surrounded by the accoutrements of her profession. Firmly secure in our professional identity and in the ethical

parameters of our work, we can more freely allow our patients to move, to explore different positions in relation to us, and so to discover and examine aspects of themselves that internal obstacles have constrained them from experiencing. The girl's posture, head turned with her ear almost touching the lute, conveys that her primary tool is her ear—listening. Good ethics and good clinical care come together when we most skillfully and attentively do what we are trained to do, central to which is listening to our patients in an open and receptive manner.

Competing needs

In discussions about ethical aspects of clinical work it is sometimes said that in order to be ethical, psychologists should avoid meeting their own needs and desires or should always put the needs of their patients first, before their own. Both ways of thinking about ethics strike me as missing the mark, in ways that "The Lute Player" eloquently addresses. The girl in the "The Lute Player" is fully present in her work. Her hair, her dress and her posture are all unmistakably *hers*. She is not one to hide or apologize for who she is or what she does. Her interest in and enjoyment of her music seem much more to enhance—rather than detract from—her artistry. Gentileschi leaves no doubt that for this girl making music is deeply meaningful and richly rewarding.

As clinical psychologists, we meet many of our own needs and desires through working with our clients. These include engaging in creative and interesting professional endeavors, enhancing the well-being of others and perhaps contributing to the profession through scholarly publications. Meeting such wants and needs is highly appropriate and can make us better clinical psychologists.

We meet other needs as well, sometimes in ways that conflict with the needs of our clients. We charge fees, offer appointments at times that fit our schedules, take vacations in light of non-work-related commitments and obligations, and sometimes cancel appointments when the unforeseen necessity of doing so arises. Meeting such needs, even when they conflict with those of our clients, may be perfectly appropriate. The most ethical posture is not that we deny our desires and needs, or that we always put those of our patients' first. Both of these positions are complex, even problematic, from an ethical perspective.

Differentiate and assess

A more helpful way of thinking about ethics legitimizes meeting our own desires and needs and embraces what we derive from our clinical work. The challenge from this perspective on ethics is not to deny our own needs or always to place our patients' needs first. The challenge is rather to differentiate our desires and needs from those of our patients and to determine which of our interests are legitimate to meet through our clinical work and which are not. Each of these tasks—differentiating and assessing the legitimacy of a want or need being met—is central to benefiting our patients and avoiding harm.

Differentiating our desires and needs from those of our patients entails a measure of insight into our inner life. Until we know ourselves in this way, it will be difficult if not impossible to separate what *we* want and need from what *our patients* want and need. Because a lack of differentiation leads inevitably to confusion about where our needs and desires end and those of our patients begin, clinical work has strong ethical underpinnings in self-other differentiation.

Determining which of our desires and needs we may legitimately meet through our clinical work is a more overt exercise in ethics. The APA Ethics Code provides significant guidance about specific behaviors. As valuable as the code is for maintaining an ethical practice, however, no code of conduct can adequately capture the many ways in which patients can be used inappropriately. A code must always be supplemented by an ethical orientation that views patients primarily as ends, rather than as a means to satisfy ourselves. This way of thinking about our ethics will lead us, I believe, to where we find Gentileschi's lute player: fully present and engaged in the work by which we earn a living, enjoying and enlivened by a creative professional life, and using our talents and skills in a manner that benefits our patients and does them no harm.

ETHICS ROUNDS

Beyond mere compliance: Three metaphors to teach the APA Ethics Code

Learning Objective: Examine the utility of using metaphors to teach the APA Ethics Code.

Metaphors can help move us beyond a superficial understanding of the Ethics Code to a deeper, more interesting, and ultimately more satisfying way of conceptualizing the code and its role in our professional lives.

Print version: page 54

One of the great pleasures of working in the APA Ethics Office is the opportunity to travel throughout the country and discuss ethics with psychologists and psychology students. This year the Ethics Office will offer 40 ethics programs in 21 states. A challenge in leading ethics workshops is to present the Ethics Code as more than a mere laundry list of ethical obligations and prohibitions.

Central to the code are enforceable standards that mandate certain behaviors and identify other behaviors as always unacceptable. To read the code as nothing other than a list of enforceable rules, however, is to miss a nuance, richness and insight the code can bring to our professional lives. Viewing the code in such a limited manner also risks losing the importance of *psychology* to our ethics.

In the formal title of our Ethics Code—the Ethical Principles of Psychologists and Code of Conduct—“of psychologists” is not an afterthought or an add-on: It is an essential component of the ethics of our profession. Ours is a code that belongs to psychology, not to any other profession. Three metaphors I have used in an effort to move discussions beyond mere compliance, and to emphasize the centrality of psychology to our ethics involve a stop light, the moon and an airplane ride.

A stop light

A stop light communicates a message: stop, proceed with caution, or go. The purpose of a stop light is to allow traffic to move in an efficient manner and to avoid harm. It is interesting to note that we rarely hear the objection, “It’s not necessary to have a stop light there.” There is a general consensus among drivers that stop lights are good things and that everyone is safer with them around.

The Ethics Code serves as a stop light. In certain circumstances the code communicates that psychologists may not engage in a behavior because the risk of harm is so great. The prohibition against sexual involvements with patients is an example: Given the likelihood of harm, psychologists are always prohibited from engaging in this behavior.

A yellow communicates that if one proceeds, one must proceed in a thoughtful and cautious manner. The reason for caution is that a heightened risk of harm is present—although, unlike in a red light situation, the risk of harm is not prohibitive. An example of a yellow light is found in Ethical Standard 3.05, “Multiple Relationships.” Ethical Standard 3.05 first

defines a multiple relationship and then provides a test for when a psychologist refrains from a multiple relationship:

3.05 multiple relationships

....A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists....

A common misconception is that the Ethics Code prohibits all multiple relationships—a red light. Rather, Standard 3.05 draws upon the history of our profession in alerting psychologists to the increased possibility of harm that may be present in the context of a multiple relationship, and invokes our psychological insight to determine whether a particular multiple relationship would compromise our objectivity, competence or effectiveness as psychologists. Standard 3.05 follows this yellow light cautionary moment with a green light: “Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.” The code tells us when we must come to a full stop, when we must move forward with caution and thoughtfulness, and when we may proceed apace.

The moon

For most of us, who do not travel beyond earth's atmosphere, the moon is unattainable. We nonetheless “reach for the moon” in aspiring to achieve our maximum potentials. The principles in the Ethics Codes set aspirational goals: We seek always to do good and to avoid harm, to respect people's rights and dignity, to practice with integrity and in a fair and responsible manner. These lofty principles, toward which we strive, are given to us at a high level of abstraction in the five principles with which the Ethics Code begins.

In contrast to ethical principles, enforceable standards in the Ethics Code are at a lower level of abstraction, somewhere beneath the moon, perhaps in the clouds. Standards put the principles into practice. Through indicating how we exercise beneficence and nonmaleficence—doing good and avoiding harm—for example by ensuring that we are competent when we provide services or that we use deception in research only under strict conditions—the standards help psychologists apply the principles in their day-to-day professional lives. While standards bring the principles closer to earth, there is nonetheless a space between the language of the standards and ground level where we practice.

The gap between the clouds and the ground becomes apparent when reading the standards. Ethical Standard 6.05, on barter, illustrates how the ethical standards, while more specific than the principles, nonetheless do not specify what exactly a psychologist should do in a given situation:

6.05 Barter with clients/patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative.

Principle A, Beneficence and Nonmaleficence, is the principle behind Standard 6.05: Psychologists do not barter if barter would interfere with the psychologist's ability to provide a helpful clinical service or if barter risks exploiting the client. Standard 6.05 thus brings the principles closer to earth, but there remains a space between the standard and the ground level where a psychologist must decide what to *do*. This space—between the clouds and the ground—is filled by the psychologist's clinical judgment. The psychologist will consider the language of the standard and then use psychological insight, training, and expertise to determine what the standard means in a given situation. Note that this endeavor is uniquely psychological. Ours is an ethics code for *psychologists*, and we are inevitably most ethical when we are most psychologically minded.

An airplane ride

APA wrote its first ethics code in 1953. The current version of the code, adopted at APA's 2002 Annual Convention, is our 10th revision. The forces behind the Ethics Code are always churning, which explains the energy and thought that goes into each code revision process. As we read the words of the code, in a well-written and organized bound text that seems settled and firm, the dynamic quality of the currents underneath the code may not be readily apparent to us. A deeper understanding of the code will therefore entail being mindful of the forces and trends that will emerge to shape the next revision. From 35, 000 feet, in the comfort of an airliner, the ocean below seems calm and settled. Descend close to the surface, however, and the waves and troughs are seen and felt. These churning forces do not signal a problem. Rather, they tell us that as we understand our work, the people whom we work with and ourselves more deeply, our understanding of ethics will grow, deepen and evolve as well.

All metaphors for teaching the APA Ethics Code have limitations which we must take care to respect. I have nonetheless found these three metaphors helpful in thinking about the code as more than a catalogue of what psychologists must and must not do in their professional lives. I welcome comments from readers concerning their experiences teaching the code, whether these metaphors seem helpful, and what other metaphors may move psychologists beyond mere compliance.

ETHICS ROUNDS

Posting on the Internet: An opportunity for self (and other) reflection

Learning Objective: Comprehend how the APA Ethics Code may be applied in the context of new or developing technologies, such as the Internet.

The Internet offers unique opportunities to present ourselves and our views. The breadth of exposure counsels thoughtfulness for the potential impact of disclosures on our professional work.

Print version: page 60

One of the most pleasurable and rewarding aspects of directing the Ethics Office at APA is traveling throughout the country and speaking with students and trainees about the ethical challenges that arise in their work. Some aspects of our ethics remain in relatively constant form: Using a professional relationship for sexual gratification in any manner is always unethical and psychologists may never provide false information to those who pay for their clinical services or fund their research. It is important for psychologists to be clear about these bedrock ethical rules. Surrounding these fixed and firm standards are areas of ethical complexity, where a measure of ambiguity arises and rules must be interpreted and applied to specific situations.

Last year, speaking with a particularly gifted and engaged group of interns and postdocs in Boston, I had a discussion about the ethical dimensions of personal disclosures on the Internet that I found interesting for a number of reasons. First, while I had intended to ask about the group's involvement on the Internet in a passing manner since we had a number of other topics to discuss, I was taken by how nearly everyone at the table had placed some significant amount of information on the Internet in one forum or another. I had simply not appreciated the degree of engagement over the Internet in this cohort. Second, I was struck by the ease and comfort of the discussion, which suggested that this manner of making personal information available was very much part of the social fabric of their lives. Third, I found myself wondering whether using the Internet in this manner was presenting new ethical dilemmas that we as a field have not yet thought our way through or, in the alternative, whether the discussion presented a variation on more familiar themes.

Most psychologists who received their degrees in the recent past, say before 2000, will recall discussions in graduate school about the relationship between events in their personal lives and events in their professional lives. That relationship—between the public and the private—would focus on ways that the personal and the professional intersect; a Venn diagram can be a useful way of thinking about this issue. The range of possible points of intersection was relatively limited. Being seen at a social gathering or serving in some social role at a school, church or club were often given as examples.

Another example that generated a good deal of discussion in my class was political activism, which was seen as different from these others for two reasons: It directly revealed a psychologist's political point of view and significantly raised the psychologist's profile. Yet, the nature and potential dissemination of personal information over the Internet dwarfs the most extreme examples we ever considered in class.

DISCUSSION VIGNETTE

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 (and 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.*

** Discussed by the APA Ethics Committee at the 2006 APA Annual Convention in New Orleans.*

The nature of the information posted is often highly personal, of the sort one shares with friends or family. The dissemination of the information is to anyone who has an interest and Internet access. The combination of the nature of the information and its broad dissemination raises questions that merit both clinical and ethical consideration.

The Ethics Office at APA receives many calls from both psychologists and clients. In the past year a former client contacted the office, disturbed by what had occurred in a treatment. The client had formed a strong attachment with romantic and erotic feelings toward his treating psychologist. The psychologist had made some personal disclosures about her own relationships that were of unclear clinical utility to an outside observer and that had overly stimulated the client. At least partially in response to these disclosures the client searched the Internet for his therapist, and discovered that the psychologist had a Web site with highly personal information, including pictures of her in a revealing bathing suit. At that point the client realized that treatment was no longer possible, apparently before the psychologist did.

Having terminated the treatment, the client reached out to the Ethics Office in an effort to understand whether what had occurred in his treatment was ethically appropriate. My discussions with the client focused on his experience of learning this information both from the psychologist herself and from the Web site she had created. From my perspective, the ethical and clinical aspects of this psychologist's behavior were closely tied to one another. As far as I could tell, having heard only one side of the story, the psychologist was not aware of—and had not taken sufficient time to consider—the possible effect of her disclosures, either in the therapy or over the Internet, on this client and the client's treatment.

As treating psychologists, we pay great attention to what information gets revealed, and to whom. We pay attention in this manner because as psychologists we recognize that both the "what" and "to whom" questions have clinical significance. Attending to these questions has ethical significance as well, because disclosing information that has a reasonable

likelihood of becoming available to clients can facilitate, or significantly hinder, our ability to exercise beneficence in a professional relationship.

The Internet is a powerful tool that makes information available to any interested individual. Placing information on the Internet in any forum, whether a listserv, a blog or a personal Web site, provides the occasion for psychologists to reflect on why they are choosing to make this information available. There are mechanisms that limit who will have access to the information, but ample evidence is available that such measures afford some, but not perfect protection. For this reason, psychologists placing information on the Internet should reflect not only on the nature of the material they post, but also on the possible impact such information will have on their professional work. And of course, quite apart from information we may choose to place on the Internet, is information that is there about us, over which we have little if any control.

Our Ethics Code is of limited value in providing specific guidance about placing information on the Internet. Rather than telling psychologists what they may and may not post, the code orients psychologists toward an attitude of reflection. Central to our ethics is considering how our actions are going to affect others, most especially those with whom we have professional relationships. These considerations are inherently a *psychological* endeavor; we are inevitably most ethical when we are most psychologically minded. Thoughtful reflection on how information we choose to make available over the Internet may affect others, and why we choose to disclose particular information in this venue, has deep roots in the ethics of our profession.

ETHICS ROUNDS

Notes from the 2007 Multicultural Conference and Summit

Learning Objective: Recognize the role of a multicultural conference and summit in the development of APA's approach to ethics.

An inspiring conference and summit enhances and elaborates our understanding of professional ethics. *Print version: page 58*

Dr. BraVada Garrett-Akinsanya gave a rendition of Maya Angelou's "Still I Rise" that nearly brought down the house. Dr. Rosie Bingham followed with a plenary address, "Empowerment Through Inclusion in the Daily Battle with Oppression," that had participants rocking in their seats. Awards were presented to the accompaniment of a gospel choir and posters were discussed to the beat of Taiko Drummers. Keynote speakers—Dr. Melba Vasquez on "The Challenges of Conflict among Allies," Dr. Eduardo Duran on "Liberation Psychology," and Dr. Beverly Greene on "The Complexity of Diversity"—had the halls abuzz with participants discussing "The Psychology of Multiple Identities," the fifth National Multicultural Conference and Summit's (NMCS) title and topic. The 2007 NMCS explored different ways of learning and knowing. It was an academic conference that was part networking opportunity, part revival, and all inspiring.

When I arrived to pick up my registration materials, the organizers were working to accommodate nearly twice the number of attendees they had anticipated; while initial estimates were about 450, well over 900 people showed up. Four APA divisions hosted the conference and summit—Div. 17 (Society of Counseling Psychology), Div. 35 (Society for the Psychology of Women), Div. 44 (Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues), and Div. 45 (Society for the Psychological Study of Ethnic Minority Issues). The chairpersons, Drs. BraVada Garrett-Akinsanya, William Liu, Helen Neville and Arlene Noriega, created a program that welcomed and released an energy and dynamism that suffused the meeting. Ethics was central to the conference as the APA Ethics Code was evoked on both substantive and process levels.

On a substantive level, our Ethics Code returns repeatedly to the role of culture and individual differences. Note how Principle E both affirms respect for individual characteristics and conveys a strong and unequivocal message against bias:

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.

The first sentence of Principle E calls upon psychologists to "respect" people's dignity and worth. How respect is shown is highly dependent upon an individual's cultural background and setting.

Throughout the Ethics Code culture is addressed in two ways, as an impermissible basis for unfair differential treatment and as a necessary consideration for psychologists in their work-related activities. Standard 3.01, for example, prohibits unfair discrimination, while Ethical Standard 9.06 affirms the importance of taking culture into consideration:

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.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations.

Competence is sometimes referred to as the cornerstone of ethics because psychologists cannot do good (beneficence) or avoid harm (nonmaleficence) unless they are competent in their work. Ethical Standard 2.01 makes diversity and culture central to our understanding of competence:

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.

A central contribution of the NMCS is to emphasize how psychologists do not achieve multicultural competence in a single course or workshop, but rather that multicultural competence is achieved through a process of learning how we learn about culture, and of coming to respect the centrality of diversity and culture in a client's lived experience. Dr. Garrett-Akinsanya used the metaphor of a cultural guide. As we have a map, or a guide, when we travel in a land foreign to us, so too we can use supervision and consultation with colleagues to help guide our work with clients whose culture or other individual characteristics found in Standard 2.01 differ from our own. Throughout the conference speakers gave many examples of culture affecting the work psychologists do, such as by virtue of: how time is conceived and organized; the means by which clients compensate professionals for their work; how the role of spirituality in healing or in a healing relationship is understood; and what constitute appropriate boundaries in a professional relationship.

Our Ethics Code is written flexibly. Parts of the code that do not explicitly mention culture nonetheless leave ample room for psychologists to make culture central to their ethical analyses. Standard 3.05, for example, invites psychologists to explore the role of culture in assessing whether a multiple relationships is ethically appropriate:

3.05 Multiple Relationships

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

When asking whether a multiple relationship creates a reasonable expectation of impairment in a psychologist's objectivity, competence or effectiveness, the psychologist will explore many features of the situation, including the cultural context. To engage in a particular multiple relationship in one setting may be unequivocally out of bounds; in another setting, not to enter the same multiple relationship could undermine any prospect of a productive treatment or research program.

Along with addressing substantive issues and dilemmas that emerge in psychologists' work, the NMCS had multiple "difficult dialogues" that propelled the meeting forward through a process of discourse on subjects that had evoked strong and contrary feelings among the participants. I had the opportunity to attend "The Psychology of Men and Masculinities in Multicultural Perspective: Race, Ethnicity, and Sexual Orientation," and witnessed a deeply moving discussion of an event at the previous NMCS that had been the source of considerable pain to those who had been present and involved. This meeting's "difficult dialogue" presented a compelling model for how we as psychologists can work toward reconciliation with our colleagues, when we are willing to listen to and tolerate points of views and experiences that differ from our own.

Ethics is a developmental process on both the individual and the group level. As individual psychologists, our understanding and appreciation of ethics grow throughout our professional lives. Likewise, APA matures ethically as an association. Part of APA's process of maturation is a deeper incorporation of multicultural orientations and ways of thinking into the life of our association, and over time we will move from cultural competence to cultural proficiency.

The National Multicultural Conference and Summit is taking on an important role in APA's ethical development. For that reason, attending future meetings will be essential to my own understanding of the unfolding ethics of our profession. If the 2007 meeting was any indication, the journey will be both educational and inspiring.

ETHICS ROUNDS

Multiple relationships in campus counseling centers: A vignette

Learning Objective: Gain a process of analyzing the ethical aspects of multiple relationships, as illustrated in the context of a campus counseling center.

Campus counseling centers are unique settings that often provide trainees experience in handling multiple relationships at an early stage in their careers.

Print version: page 76

A version of the following vignette was composed by a faculty member of the Georgia State University department of psychology:

Deborah, an intern at a university counseling center, has been working with a graduate student client for the past three months. The client, John, is in his early 30s and is ABD in the humanities. Deborah is pleased with the progress of the therapy, which has focused primarily on John's inability to move forward on his dissertation. Deborah suspects that John's academic difficulties are related to other areas of conflict, primarily having to do with his disappointment and anxiety over not having found a committed relationship during the five years he has been in his graduate program. John himself has recently introduced this theme into their work, and Deborah sees John's openness to such connections as a good prognostic indicator for an insight-oriented therapy.

Deborah's internship year is nearing an end, but she has accepted a postdoc at the counseling center and so will be able to continue working with John if he wishes to continue in therapy with her. It would also be possible for John to be transferred to one of the new interns. Deborah enjoys working with John and would be pleased to continue for her postdoc year.

Two weeks ago, John came into therapy and described to Deborah someone whom he'd met at a campus bar, who is also in the humanities although not in John's department. John was almost giddy as he described this person to Deborah, a feeling that Deborah has not seen John display before. John was pleased that this woman had agreed to go to a departmental lecture and reception this past week with him, and they have a date for the coming Saturday night. With a wink and a nod, John says to Deborah that he hopes the date will be an "all-nighter."

As John describes this woman whom he has just met, it becomes clear that he is almost certainly talking about a friend of Deborah's. At that moment Deborah recalls running into this friend at a coffee shop during the week, and her friend remarking in their passing interaction, "Things are good, I've met an interesting guy."

Can Deborah continue to treat John?

A more nuanced set of ethics

Campus counseling centers share features of rural settings, insofar as a close-knit group of colleagues serves a population with whom there are multiple and frequent occasions to interact in various, non-mental health-related roles. For this reason, opportunities often present themselves at college and university counseling centers for practicum students, interns and postdocs to develop ways of thinking about and addressing multiple relationships that arise in their lived, clinical experiences. Ideally, these encounters will move trainees beyond a purely textual understanding of our Ethics Code to a more nuanced and clinically driven set of ethics.

The concept of an Ethics Code driven primarily by our good clinical thinking is perhaps nowhere more evident than in Ethical Standard 3.05, on multiple relationships. After providing a definition, the code gives a test for when to refrain from entering a multiple relationship:

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Setting aside exploitation and harm, which do not seem prominent in the vignette, standard 3.05 poses a question for Deborah that is at heart a clinical question: Has an extra-therapeutic relationship begun to develop that presents a reasonable likelihood of impairment in her objectivity, competence or effectiveness as John's treating psychologist? Deborah and her supervisor will begin considering this ethics question with a discussion of John's psychological dynamics and the likely implications of his developing romantic interest for his psychotherapy. Their *clinical* discussion will drive their *ethical* analysis.

Deborah and her supervisor will assess the likely impact of John's new relationship on the therapy by exploring a variety of treatment-related factors. This discussion will be of the sort supervisors and supervisees customarily have throughout a clinical supervision, for example when they write treatment plans, respond to changing client circumstances relevant to treatment goals, or formulate plans for terminating or referring a client. Deborah and her supervisor might find it helpful to think through the situation with John and his new relationship as a graph shaded with the colors of a stop light: red, yellow and green.

Two salient features of the situation are the nature of the clinical work with John and the nature of Deborah's relationship with the person John has recently met. These features can be placed on the x and y axes, respectively, with greater intensity closer to the zero points. Because greater proximity to the intersection of the axes represents greater intensity, as one goes out on the x-axis the nature of the work with John becomes less intense, while as one goes farther out on the y-axis the relationship of John's new friend with Deborah becomes increasingly distant. One can then view the area under the curve that we may identify by color, from red (closest to the intersection of the axes), yellow (farther out) and green (farther out still, indicating a less intense treatment relationship and/or a lack of closeness or intimacy in the relationship between Deborah and John's new romantic interest).

Examining the graph will thus indicate three general areas. Red will indicate where there is a high likelihood of impairment in Deborah's objectivity, competence or effectiveness.

Yellow will indicate where there is an elevated likelihood of impairment. Green will indicate where there is less likelihood that Deborah's objectivity, competence or effectiveness in working with John will be impaired. Deborah and her supervisor may find it helpful to plot where they believe the situation places Deborah in the red, yellow or green zones (and of course there will be shading, from bright red, where the intensity level on both axes is at its highest, to light green).

In the vignette, Deborah has been treating John for three months with the possibility of at least an additional year. Deborah believes that John is a good candidate for an "insight-oriented" psychotherapy, in which his relational life and the relationship between intimacy and work will undoubtedly be explored in some depth. John's "wink and nod" suggests a playful or perhaps even flirtatious attitude toward Deborah, which may also become part of the work of therapy. Taken together, these considerations suggest a point on the x-axis indicating a more rather than less intense treatment relationship with John.

The vignette provides little information about Deborah's relationship with John's new romantic interest. If Deborah and this individual are merely acquaintances with only passing familiarity, we will be farther out on the y-axis. Conversely, if theirs is a close, long-standing friendship, the point on the y-axis may be in much farther, indicating that Deborah is likely to be hearing intimate details about John from someone to whom she cannot disclose her treatment relationship.

This simple, although I hope not simplistic, device of depicting a standard 3.05 analysis on a graph, may be a useful aid in locating where a particular multiple relationship falls on a continuum. Should Deborah and her supervisor find using a graph helpful, they will explore the implications for Deborah's continued involvement in John's treatment on a plot in the red, yellow or green zone of the graph. Of course, there are no fixed dividing lines between these zones that apply across all psychologists and treatments; where a dividing line gets set will depend upon a variety of factors, such as the psychologist's way of working and comfort level, as well as community norms. A common factor, however, will be where the analysis starts: Excellent clinical judgment.

ETHICS ROUNDS

The unique challenges of campus counseling

Learning Objective: Comprehend unique ethical challenges of working in a campus counseling center.

Working in a campus counseling center today requires an exceptional measure of clinical skill, political acumen, organizational understanding and ethical reflection.

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Psychologists who work in campus counseling centers face a daunting array of challenges. There is universal consensus that students bring to campus more and greater pathology than ever before. Violence at campuses across the country has placed enormous pressure on schools to ensure the academic community's safety. Administrators see psychologists as central in the effort to prevent campus violence. Yet far from deferring to clinicians' expertise and judgment, these same administrators—who may have little or no mental health training—increasingly demand to know which students are receiving mental health services, and in some cases even push to become involved in aspects of clinical care. Responding to these pressures takes considerable clinical skill, political acumen, organizational understanding and ethical reflection.

The Ethics Office receives many calls from psychologists in all areas of education, research and practice. Given the circumstances above, the noticeable increase in calls the office receives from psychologists working in campus counseling centers is not surprising. There seems no reason to believe the situation will change in the foreseeable future. A challenge for the Ethics Office is to reflect with these psychologists on how the values in the Ethics Code can help frame clinically competent, organizationally savvy, ethically appropriate responses to the many and often conflicting pressures they face.

A tension apparent in calls the office receives involves whether and the extent to which a counseling center should reach out to individual students who may be in distress. Recently we were asked whether Ethical Standard 5.06 serves as an impediment to contacting students who had not themselves approached the counseling center:

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

Very soon after receiving this question, another psychologist from an entirely different part of the country contacted the office and suggested that reaching out to students and offering services in an unsolicited manner may infringe upon the students' right to privacy and self-determination. The psychologists posing these questions were, for entirely understandable and legitimate reasons, focusing on two separate aspects of our Ethics Code.

Principle B in the Ethics Code helps ease the apparent tension between these two calls:

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work.

Note how Principle B speaks directly to these psychologists' questions and related issues. First, Principle B begins with "trust." Trust exists on both the individual and institutional levels. For a counseling center to function effectively, there must be trust both between the counseling center and school administration, as well as between the clinicians and the recipients of services. When trust breaks down on either level, providing competent and clinically useful services becomes extraordinarily difficult. This is one reason why counseling centers need to be very attentive when asked by a school administration to adopt nontraditional roles such as providing mandated treatment. Trust also becomes a significant issue whenever information is disclosed, for example to a school administrator, without a client's knowledge or consent. Even a single disclosure can have effects that reach throughout the community.

Second, Principle B speaks about responsibilities to the specific communities in which psychologists work. How psychologists in campus counseling centers carry out their responsibilities to the school community will depend on many factors, such as the school's unique culture and the counseling center's philosophy and policies. Some centers will focus on training individuals in the academic community to encourage individuals in distress to visit the center or inquire about services. Other centers may be more open to acting on information they receive from third parties and reaching out before hearing from the student in question. Note that because Ethical Standard 5.06 prohibits "solicitation of business" and explicitly allows "community outreach," the standard would not prevent a nonprofit, campus counseling center from reaching out to a member of the school community in order to offer services or invite a visit. At the same time, such outreach must be clinically informed. Many centers will be exceedingly cautious for clinical reasons about making unsolicited contacts, especially when other avenues for reaching students in distress and encouraging them to seek counseling center services may be available.

Third, Principle B urges psychologists to clarify their roles and obligations and cooperate with "other professionals and institutions" (emphasis added). Principle B underscores how campus counseling centers exist in specific and unique settings where a nuanced and contextualized view of informed consent is necessary, as is a willingness to cooperate with other professionals. Two ethical standards are directly relevant to cooperation and informed consent in an institutional setting:

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

Ethical Standards 3.09 and 3.11, read in conjunction with Principle B, highlight how campus counseling centers operate within complex systems that have multiple and competing interests and demands. Cooperation, of course, is a two-way street and calls to the Ethics Office suggest that demands, for example regarding specific clients, are not always made to counseling centers in a collegial or cooperative manner.

The less cooperation from other aspects of the system, the harder psychologists will have to work from their end. Such a situation, while by no means ideal, does offer an opportunity to view the entire academic community—students, faculty, parents, administrators, and staff—as an organic whole and to interpret particular difficult interactions as symptoms of systemic challenges. Guidance offered by the Ethics Code is that the more the community understands what counseling centers have to offer and how counseling centers work most effectively and ethically, the more likely it is that the school environment will facilitate a counseling center offering its maximum benefit to the entire academic community.

As a community of professionals, we should recognize and appreciate the clinical, organizational and ethical challenges that face our colleagues in campus counseling centers. Psychologists in these settings will continue to come under fierce pressures from many directions. In addition to the considerable skills these psychologists bring to bear in addressing the multiple and conflicting demands on their time and loyalties, let us hope they will also feel the respect, support and admiration of us, their colleagues at APA.