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Ethics rounds

Disclosures of confidential information under the new APA Ethics Code: a process for deciding when, and how

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Learning Objective: Discuss the process of disclosing confidential information under the APA Ethics Code

The APA Ethics Office receives frequent calls concerning disclosures of confidential information. While each possible disclosure is unique and must be treated as such, there are nonetheless helpful ways for psychologists to consider more generally whether, and in what manner, confidential information should be released. Ethical Standard 4.05 in our new APA Ethics Code provides a framework for thinking through alternatives when the possibility of disclosing confidential information arises.

> **4.05 DISCLOSURES**
>
> (a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.
>
> (b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

Imagine that you are sitting in a comfortable room, marked "The Confidential Room," which contains all the confidential information from your practice. A red light begins to blink each time someone wants you to release confidential information, signaling that the possibility of disclosing confidential information is at hand. The catch is that, for you to take information out of the confidential room when the red light blinks, you must do so by walking through one of the room's three doors. Other than these three doors, there is no other way of leaving the room or communicating with anyone outside. Each of the three doors is labeled. The labels are taken from Ethical Standard 4.05.

Client consent is the foundation on which Ethical Standard 4.05 is based. Paragraph (a) addresses disclosures in the context of consent. Paragraph (b), which addresses disclosures in the absence of consent, states that when psychologists do not have client consent they disclose confidential information only when there is a legal mandate or legal permission to do so. Thus, the confidential room's three doors are labeled: Client Consent, Legal Mandate and Legal Permission.

When the red light blinks, the psychologist must decide which of these three doors--the room's only openings--to go through. The psychologist will approach the door and provide a reason why that door should open. If the reason is good enough, the door will open and the psychologist may exit the room with the information. If the reason is not good enough, the door remains closed. Then, the psychologist must find another door to exit or the information remains in the room.

The client consent door

According to Ethical Standard 4.05(a), client consent is one basis on which to disclose confidential information. Disclosing confidential information pursuant to client consent "respect[s] the dignity and worth of all people, and the rights of individuals to...self-determination," by treating the client as autonomous and capable of deciding when and to whom the information will be disclosed (General Principle E, Respect for People's Rights and Dignity). Our Ethics Code does not require that the consent be in writing, but relevant laws, such as HIPAA, may well have such a requirement, depending upon the circumstances. Determining whether the consent is "appropriate," in the language of Standard 4.05(a), may require additional attention when working with clients of compromised capacity who have a guardian, when a third party has requested the services or when services are delivered through organizations. In these situations, the psychologist will identify who the client is and confirm who has the legal authority to consent to the disclosure.

The legal mandate door

According to Ethical Standard 4.05(b), psychologists may disclose confidential information when the law mandates them to do so. Legal mandates to disclose information come in various forms, such as mandatory reporting laws, for which society has determined that some value should take precedence over confidentiality. As an example, child and elderly abuse reporting laws are the result of a legislature having decided that the need to protect children and the elderly, who are often vulnerable and cannot protect themselves, outweighs confidentiality. A court order to release information is another example of a legal mandate that falls under Standard 4.05(b).

The legal permission door

Ethical Standard 4.05(b) also allows a psychologist to disclose confidential information when the law provides permission to do so for a "valid purpose." Standard 4.05 provides examples of a valid purpose: providing services, obtaining consultations, protecting from harm and obtaining payment. The confidentiality laws in many states allow, but do not require, disclosures of confidential information for one or more of these reasons, and HIPAA contains similar permissive provisions for certain circumstances. Before disclosing confidential information in the absence of client consent or a legal mandate, psychologists will determine whether the law permits the release and whether there is a "valid reason" for the disclosure.

Ethical Standard 4.04(a)

Once the psychologist has identified which door allows the disclosure of confidential information and provided a reason for the door to open, the psychologist must then choose what information to take out of the confidential room. In certain cases, this

choice will be straightforward, as, for example, when a court order specifies what information is to be disclosed. In other instances, however, Ethical Standard 4.04(a), which is similar to HIPAA's "minimum necessary" rule, may govern. In a nutshell, Ethical Standard 4.04(a) says that psychologists identify what information is necessary to fulfill the need for the disclosure and disclose only that information.

> **4.04 MINIMIZING INTRUSIONS ON PRIVACY**
>
> (a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

Thus, the psychologist will need to explain why particular information is necessary to disclose. If the psychologist demonstrates the need, the door will open wide enough for the psychologist to take the information out of the room. If the psychologist does not demonstrate the need, the opening will be narrow. The psychologist may carry only information that is indeed germane to the reason for disclosure.

Ethical Standard 4.05 indicates when psychologists disclose confidential information. The standard can also be read as providing a framework for psychologists to think through whether they should disclose confidential information. In the confidential room metaphor, psychologists must choose the consent door, the legal mandate door or the legal permission door: Perhaps a mandatory reporting law requires the disclosure, perhaps the client has consented, perhaps the law permits the disclosure and the psychologist is acting to protect someone's safety. As the psychologist decides what information to disclose, Ethical Standard 4.04 becomes relevant: The door opens only wide enough for the psychologist to take from the room information germane to the purpose for disclosure.

I hope this way of approaching a potential disclosure of confidential information is simple but not simplistic, and is helpful to psychologists as a start in determining whether to release, or withhold, information gained during the course of a professional relationship.

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ETHICS ROUNDS

Adolescents and confidentiality: Letter from a reader

Learning Objective: Describe how clinical, legal and ethical considerations inform issues of confidentiality in the treatment of adolescents

Bringing together clinical, legal and ethical perspectives on confidentiality offers both challenges and opportunities in the treatment of adolescents.

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How confidentiality applies in the treatment of adolescents is a topic to which we return on a regular basis. It merits considering that even after hearing thoughtful and informed discussions of this issue, perhaps in graduate school or in a workshop, we still do not feel entirely settled in knowing how confidentiality applies to work with minors. Asking why this topic requires more of our attention and thought suggests that the reasons for our uncertainty are complex and cannot be fully addressed by a mere recitation of rules. While possibly a source of frustration, this measure of uncertainty is also an invitation to think more deeply about our ethics, our clinical work and the relationship between the two in the context of our clients and patients in their mid and late teenage years, before they reach the age of legal majority.

In pondering why we continually return to the topic of adolescents and confidentiality, it may be helpful for the moment to think of law, ethics and clinical work in terms of a Venn diagram. The overlap is where law, ethics and good clinical care come together. We are always looking for ways to move the circles further together, toward an ideal state of complete consonance. Where the circles do not overlap represents some area of tension, for example between what is good clinical care and what the law demands. The “betwixt and between” quality of adolescence, during which young people's competencies and autonomy are emerging yet are not sufficiently formed for the law to embrace them fully, inevitably gives rise to rough spots where there is an imperfect overlap. Further complicating the matter is the uneven pace of individual development where the capacity to exercise autonomy in a reasonably mature way may be present one moment and, as the parent of any adolescent recognizes, gone the next. The law is a blunt instrument and cannot easily capture with its broad brushstrokes the nuance and variability of this time of life.

In the letter below, A.B. asks whether she should treat an individual 15 or older in the same way as an adult for the purposes of confidentiality. Disclosures to prevent harm to self or others will, of course, apply to both adults and minors. In thinking through A.B.'s question, we could use our Venn diagram as a helpful heuristic device and ask how we would analyze this question from clinical, legal and ethical perspectives. This analysis will show us where possible tensions are, which will then allow us to explore ways of resolving the tensions. Our focus will be on asking where law, ethics and good clinical care do *not* come together, so we can look for ways to increase the area of overlap and ease the tensions.

From an ethical perspective, we will start with the process of obtaining informed consent: What understanding does everyone involved have about what information will get shared, and with whom? Informed consent sets the parameters of confidentiality for the treatment and any disclosure—or nondisclosure, for that matter—will have roots in the initial discussions about confidentiality. Both because discussions with adolescents about confidentiality are inevitably complex and because they set the context in which the treatment will take place, how confidentiality is discussed upfront merits careful attention. The initial discussions of confidentiality will help set expectations around confidentiality for everyone—the youth, the parent or guardian and the treating psychologist—and are often clinically and diagnostically useful as well.

From a clinical perspective, we will explore what is in this patient's best clinical interest in terms of the disclosure or nondisclosure of information. Our assessment will depend on the circumstances and needs of the particular individual whom we are treating. In many circumstances the most appropriate clinical course will be to maintain confidentiality, as one would with a competent adult. In other cases, a thoughtful and measured disclosure will be most helpful in moving a treatment forward. How we think about these disclosures likely depends to some degree on our theoretical orientation. Many psychologists have strong views about confidentiality in the treatment of adolescents based on their training and experience.

The legal perspective can be complex and may require consultation with a mental health law attorney. A.B. states that the age of consent is 15, yet does not specify consent *to what type of treatment* and there is considerable variation among state laws regarding confidentiality for individuals who have not attained the age of majority. Some states allow consent to outpatient mental health treatment with no restrictions, while others allow minors to consent to treatments for substance abuse and reproductive health only. In many states minors who have been "emancipated" have an unrestricted ability to consent to treatment, although the conditions that qualify for emancipation may vary, and under federal law federally funded programs whose focus is on substance abuse provide a very high level of confidentiality regardless of age. Certain state laws and federal regulations have provisions that serve to protect the confidentiality of minors when a disclosure—even if requested by a parent or guardian with the legal prerogative to obtain treatment information—would place the minor or the treatment at risk. Because knowing how the law applies may depend on individual circumstances, consultation with an attorney can help clarify the legal parameters governing confidentiality.

Thinking through each of these perspectives is a prelude to assessing the goodness of fit between them, and we can again turn to a Venn diagram. If the area of overlap is sufficient we move forward knowing that we are proceeding in an ethically, legally and clinically sound manner. The more vexing challenges arise when the degree of overlap is small. In such circumstances we are called to explore what alternatives remain available to us as we seek greater convergence between the perspectives, and a consultation will likely prove valuable. The nature of the consultation will depend on which circle we believe most amenable to shifting. As an example, we may have strong clinical reasons for not wanting to disclose confidential information to a person such as a parent or guardian who has the legal prerogative to obtain the information. In this case we may explore the possibility of appealing to a court to keep a record confidential—that is, we seek more overlap by attempting to shift the legal landscape. In the alternative, we may have strong feelings that a disclosure to

a third party is warranted, but are bound by confidentiality not to disclose without the consent of a highly recalcitrant client. In this case we may focus on informed consent, and depending on our assessment, eventually tell the client that for clinical reasons we need to revisit and renegotiate informed consent to the treatment. Here we explore how the ethical circle may shift in a helpful way.

Every treatment calls us to be mindful of how ethics, law and our clinical thinking fit with one another. These perspectives often work together comfortably. Treating adolescents raises special challenges that stem in part from the nature of adolescence and in part from the nature of our law. While meeting these challenges successfully and resolving tensions between differing perspectives may require consultation with an attorney or someone versed in professional ethics, excellent clinical skills will always be essential.

Dear Ethics Rounds,

Since being in graduate school I have heard differing opinions on whether a therapist can report information to parents of a teen who is past the age of consent. In our state the age is 15. Some therapists state that adolescents over this age have full confidentiality rights, while other therapists will state that they have limited confidentiality until the age of 18. Still others have said that it is better to argue in court that you broke the confidentiality of a high-risk 15-year-old than to argue why you didn't and the adolescent killed him- or herself, or someone else in a high risk situation. I am unclear if adolescents ages 15 to 18 have full confidentiality as an adult would, or not. Please let me know what your thoughts are on the subject.

Thank you in advance,

A.B., PsyD

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ETHICS ROUNDS

Notes from the 2007 Multicultural Conference and Summit

Learning Objective: Describe how the APA Ethics Code incorporates diversity into the Code's aspirational and enforceable aspects

An inspiring conference and summit enhances and elaborates our understanding of professional ethics.

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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 psychologistís 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.

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ETHICS ROUNDS

Multiple relationships: A vignette

Learning Objective: Recognize ethical aspects of multiple relationships under the APA Ethics Code

Finding oneself in a multiple relationship is not necessarily a sign that one has engaged in unethical behavior. It may rather be a sign that one is fully engaged in the life of a community.
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Recently "Ethics Rounds" received the following vignette and question:

Several weeks ago, Dr. Alby began treating Kevin, who is 14 years old. The focus of treatment has been to assist Kevin in working through the loss of his biological father, who following a separation has not been living with Kevin and his mother for about a year. Kevin's father has little involvement or apparent interest in Kevin's life. At present, Kevin has a number of somatic complaints and appears to be experiencing a mild depression. He has recently engaged in some antisocial behavior (shoplifting and staying out past his curfew), which seems consistent with a "bad boy" persona that he is adopting. He reports not being happy in school and is not doing particularly well. Thus far a positive and productive relationship between Dr. Alby and Kevin seems to be developing, which Dr. Alby finds encouraging.

Kevin began a recent session by reporting that his mother is considering enrolling him in Bay Bridge Academy, a nearby private school that has an excellent reputation and is known especially for its small class size and the involvement of parents in both curricular and extracurricular activities. As Dr. Alby was listening to the material, he could feel his chest tighten. Wendy, his 14-year-old daughter, is a student at Bay Bridge and involvement in her school activities is the source of great pleasure and pride for Dr. Alby.

Is Dr. Alby in an ethical dilemma?

This vignette is a wonderful example (from the perspective of the observer, that is) of when a psychologist, without warning and without any contributing behavior on the part of the psychologist, is suddenly confronted with the possibility of entering a multiple relationship. There is not the slightest suggestion that Dr. Alby has engaged in unethical behavior. From the vignette, he appears to be a good therapist and a good father. Should the situation evolve into a multiple relationship—we don't know yet that it will—Dr. Alby will find himself in this challenging position not because his behavior is ethically problematic but rather because Dr. Alby is involved with his child and has welcomed and embraced an opportunity to participate in her school experience.

APA Ethics Code, Ethical Standard 3.05: Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

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.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

The physical sensation Dr. Alby experienced during the session might be a good place to begin exploring the ethical aspects of his situation. This sensation, which Dr. Alby notices, is likely a sign of some underlying anxiety that he is experiencing, what some psychoanalysts would refer to as the countertransference. A feeling, as much as a thought, can be the sign of an unspoken ethical concern and we can begin by wondering what may be making Dr. Alby anxious.

In pondering Dr. Alby's anxiety, it is helpful to recognize that at this point his experience is one of *anticipatory* anxiety; nothing has yet happened. Thus, Dr. Alby's anxiety is a signal of concern that something may happen in the future. It will be fruitful for Dr. Alby to sit and consider what possibilities are weighing on his mind.

The vignette offers multiple possibilities, ranging from relatively straightforward and benign to quite complicated. Assuming that Kevin does apply, is admitted and chooses to attend Bay Bridge, his presence at the school will likely mean that he and Dr. Alby will have incidental contact at the very least. Contact of this nature, while not without its complexities, may afford Dr. Alby and Kevin an opportunity to deepen their work by talking explicitly about their relationship in the context of extra-therapeutic encounters. If Dr. Alby broaches the subject in a collaborative way, "Let's talk about how you and I are going to make this work," Kevin may feel taken seriously and respected. The collaboration may also be helpful in allaying Dr. Alby's anxiety that he bears full responsibility for the treatment. While Dr. Alby is responsible for making good, ethical decisions, both he and Kevin bear responsibility for how their relationship evolves. This possibility provides each an opportunity to embrace and share that responsibility.

Dr. Alby may have much more complex possibilities in mind. Given the size of the school and the culture of parental involvement, Dr. Alby may be contemplating the possibility of supervising extracurricular, perhaps overnight or weekend activities that include Kevin. He may even be considering the possibility of Kevin and his daughter developing a social or dating relationship. These possibilities will—or will not—evolve over time.

If Kevin does transfer to Bay Bridge, Dr. Alby will inevitably face both challenges and opportunities in their evolving relationship. Dr. Alby may then choose to consult with a colleague. A consultant will help Dr. Alby make best use of the opportunities and avoid pitfalls that, in the words of Ethical Standard 3.05, "could reasonably be expected to impair [Dr. Alby's] objectivity, competence, or effectiveness in performing his functions as a psychologist." If it appears to Dr. Alby and the consultant that developments in the relationship with Kevin make such impairment reasonably likely, Dr. Alby may choose to refer Kevin to another treater. Ideally, Kevin will be very much a part of that decision-making process. Of course, both in considering whether to refer and in the referral process itself, Dr. Alby will be mindful of Kevin's history with his biological father.

Our discussion has assumed that Dr. Alby's experience during the session is one of anxiety. While a reasonable conjecture, we can't be certain. Perhaps he is rather feeling annoyance that a client is intruding upon his personal life. By attending to his physical experience and allowing himself to explore that feeling, Dr. Alby will be in a better position to differentiate his experience and his needs from those of his client. Ideally that differentiation and awareness will make it less likely that Dr. Alby will allow his feelings to have a poorly understood and negative effect on his professional work.

There are moments in every psychologist's professional life that are fraught with anxiety about what is to come. Sometimes it is best not to act, but rather to sit with our experience and explore what we can learn from our feelings. As situations evolve, it can also be helpful to remain mindful that we are not alone. We can collaborate with our colleagues as consultants. Often, it can be enormously valuable—and anxiety-reducing—to collaborate with our clients as well.

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ETHICS ROUNDS

Important lessons for APA on island ethics: Notes from Hawaii

Learning Objective: Identify ethical aspects of practice in a rural setting

A series of dialectical tensions serves to illustrate some of the ethical challenges of practicing psychology in an island state.

Print version: page 44

Caffe Coco, on the island of Kauai, in the town of Kapaa, seats about 20 people on the inside. If you choose to dine outside in the back, you'll be joined by curious geckos and perhaps a rooster or two wandering by your table. Under a straw covering to protect from the sun, as a guest of the Hawaii Psychological Association, I had the opportunity to discuss ethics with a dozen or so psychologists who serve the Kauai population, just under 70,000.

Caffe Coco was the setting for one of five ethics workshops we held on four of the Hawaiian islands over the course of a week this spring. I would like to take this column as an opportunity to thank the Hawaii Psychological Association for extending such a warm welcome, and the psychologists whom I met across the state for sharing with me the ethical challenges they face in their practices. What I feel most grateful for is the education I received by virtue of the open and honest discussions we had regarding how APA may not always entirely appreciate or fully understand the unique settings in which these psychologists practice.

The discussions in Hawaii highlighted a series of dialectics, tensions between two opposing positions that might pull a psychologist in different directions. What I found most interesting was how the psychologists with whom I met worked creatively with these tensions in their search to reach an ethically reasonable and appropriate point of view or response. Three examples of these dialectics include the psychologist as "insider" or "outsider"; the ethical mandate of competence and the importance of making services available to those in need; and the perspective of the island culture vis-à-vis the perspective of APA as the professional association.

Native or outsider?

Discussions of the "insider/outsider" phenomenon in the island communities showed the centrality of this distinction in Hawaiian culture. One comment began our discussion at Caffe Coco: "Some places have six degrees of separation; here, we have *zero* degrees of separation." Reflecting on the comment, another member of our group looked at me and observed, "On the island, you would be a nobody." Smiling (with a bit of a strain), I asked why, and the group responded that my manner of dress—my shoes and that I was wearing a tie—would immediately signal that I was from "off island." Identity on the island, it was explained to me, arises from one's relationships—to a rich network of people, places and institutions. My attire would signal that I do not belong to any social network on the island, hence my status as a "nobody." Laughing, one of the group remarked that things weren't all that dire; since I was wearing a lei, people would conclude that I must have at

least one friend in Kauai. That remark brought home to me the centrality of relationships in the culture.

Those comments began an interesting discussion about the meaning of being an "insider" or an "outsider" in an island community. Both perspectives were represented, since in our group we had psychologists who had come to Kauai following their psychology training, as well as a psychologist who had lived her entire life on the island.

A complexity of the insider/outsider distinction is that each position is simultaneously valued and devalued. The value of being in insider arises in large part from the strength of a close-knit community, where in the words of one workshop participant, "People literally grew up in one another's houses." Disclosures of information—where information is the coin of the realm—may deepen a feeling of intimacy and enhance the experience of connectedness, and coming from the inside one has ready access to information that an outsider will gain only with great time and effort, if at all. One member of our group remarked, "There are wonderful things about this culture and wonderful advantages to knowing it from the inside." Said another, "Living on an island means that you're all in it together; relationships have to exist, and you have to find a way to make it work."

Other aspects of being an insider are more complicated. A native islander pointed out that coming from the island, rather than from the outside, may mean less respect for one's expertise, a bit like the biblical aphorism that a prophet is never respected in his or her own land. Adding to the complexity are pressures that an insider may feel when certain professional issues, such as mandatory reporting, arise. Filing a mandatory report may engender feelings that an intimacy has been shared and then betrayed, and may affect an entire social network where there are multiple connections with the psychologist's own familial and social ties. A concept that captures the connectivity of life in these communities is that of the "coconut wireless," where information about one's activities quickly reaches an entire community that is far from disinterested or dispassionate about one's doings. One of our group, acknowledging the complexity of the coconut wireless, remarked that such scrutiny could also have its benefits insofar as it can "make you a better person."

Boundaries of competence

A second dialectic that emerged was the ethical dilemma that arises when a community's mental health needs stretch the bounds of one's competence and other resources are not readily—or not at all—available. This dilemma, like the insider/outsider dialectic, seemed quite familiar to nearly all the psychologists with whom I spoke. There were ample examples of psychologists facing a choice: work outside of one's area of usual practice or deny services. Our discussions of Ethical Standard 2.01, Boundaries of Competence, explored the ways the Ethics Code sets forth for achieving competence, such as supervision, consultation and additional training or education. Listening to our discussions, I again found myself interested as much in the way these psychologists were thinking about the dilemma as I was in hearing their resolutions to it.

An idea that surfaced in more than one discussion was a resistance to taking the easy way out. As one psychologist remarked, "To make myself comfortable, I could

deny treatment," with the clear implication that doing so was not an adequate response. This psychologist's way of thinking about the dilemma has a certain courage, a willingness to take a risk to provide treatment to someone in need. There is a natural and understandable disposition in our highly regulated era to avoid situations of ethical complexity in order to minimize exposure to legal and ethical liability. I am impressed and humbled when psychologists actively and explicitly resist an impulse to yield unreflectively to this disposition.

Unique ethical challenges

A third dialectic, the perspective of the island culture vis-à-vis the perspective of the professional association, emerged as we discussed ways in which APA may not fully understand or appreciate the unique ethical challenges of island practice. One psychologist remarked that when a Hawaii psychologist describes a case involving multiple layers of relationships, not unusual for practice on the islands, APA may well say, "You need to exit the situation." She then continued with a twinkle in her eye, "But leaving is not an option—we live *on an island!*" This aspect of the workshop emphasized how discussions at APA about ethics may not always take island circumstances and culture into sufficient consideration in fashioning ethical standards and guidelines. The Hawaii Psychological Association was identified as a particularly helpful resource in providing guidance.

As this discussion unfolded, another theme emerged: the value of an outside perspective. In this regard, APA was identified as bringing something of value precisely by virtue of its distance. The group elaborated the concept of achieving a balance between two extremes, something like Aristotle's golden mean, where one avoids going too far in either direction. In this case, the balance lies between making either the island culture or APA the defining touchstone; the challenge is to allow a dialectic to emerge in which each perspective is valued and present in finding the right path in resolving ethical dilemmas.

Perhaps what impressed me most in our Hawaii workshops was the degree of ethical self-reflection among the psychologists. Very much present in our meetings was a conscious and explicit awareness of how practice in this unique setting requires special consideration of our Ethics Code. I will seek to foster and encourage this voice with the hope that, in APA's work on ethics, we appreciate and embrace the entire range of what psychologists do across the settings in which we work and that we learn to listen in a respectful, open and supportive way when colleagues share their professional challenges and struggles.

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ETHICS ROUNDS

Exploring ethics in rural settings: Through the lens of culture

Learning Objective: Utilize the lens of culture to examine ethical aspects of rural practice under the APA Ethics Code

Viewing rural practice through the lens of culture deepens our understanding of a setting's ethical challenges and practice opportunities.
Print version: page 44

One of the great pleasures of directing APA's Ethics Office is having the opportunity to speak with psychologists across our entire association about the ethical challenges they encounter in their work. Over the past many months, a growing focus of my discussions has been ethics in rural settings. Last year, in a workshop with the South Dakota Psychological Association, I presented a vignette with numerous overlapping and seemingly unavoidable multiple relationships. The first comment on the vignette was a wry, "Welcome to my life." Last spring, members of the Hawaii Psychological Association told me about the "coconut wireless," a reference to how quickly information is gathered and disseminated in the island communities and how this high level of scrutiny affects both their professional and personal lives. Members of the Minnesota Psychological Association shared their experiences working in rural settings in a September workshop where we had the benefit of speaking with Janet Schank, whose excellent book "Ethical Practice in Small Communities" (APA, 2006, co-author Thomas Skovholt) has been central to my thinking about these issues. On a beautiful fall weekend in Northern Michigan, I spent a day with members of the Michigan Psychological Association elaborating the contours of a rural ethic based on the concept of culture. Each of these discussions introduced me to new ways of thinking about the ethical dimensions of rural practice.

Unique rewards

Participants in our Michigan workshop articulated a shift in thinking about rural ethics, from a deficit-oriented perspective to an orientation based upon the richness and complexity of life in a rural setting, a shift that resonates well with "Ethical Practice in Small Communities," especially the chapter "The Challenge and Hope of Small-Community Psychology." Over the course of our day together, the group in Michigan tied this shift explicitly to APA's Ethics Code and the concept of cultural competence. Workshop participants portrayed professional life in rural culture as offering unique rewards for psychologists who embrace the setting's circumstances and challenges.

What I found particularly interesting about the Michigan workshop was that the shift in our thinking could be tied to a particular moment in the workshop when a participant shared an anecdote from her graduate training, which she had received in an urban environment. During an ethics course, she explained, her professor said that a certain multiple relationship should be avoided, noting, however (with little further comment from the professor at this or at any other point in the course), that a psychologist might not be able to avoid this kind of multiple relationship in a rural

setting. When another workshop participant responded that the professor's comment pathologized and considerably oversimplified rural practice, the group began to elaborate the features of rural practice as those of a unique and identifiable culture. We framed our discussion in terms of ethical standard 2.01(b):

> **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.**

As a starting point for our discussion, we asked what a graduate school course on cultural competence in rural practice would teach. No one in the group reported having received any such training in a graduate program.

Central to the group's thinking was the relationship between the individual psychologist and the community. Becoming an active member of the community through involvement in community activities will likely be an expectation that will be closely tied to the psychologist's success. Accepting requests to participate in a range of activities, from serving on boards to organizing local events such as festivals and parades, can be an important vehicle for establishing one's bona fides as a good and supportive citizen of the community. Such involvement can also show one's respect for the community's values and traditions.

The workshop participants elaborated several ethical complexities of these relationships. One participant talked about the ability to be "simultaneously engaged and disengaged." He explained that a psychologist is likely to encounter patients and clients in multiple venues. An important skill is for the psychologist to be present in an interaction as a good neighbor but also as the individual's psychologist; to be engaged on both levels but to be comfortable and flexible in engaging and disengaging from one or the other as is appropriate to the situation. I pointed out that psychologists in urban settings sometimes encounter clients outside of work as well, to which the participants responded that such encounters are part of the very fabric of life in a rural setting. Another participant explained that the monitoring must therefore be constant. A third participant pointed out that psychologists become "participant/observers" in the local culture, which allows the psychologist to view the reciprocal influence of the psychologist on the community and the community on the psychologist.

Private time

I asked the participants to share their ideas about self-care, given what I reflected must be the strains of this high level of scrutiny and of always being in a professional role, at least in some measure. The group had clearly given self-care a great deal of thought; there was universal agreement that planning private time or time away from the community was essential, as was developing supportive networks. When I asked about supportive networks, the group had a collective twinkle in its eye and

responded, "That's what we're here for." I was curious about private time, especially after one participant mentioned it was not unusual in her community for individuals to enter another's house without an invitation or announcing a visit, and was treated to a discussion of "camp," a concept with which I was not familiar and comes from the culture of deer hunting. Camp refers to time away from professional demands. Everyone here, I was told, creates their own version of camp.

A theme ran across several vignettes that the group had generated for discussion, that of having information about a client from outside the professional relationship, a universal experience for workshop participants. One participant noted that here there are not six degrees of separation, there are two—at most. For this reason, psychologists must be able to integrate their personal and professional lives, which requires the ability to "dual process" information by staying mindful of whether information the psychologist has came from within or outside of the professional relationship. One participant explained that this aspect of rural practice helps her to stay present during sessions by necessitating that she set aside thoughts of anything other than what her client is discussing. Other participants noted that outside information can sometimes be helpful in understanding a client's situation more fully.

Several other themes emerged in our workshop. Participants talked about teenage children developing relationships with clients and spouses unwittingly sharing information with clients. Of particular poignancy, one participant told of a client asking whether he might use the psychologist's state hunting permit; hunting was one of the few means available for this unemployed client to feed his family. As I listened to our discussion, I found myself keenly aware of how fully these psychologists had embraced life in their communities and how respectfully they had acclimated to the cultures in which they work. Our discussion touched upon the "goodness of fit" between a psychologist and rural culture, and the value of reflecting on whether this type of setting best matches a psychologist's interests and temperament.

I felt honored by the psychologists at our workshop in Roscommon, Mich., for sharing their experiences with me in such an open and thoughtful way. I hope that we will continue our discussion of ethics in a way that allows us to share with our colleagues the rich and rewarding aspects of professional life in rural settings. I was especially aware of the rewards as I returned to my office in Washington, D.C., and peered out my office window into the parking lot at Union Station. Our workshop in Roscommon took place on what *National Geographic Magazine* described as one of the six most beautiful lakes in the world.