Learning objectives:
As a result of having participated in this continuing education program, participants will be able to:
1. Explain four factors that can affect both ethical vulnerabilities and ethical resilience.
2. Identify at least three ways in which psychologists’ vulnerabilities can lead to ethical disaster.
3. Explain at least three ways in which psychologists can develop ethical resilience.

Psychologists want to contribute to human welfare — and the vast majority of them do. But despite their best intentions, they may find themselves in situations where they unintentionally slip into unethical behaviors.

Most psychologists try to prevent such lapses by, for example, learning the APA Ethics Code and attending risk-management workshops to better understand ethical risks. Yet research has shown that such efforts are not enough to keep psychologists from ethical blunders.

How then can psychologists prevent such missteps? We suggest that psychologists at all developmental stages — from student to seasoned professional — are wise to examine and
Although many psychologists and trainees can accurately describe their ethical responsibilities, they report that they might, in certain situations, act otherwise.
Too many professionals complete their training without the emotional education and awareness needed to self-deception and to act in the prudent, considered manner that society expects and that represents professional ethical excellence.

are ill or have problems, psychologists use their education and knowledge to help. As educated citizens, psychologists contribute to the community and, in return, draw strength from their participation. But, if education is viewed in strictly cognitive terms and viewed only as an intellectual activity, it can leave little room for nurturing emotional intelligence.

Although one would hope that colleagues are taught to use, and continue to use, their internal processes to monitor the impact of their behavior on others, not all psychologists hold such a broader understanding of education. Accordingly, Pope and Vasquez (2007) discuss “emotional competence,” which “involves self-knowledge, self-acceptance, and self-monitoring.” Therapists must recognize their emotional strengths and weaknesses, their needs and resources as well as their abilities and limitations for doing clinical work (see Pope et al., 2006).

Another crucial form of education pertains to self-care (Baker, 2003; Barnett, Baker, Elman, & Schoenert, 2007; Norscross & Guy, 2007). Properly understood, self-care refers not merely to avoiding impairment and ethical violations, but also to avoiding emotional morbidity and moving toward excellence.

Yet not all trainees in professional preparation programs have the opportunity to acquire these skills. Too many professionals complete their training without the emotional education and awareness needed to self-deception and to act in the prudent, considered manner that society expects and that represents professional ethical excellence.

A final way in which education can make people vulnerable is when psychologists fail to continue their learning process. New ways of understanding may be neglected, as psychologists continue to rely on what they once learned, even if it’s outdated.

Applying DOVE: A case example

As a child and adolescent, Evangeline Cruz, PhD, had experienced both victimization and discrimination. She developed a desire to help others at a young age and saw becoming a psychologist as the way to achieve her goal of helping others and making a difference. She worked hard in school. Despite economic obstacles, she was accepted at a prestigious university, and a professional preparation program of equal rank, with a strong emphasis on multiculturalism and a professional preparation program. Despite economic obstacles, she was accepted at a prestigious university, and a professional preparation program.

Cruz took her client’s wishes. Although the treatment was not going well, Cruz persisted.

One day, she received a telephone call from Blanca Knox, Immel’s attorney, who informed her that she would be calling Cruz to testify as an expert witness in a sexual harassment case against Morse and his company. Cruz was outraged and came to view the complaint as another example of oppression of the disadvantaged.

This value may have contributed to her too quickly viewing Immel as a victim, rather than taking the time to consider her alternative hypotheses. Unfortunately, it became clear that Immel’s accusations were untrue, in part or in whole, and were motivated by a desire for retribution for other perceived wrongs and a desire to secure a financial settlement which Immel meant by these references. Cruz assumed she would not be personally involved in the legal process, and she and Immel never discussed it. She saw the legal issues as unrelated to her work and chose to maintain focus on the distress of her client.

At the same time, she supported Immel’s efforts based on her own belief that Immel had been exploited.

Cruz treated Immel with cognitive-behavioral therapy, but Immel did not respond as well as Cruz expected. In part, Cruz’s efforts were frustrated because at every session Immel asked her to document the abusive incidents that occurred during the previous week. Cruz informed Immel that this recording of events was unnecessary, but Immel persisted, and Cruz deferred to her client’s wishes. Although the treatment was not going well, Cruz persevered.

Recommended actions:

As a psychologist, Cruz brought many strengths to her work. She had a strong desire to help others based on her values and personal experience, and the opportunity to do so through her education and training. Her background motivated her, and her accomplishments reinforced her: she was on course for a successful and rewarding career. By analyzing the DOVE factors, we can see how the resilience produced by those strengths became vulnerabilities when she began treating Immel. The first vulnerability for her was that her knowledge of the legal system was lacking. Her ignorance may have been due to deficiencies in her training, but it may also have been due in part to her value of helping the disadvantaged.

This case raises questions and issues that are common to many psychologists. One is when psychologists fail to continue their learning process. New ways of understanding may be neglected, as psychologists continue to rely on what they once learned, even if it’s outdated. When psychologists fail to continue their learning process, they may have been due in part to her value of helping the disadvantaged.

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5. Personal values and ethics. Little is taught about personal values in ethics education, much less how they may create resilience or vulnerabilities for us. In part, this may be due to our profession’s value of objectivity, the need to cover required material in the curriculum and realistic time constraints. Such conflicts are understandable, but when we consider the potential for self-deception that can be created by our desire, opportunity, values and education, further examination of the full range of the ethical dimensions of psychotherapy is vital.

6. Self-assessment. Psychologists, scholars and trainers should assess themselves throughout their professional careers as a component of general risk management. It may be especially important to reevaluate one’s vulnerabilities and resilience more frequently and intensively during times of stress, such as divorce, illness or major loss. Doing so with a trusted colleague makes the self-assessment process all the more valuable.

7. Early intervention. When vulnerabilities increase too much, some form of intervention may be helpful, or even essential. Psychologists need to be open to turning to psychotherapy, structured supervision or consultation with colleagues, whether formal or informal. What is crucial is that psychologists work with someone who can help them honestly face themselves and their vulnerabilities and can help them reduce vulnerabilities and rebuild resilience.

8. Prevention. More generally, when vulnerabilities are identified, psychologists need to take whatever prompt corrective action is necessary to reduce risks for themselves and their clients. Strengths need to be nurtured as well so that they can be drawn on when facing difficult clinical, personal or ethical challenges.

This article is based on “Avoiding the Road to Ethical Disaster: Overcoming Vulnerabilities and Developing Resilience,” from the APA journal Psychotherapy Theory, Research, Practice, Training (Vol. 41, No. 1).

To read the full article and see its references, visit our digital edition at www.apa.org/monitor/digital/CEethics.aspx. To take the CE test, go to www.apa.org/education/ce/1360312.aspx.

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