

## Room for more guidance

**Learning Objective:** Identify reasons for and against giving psychologists more in-depth consultations on ethical and regulatory dilemmas

Begin by assuming that the overwhelming majority of psychologists are competent, hard-working and have a strong sense of professional ethics. Assume next that the world of psychology has become increasingly complicated, and poses ethical dilemmas and complexities not present even a decade ago. Conclude that at some point, many psychologists will find themselves in an ambiguous circumstance where, despite their good intentions, the ethically appropriate behavior is not readily apparent.

Where can these psychologists turn for help and guidance? One possibility is the boards and committees charged with enforcing ethics codes and regulations. Because these bodies are responsible for adjudicating complaints, they seem in an ideal position to help psychologists *avoid* ethically problematic behavior in the first place.

At times, investigative and enforcement bodies have been reluctant to provide more guidance than identifying and reading relevant texts from the APA ethics code or a regulation. When ethical dilemmas involve multiple aspects of the code or regulations, this approach can be helpful. At the same time, however, this manner of responding to a request for an ethics consultation can leave the psychologist frustrated, and anxious that the very entity that has not given any concrete direction is now poised to impose a sanction should the psychologist fail to do the right thing.

### Striking a balance

Three reasons argue for a more restricted approach to providing guidance: 1) requests for an ethics consultation present a single version of the facts, and specific advice can only be given when all the facts are known; 2) providing specific advice may contaminate any future ethics proceeding, should charges be filed and the psychologist then invoke reliance on the advice; and 3) many enforcement bodies lack resources to consult in a more complex manner.

Each of these reasons merits consideration. In terms of the first reason for providing limited guidance, it is true that advice must be given cautiously whenever all facts are not available. Most important is for the consultant to be mindful of how different or additional facts may alter the advice or recommendation offered. It can nevertheless be enormously helpful to discuss with the psychologist a *process* for resolving an ethical dilemma that underscores how different facts may lead to different resolutions. Such an ethics consultation puts forth a way of coming to a decision that does not commit to a particular version of facts, and thereby largely circumvents the problem of the consultation's validity being fact-specific.

The second reason for providing limited guidance presents a classic ethical dilemma, insofar as two values conflict. The value of providing consultative help to a psychologist is pitted against the value of protecting the integrity of the ethics adjudication process. While there is no "right" answer to the question of which value

is given priority, providing guidance *before* an ethics problem has arisen may be as good a use of resources as investigating and adjudicating an ethics complaint for a problem that has *already* occurred. Also, to the extent that the adjudication process is intended to protect consumers, providing guidance up-front may be an equally good way to achieve that end. Thus, one could reasonably conclude that protecting the integrity of the process should sometimes give way to--that is, not stand in the way of--providing a more elaborated and ideally more helpful ethics consultation.

The third reason for providing limited guidance, like the second, involves a question of values, of where we put our money, in both a figurative and literal sense. If the primary purpose of adjudication is to protect consumers--a hugely important goal--it is critical to examine what balance between adjudication and ethics consultation best promotes this end. The balance we strike should both assist psychologists struggling with complex ethical dilemmas and allow for a clear response to unethical behavior. Each of these goals is good for our profession.

### **A consultative resource for all members**

Adjudicating ethics complaints is an enormous responsibility. For many reasons--primary among which is that adjudication is highly stressful for the psychologist who is the subject of a complaint--adjudication must be done in a thorough, fair and expeditious manner. Providing ethics consultations to psychologists is also an enormously important enterprise, an endeavor that helps achieve some of the very same goals as does adjudication.

In this column, I have suggested that protecting the integrity of the adjudication process should not be a serious impediment to providing substantive guidance to psychologists who request an ethics consultation. As director of APA's Ethics Office, I am committed to developing a consultative resource for all APA members who find themselves struggling with an ethics dilemma. I very much hope that such a resource will provide a valuable service to psychologists, as well as to the individuals and groups with whom we work.

## A question of values

**Learning Objective:** Discuss the values of psychology as a profession, and examine how those values fit within the larger context of the society in which psychology is practiced

In an earlier column, I defined ethics as *thinking about reasons in terms of values*. From this definition, a question arises: Where can the values relevant to the practice of psychology be found? First and foremost, the values are found in the [Ethical Principles of Psychologists and Code of Conduct](#) (APA, 1992), which states that our "Ethics Code provides a common set of values upon which psychologists build their professional and scientific work." The Code sets forth the values upon which the profession of psychology rests.

Most important among these values is "the welfare and protection of the individuals and groups with whom psychologists work." Examples of other important values in the Code are individual autonomy, which psychologists promote through informed consent to research and therapy; truth-telling, which psychologists promote through public statements that are accurate and do not mislead; and confidentiality, which psychologists promote by protecting from inappropriate scrutiny information learned in a professional relationship.

### The Ethics Code in a larger context

How the Ethics Code addresses confidentiality reveals another set of values relevant to our profession: the values of the society in which we live and work. Standard 5.02 in the Ethics Code states that "psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law...." Note how Standard 5.02 acknowledges that 1) confidentiality is a value central to psychology; and 2) confidentiality must be placed in a larger context, that of the law and, by implication, society as a whole.

How does this larger context relate to a psychologist's ethical obligations? To ask the question another way, how do the values of our profession relate to the values of our society? Mandatory reporting laws provide an interesting and telling illustration.

Mandatory reporting laws require that psychologists (along with other professionals) report certain information to a designated state agency. This information usually concerns a member of a group that is considered especially vulnerable, such as children or the elderly.

When a psychologist has reasonable basis to believe that an individual belonging to such a group has been harmed, or is at risk of harm, a mandatory reporting law may require the psychologist to disclose otherwise confidential material. Why? Because society has made a value judgment: The value of confidentiality must give way to the value of protecting vulnerable individuals. Put another way, society places the value of protecting the vulnerable above the value of confidentiality.

## **Psychology and society: Balancing values**

Two points about this balance are important. First, because most laws relevant to the practice of psychology are made by states, rather than by the federal government, each state is free to strike this balance as it sees fit. Thus, while there is universal consensus that child abuse mandates a report, states differ as to which other groups fall into this category. As examples, certain states mandate reporting when a psychologist learns of spouse abuse, of sexual involvement with a previous therapist, or of a threat of physical harm to a third party, while other states do not. To put the matter in the language of values, individual states weigh confidentiality against competing values differently.

Second, because psychologists are members of society, many will fully agree with how the law balances confidentiality against other values. At times, however, psychologists may disagree with how this balance is struck. Consider a psychologist who receives an order from the court to disclose confidential information, perhaps for the purposes of litigation. The psychologist may feel strongly that disclosing the information will be detrimental to the patient's welfare.

Thus, the psychologist may acutely feel the tension between the value of confidentiality, fundamental to our profession, and the value of seeking truth, central to our system of justice. The psychologist will have to decide which value to give priority.

It is important to be clear that the Ethics Code allows the psychologist to follow the court order--indeed, the Code does not impose an ethical obligation to violate the law. If a psychologist nevertheless chooses to violate the law in order to protect confidentiality, the psychologist engages in civil disobedience, and may be exposed to penalties imposed by the law.

The choice the psychologist makes is a value choice, and the consequences arise because we practice our profession in the context of a larger society, a society whose values are often, but not always, the same as those psychology holds dear and seeks to protect.

Ethics rounds

## APA's new Ethics Code from a practitioner's perspective

**Learning Objective:** Discuss the perspective of practicing psychologists on the APA Ethics Code

**Practitioners were influential in the creation of the code.**

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APA's new Ethics Code, which went into effect on June 1, 2003, was more than five years in the making. The task force revising the code, chaired by Celia Fisher, PhD, explicitly identified as a priority making the revision process as inclusive and participatory as possible.

The practice community played a large, significant and ongoing role in shaping the revised code. A review of the new code shows many examples, three of which are discussed below, of how the practice community exercised its influence in developing the Ethics Code as a document that protects both the public and the profession.

The formal title of what we commonly call the "Ethics Code" is the "Ethical Principles of Psychologists and Code of Conduct," a title that conveys both the code's aspirational (preamble and five principles) and enforceable (ethical standards) aspects. The distinction between aspirational and enforceable is central to the code's structure and differentiates between the ideals and goals to which psychologists aspire and the rules by which psychologists must abide. When adjudicatory bodies blur this distinction, psychologists may inappropriately be held responsible and possibly disciplined for not fulfilling the profession's ideals and striving toward its highest goals. As central as these goals and ideals are to our profession, the Ethics Code is clear that, standing alone, they are not to be the basis for sanctions in disciplinary settings:

### **GENERAL PRINCIPLES**

...General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Language that elaborates and emphasizes the distinction between the code's aspirational principles and enforceable standards grew out of a concern of the practice community that adjudicatory bodies could misapply the code's general principles as if they were enforceable rules for conduct.

A second example of the practice community's involvement in drafting the Ethics Code is the unusual repetition of language in the code's "Introduction and Applicability" and "Ethical Standards" sections. Both sections address the relationship between legal and ethical obligations. The Ethics Code Task Force did not want psychologists to be in the position of having to choose between the law and the

Ethics Code, such that by adhering to one set of obligations a psychologist would violate the other.

To address conflicts between law and ethics, the task force included the language below, which allows psychologists to adhere to a legal obligation in the face of a competing ethical obligation:

**INTRODUCTION AND APPLICABILITY**

...If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

Nearly the same language is contained in an ethical standard:

**1.02: CONFLICTS BETWEEN ETHICS AND LAW, REGULATIONS, OR OTHER GOVERNING LEGAL AUTHORITY**

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

These paragraphs ensure that psychologists will not be placed in an untenable bind between the law and the profession's ethics. Note two additional points. First, when a conflict arises between ethics and law, psychologists "make known their commitment to the Ethics Code." Thus, even though an obligation under the Ethics Code may ultimately yield to a legal obligation, psychologists must nonetheless indicate in some fashion that they have a contrary obligation under their profession's code of ethics. How psychologists make known their commitment to the Ethics Code will depend largely upon the context in which the conflict arises.

Second, language from the "Introduction and Applicability" section, "in keeping with basic principles of human rights," places limits on the extent to which psychologists may follow the law in the face of a competing ethical obligation. As an example, a psychologist acting in a professional capacity could not invoke the law to justify an abuse of human rights.

A third example of the practice community's involvement in the revision process is Ethical Standard 10.10(b), which states:

**10.10 TERMINATING THERAPY**

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

The task force wanted to address the problem that arises in certain instances when a patient threatens or endangers a psychologist. The psychologist may give the patient the alternative of stopping the behavior or terminating treatment, at which point the patient threatens to file a complaint against the psychologist for abandonment.

Standard 10.10(b) makes clear that it is ethically appropriate for a psychologist who is threatened or endangered by a patient to terminate the therapy.

It is not uncommon for the APA Ethics Office to receive calls from psychologists whom patients are threatening or harassing. Often, psychologists in this situation feel anxious and disempowered. In addition to Standard 10.10(b), the Ethics Office may call the psychologist's attention to Standard 2.01(a):

**2.01 BOUNDARIES OF COMPETENCE(a)**

Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

The relevance of Standard 2.01(a) is that the psychologist may have such strong feelings about a patient or treatment that he or she no longer feels able to offer services that are competent. In such a circumstance, a referral may not only be ethically appropriate under Standard 10.10(b), it may be ethically mandated under 2.01(a).

In assessing whether the countertransference has reached a level that significantly interferes with the treatment, psychologists may consult with supervisors and colleagues and, under appropriate clinical circumstances, may discuss the situation with the patient as well. Following this process, if the psychologist concludes that he or she can no longer conduct the treatment in a competent fashion, the psychologist will consider a termination process.

In this manner, ethical standards 10.10(b) and 2.01(a) work together to ensure that practitioners remain safe and are not in the position of having to provide services of questionable competence. The Ethics Code makes it clear that safety and competence are ethically appropriate considerations for psychologists deciding whether a treatment should continue.

The Ethics Code Task Force crafted an Ethics Code for psychologists engaged in professional activities across the broad range of our profession. The Ethics Code was designed to protect both the public and members of our profession who serve the public. The practice community was invaluable in helping to ensure that the code met both of these goals, each of which is central to the practice of psychology.

**Ethics rounds**

## **Informed consent and APA's new Ethics Code: enhancing client autonomy, improving client care**

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**Learning Objective:** Describe how the process of obtaining informed consent is consistent with, and can enhance, good clinical care

APA's Ethical Principles of Psychologists and Code of Conduct sets forth the core values of our profession. The title of the document conveys that the Ethics Code consists of two central aspects: a set of principles and a code of conduct. While the code tells us that the principles are aspirational in nature and that the ethical standards are enforceable rules for conduct, much more can be said about this subtle and rich relationship.

Principle E of the code's General Principles, "Respect for People's Rights and Dignity," begins by stating "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality and self-determination." Throughout the code are examples of how psychologists respect their clients' right to self-determination. Respecting a client's right to self-determination both manifests a core value of our profession and plays a helpful and important role in providing services that will benefit clients.

Perhaps the most apparent way in which the new code supports a client's right to self-determination is found in four ethical standards with "informed consent" in their title: Standard 3.10, "Informed Consent"; Standard 8.02, "Informed Consent to Research"; Standard 9.03, "Informed Consent in Assessments"; and Standard 10.01, "Informed Consent to Therapy." Obtaining informed consent respects a client's right to self-determination by informing the client about central aspects of the relationship and obtaining from the client consent to proceed. Through the process of becoming informed, the client receives information on which to base a considered decision; through the process of obtaining consent, the psychologist ensures that the decision to proceed belongs to the client and is not the product of coercion.

The process of obtaining informed consent also holds important clinical meanings. Through informed consent, the client is made a collaborator in the work. Research has shown that when clients experience themselves to be true partners in the therapeutic process, the likelihood of a beneficial outcome increases. Here is an excellent example of how good ethics can promote good clinical care.

The Ethics Code emphasizes and elaborates the centrality of informed consent in a variety of ways. Standard 3.10, in the "Human Relations" section, provides that psychologists obtain informed consent when they "conduct research or provide assessment, therapy, counseling or consulting services," while other standards take this general language and apply it to specific circumstances: Standard 8.02 to research, Standard 9.03 to assessments, and Standard 10.01 to therapy. Numerous other standards that do not make explicit mention of "informed consent" nonetheless promote self-determination and autonomy, as well as excellent client care.

An example of a standard containing the concept, but not the term "informed consent," is Standard 3.07, "Third-Party Requests for Services." Standard 3.07 contains language from the 1992 Ethics Code with an interesting and helpful addition:

### **3.07 THIRD-PARTY REQUESTS FOR SERVICES**

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client...

The new language is the phrase, "an identification of who is the client." The APA Ethics Office receives numerous requests for consultation, a significant portion of which involve third-party requests for services. Often a problem arises in this context because the psychologist has not identified the client and, following provision of a service, must decide who controls the release of a report or who may receive other confidential information. Not having identified the client (perhaps not knowing exactly who the client is) can cause major complications for all of the parties involved, including and especially the psychologist. By virtue of the new language in Standard 3.07, psychologists will think through--in order to clarify--"at the outset of the service" who their client is, and thereby minimize the likelihood that problems will arise later that interfere with the efficient and effective provision of psychological services.

Ethical Standard 3.11, "Psychological Services Delivered To or Through Organizations," is a second such example:

### **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.

While perhaps tempting, I believe it would be unfortunate for psychologists to read Standard 3.11 primarily as a "laundry list" of items about which organizations and individuals must be informed. Rather, Standard 3.11 can be used as a tool to help psychologists think through what questions they will need to answer when working with or in organizations. The seven items in this standard, which are new to the Ethics Code, can help structure a psychologist's thinking about essential aspects of their services. Informing clients and others about these issues is simply the last step in the process of the psychologist's having thought carefully through how, to whom, for whom and what services will be provided.

Standard 10.02 is a third example of a standard that, while not using the term "informed consent," nonetheless promotes the value of making central aspects of the professional relationship clear:

### **10.02 THERAPY INVOLVING COUPLES OR FAMILIES**

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained.

Psychologists who work with children, adolescents, couples and families often include various configurations of individuals in their work. Even in individual therapies, psychologists will sometimes include a significant person from their client's life in a very limited way. Including additional individuals in a therapy is a clinical decision that can be appropriate and helpful. Such determinations become problematic when individuals are not clear whether they are clients and do not understand the psychologist's role. By virtue of Standard 10.02, psychologists will carefully think through their relationship with each of the people whom they involve in the work. As with Standard 3.11, clarification of these issues follows from the psychologist first having considered how to organize and structure the services in the most clinically helpful manner.

The Ethical Principles of Psychologists and Code of Conduct--our Ethics Code--consists of general principles and ethical standards. General Principle E, "Respect for People's Rights and Dignity," exhorts psychologists to respect the right of individuals to self-determination. The many examples throughout the ethical standards of how respecting the right to self-determination can improve client care show the important relationship between our ethics and our clinical work: Good ethics and good care go hand-in-hand.

## **APA's new Ethics Code, its values and excellence in psychological services**

*Print version: page 88*

**Learning Objective:** Describe how the Standards in the APA Ethics Code provide guidance for psychologists in resolving ethical dilemmas by putting the Code's Principles into practice

The previous "Ethics Rounds" examined the relationship in our Ethics Code between the General Principles and the Ethical Standards. While this relationship can be reduced to its most basic element--general principles are aspirational, ethical standards are enforceable--such a reduction misses the code's richness and coherence. Last month's column focused on how a value central to the code, respect for individuals' right to self-determination, permeates the standards and promotes good clinical care. This "Ethics Rounds" explores how other principles underpin the standards and how standards negotiate between sometimes competing principles to benefit our clients and protect them from harm.

### **Fidelity and responsibility**

Principle B, Fidelity and Responsibility, states that psychologists "are concerned about the ethical compliance of their colleagues' scientific and professional conduct." Ethical Standard 1.05, Reporting Ethical Violations, codifies the values behind this principle by stating that psychologists take appropriate action when they learn of a colleague who has engaged in behavior that has resulted, or is likely to result, in substantial harm.

Standard 1.05 creates an exception when "an intervention would violate confidentiality rights." As an example, this exception may arise when a client relates a sexual involvement with a previous psychologist; the treating psychologist is then faced with an ethical dilemma that requires choosing between the principle of fidelity and responsibility, on one hand, and confidentiality, on the other.

Standard 1.05 resolves the dilemma by giving priority to confidentiality. Note how, in doing so, the code protects the client's right to self-determination by placing in the client's hands the choice of whether and how to respond to the ethics violation. The code also protects the psychologist-client relationship by not exposing the treatment to an unwanted breach in its boundary. Balancing these considerations against the important goal of protecting the public, the code promotes the integrity of the treatment relationship and thereby enhances the ability of the psychologist to meet the individual client's clinical needs.

### **Integrity**

Principle C, Integrity, begins "Psychologists seek to promote accuracy, honesty and truthfulness in the science, teaching and practice of psychology." Ethical Standard 8.07, Deception in Research, addresses when psychologists may employ methodologies that are not entirely accurate, honest or truthful. Our field has an illustrious history of studies examining human behavior, many carried out by social

psychologists, in which the true nature or purpose of the study was not initially revealed to the subjects. The tension between the advancement of science, on one hand, and accuracy, honesty and truthfulness, on the other, is an excellent example of an ethical dilemma.

Standard 8.07 addresses this dilemma by defining four conditions under which psychologists may advance science by using deception: the value of the study justifies the deception; effective nondeceptive procedures are not available; deception is not used when the study is reasonably expected to cause pain or severe emotional distress; and the deception is explained to participants as early as is feasible, no later than the end of data collection.

By limiting the use of deception to specific circumstances and requiring that psychologists reveal the deception "as early as is feasible," the code both promotes the advancement of science and recognizes the importance of accuracy, honesty and truthfulness. By privileging the advancement of science, the code encourages psychologists to continue research that, in our current social and geopolitical circumstances, is vital. By limiting the use of deception, as much as reasonably possible to allow for the advancement of science, the code protects individuals from harm, a value central to our ethics.

## **Justice**

Principle D, Justice, begins "Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology...." The second section of the Ethical Standards is titled "Competence," whose first standard, "Boundaries of Competence," begins "Psychologists provide services...only within the boundaries of their competence." This statement embodies a central concept in Principle A, Beneficence (doing good) and Nonmaleficence (not doing harm); an incompetent provider may cause harm. A tension thus arises between Principle D, on the one hand, and Principle A and Standard 2.01, on the other, when individuals request or require services that no available psychologist is competent to provide.

Standard 2.01(d) addresses this tension by providing that psychologists "with closely related prior training or experience may provide such services in order to ensure that services are not denied." Standard 2.01(d) attenuates the tension by stating that psychologists may provide services in these circumstances "if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation or study."

Note how Standard 2.01(d) privileges the principle that all persons should have access to and benefit from psychological services. At the same time, Standard 2.01(d) recognizes the tension between providing services to all individuals and the possibility of harm that arises when service providers are not competent in the particular treatment.

Standard 2.01(d) navigates this tension by limiting which psychologists may provide services in such circumstances and by ensuring that such psychologists make reasonable efforts to obtain the necessary competence. By so navigating the tension, the code maximizes the number of individuals who receive services from psychologists who have, or are on the cusp of having, the requisite competence.

## **Respect for rights and dignity**

Principle E, Respect for People's Rights and Dignity, begins "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy [and] confidentiality...." Principle A, Beneficence and Nonmaleficence, begins "Psychologists strive to benefit those with whom they work." Ethical Standard 4.06, Consultations, promotes both of these principles by explicitly recognizing the importance of consulting with colleagues and stating that, when consulting, psychologists do not disclose individually identifiable information without prior consent. Standard 4.06 recognizes that a tension will sometimes arise between beneficence and confidentiality, for example when a psychologist must reveal identifying information for a consultation to be effective and so helpful to the work.

Standard 4.06 privileges beneficence over confidentiality in such a circumstance by stating that the psychologist may reveal identifying information during a consultation without consent if "the disclosure cannot be avoided." While Standard 4.06 gives beneficence priority over confidentiality, it protects confidentiality by stating that if confidential, identifying information is revealed during a consultation, with or without consent, psychologists "disclose information only to the extent necessary to achieve the purposes of the consultation." Standard 4.06 thus addresses an ethical dilemma by giving clear weight to one principle (beneficence), and elaborating that as much of the other principle (respecting an individual's right to privacy and confidentiality) is preserved as can be. Standard 4.06 negotiates between these two principles in a manner that promotes good clinical care by ensuring that psychologists can obtain consultations for their work, and that a lack of consent will not prevent a psychologist from receiving necessary assistance.

Examining the relationship between the Ethics Code's general principles and ethical standards reveals a coherence and integrity to our code. The code functions as a whole to protect the individuals and groups with whom psychologists work, as the Preamble states. The different parts of the Ethics Code work together to allow and encourage psychologists to provide services that benefit our clients, our profession and our understanding of human and animal behavior. Understanding our Ethics Code as a dynamic, coherent whole reveals a code that promotes excellence in the services psychologists provide.

**Ethics Rounds**

## **Thinking ethically as psychologists: Reflections on Ethical Standards 2.01, 3.07, 9.08 and 10.04**

**Learning Objective:** Describe how psychology has its own unique set of professional ethics, as demonstrated by specific ethical standards in the APA Ethics Code

### **Having a unique set of ethics for psychology affects both our training and how we apply our Ethics Code.**

To ask what it means to be an ethical *person* is different from asking what it means to be an ethical *psychologist*. While "knowing right from wrong," "doing the right thing" and "acting morally" are ways we might answer the first question, none of these responses is adequate to answer the second. All miss an essential element: our role as psychologists.

Each profession has its own code of ethics. The reason stems from the role: Psychologists' relationship to the individuals and groups we serve is different from the relationship lawyers, accountants and even professionals closely related to us, such as physicians, have to their clients. Because role is central in determining the ethics of a profession, different professions have distinct codes of ethics, and being an ethical professional differs from being an ethical person.

The idea that being an ethical person is not the same as being an ethical psychologist strikes many trainees as counterintuitive, yet underscores the importance of education and training in the ethics of our profession. Individuals come to graduate school with considerable experience in relationships, yet must receive training before entering into a relationship with a client or research subject. Training in the ethics of our profession is essential even for the most ethical applicant to a psychology program.

Good training in ethics examines both the rules that govern our ethical behavior and the process by which we apply those rules in our professional lives. The link between our training and experience as psychologists and our decision-making process in ethics deserves special attention and re-emphasizes that a psychologist's ethical behavior stands apart from ethical behavior as a member of any other profession or as a private individual. Good ethics training in psychology teaches how to use our professional skills and knowledge to help us answer our ethics questions.

Think of the general principles in our Ethics Code as at a high level of abstraction, perhaps in the stars; the ethical standards at a lower level of abstraction, perhaps in the clouds; and we in our practices on the ground. Because the ethical standards are at a higher level of abstraction than where we practice on ground level, there is a gap--the gap between the clouds and the earth (with certain exceptions, such as the absolute prohibition against becoming sexually involved with clients). How do we close this gap? By applying the Ethics Code to the concrete situation. Where do we obtain the skills to apply the Ethics Code correctly? From our background, training

and experience as psychologists. We draw upon what has made us psychologists to bring our Ethics Code down to earth.

Four standards from the Ethical Principles of Psychologists and Code of Conduct--our Ethics Code--illustrate the relationship between psychological training and psychological ethics as applied in our practices:

### **2.01 BOUNDARIES OF COMPETENCE**

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

By stating "Where scientific or professional knowledge in the discipline of psychology establishes that an understanding...is essential for effective implementation..." Standard 2.01(b) firmly grounds itself in the profession of psychology. To apply this standard, psychologists become familiar with scientific and professional knowledge about how these factors affect their work; an excellent place to start is APA's Guidelines for Psychological Practice with Older Adults (2003); Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (2002); and Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients (2000). Note the Ethics Code does not direct psychologists how to act in a particular situation. Rather, the Ethics Code says that when providing professional services, psychologists inform themselves about scientific and professional knowledge to ensure the competence of their services.

### **3.07 THIRD-PARTY REQUESTS FOR SERVICES**

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality...

Standard 3.07 is particularly interesting in its relationship to psychological training. Many psychologists work at the request of third parties, for example in school, employment and legal settings. Good training impresses upon psychologists the value of identifying the client at the beginning of the relationship and of conveying who will have access to what information. While arrangements in third-party requests for services is complicated, unnecessary ambiguity on these points can severely compromise a psychologist's effectiveness. Standard 3.07 draws directly upon what we have learned as a profession about providing services to one person at the request of another. Psychologists apply their technical knowledge of how these

relationships work so that, abiding by Standard 3.07, they minimize the likelihood of harm.

#### **9.08 OBSOLETE TESTS AND OUTDATED TEST RESULTS**

- (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
- (b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

Standard 9.08 provides an excellent illustration of how we use our background, training and experience in psychology to close the gap between an ethical standard and what happens in a psychologist's office or lab. Both clauses in Standard 9.08 use as a determining criterion usefulness for a particular purpose. While this standard is sometimes mistakenly interpreted to mean that anything other than a test's current edition is obsolete--a rigid interpretation that leaves no room for professional judgment--the standard actually directs psychologists to determine what is most appropriate *for a given purpose*. To make this determination, psychologists use their knowledge of a test's application--knowledge from their training and experience as psychologists--to bring Standard 9.08 to the ground level and decide which test or version of a particular test to use.

#### **10.04 PROVIDING THERAPY TO THOSE SERVED BY OTHERS**

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

Standard 10.04, as much as any standard in the Ethics Code, calls upon a psychologist's clinical training and experience in its application. Knowledge of psychology brings this ethical standard from a higher level of abstraction to the ground; good clinical thinking is the means by which Standard 10.04 is applied to an actual circumstance.

Psychological ethics is different from any other kind of ethics. As we encounter ethical challenges and ethical dilemmas in our professional lives, we should remain mindful that we do so *as psychologists*, and that, as its Preamble indicates, our Ethics Code is designed for "the welfare and protection of the individuals and groups with whom *psychologists* work and the education of members, students and the public regarding ethical standards *of the discipline*" [emphases added]. These simple statements have profound implications for our ethics training and how we apply our Ethics Code. They should also be the source of considerable pride.