

The Dark Side of Professional Ethics

Samuel Knapp

Pennsylvania Psychological Association, Harrisburg,
Pennsylvania

Mitchell M. Handelsman

University of Colorado Denver

Michael C. Gottlieb

Independent Practice, Dallas, Texas

Leon D. VandeCreek

Wright State University

Ideally psychologists strive to act ethically within their professional roles. However, they are unlikely to achieve the highest standards of ethical behavior if they become overly legalistic or if they engage in behaviors that can be virtuous in a personal context but harmful in a professional relationship. Such problems may arise when some justify their less-than-optimal behavior based upon a skewed, unbalanced, or misguided notion of their ethical obligations. We discuss this “dark side” of ethics and how it can be more effectively addressed when psychologists base their professional conduct on an integration of both personal and professional ethics.

Keywords: ethics, acculturation model

A psychology supervisor presented this vignette (based on a real event) to first-year doctoral students in an ethics class:

A young trainee had given her home phone number to a patient who was in deep distress. One weekend the patient called and the trainee agreed to meet the patient at a restaurant where they talked for 2 hours (and ordered beverages and light snacks). The trainee fully disclosed the events to her supervisor the next day.

The psychology instructor noticed wide discrepancies in how the trainee’s classmates responded to this event. Some students criticized the trainee for an apparent boundary violation. Others

confidently praised the trainee’s dedication to her patient. Both groups justified their opinions on the basis of “ethics”. It soon became obvious that the trainees were using the word *ethics* very differently.

Sometimes we encounter psychologists who clearly act inappropriately, whether out of misguided benevolence, selfishness, impulsivity, or some other motive. Some psychologists simply do not know the laws or standards governing their profession. Others place self-interest above public welfare (e.g., taking on more lucrative forensic work without sufficient training to do so). Still others act impulsively (e.g., without thinking they enter into a clinically contraindicated multiple relationship with a patient). And all of us are vulnerable to “ordinary ethical lapses” in which we perform in a less-than-optimal manner, often without awareness of our shortcomings (Bazerman & Banaji, 2004, p. 111).

Each of us has encountered colleagues who act in a questionable way but perceive themselves as behaving ethically, and at times even consider their behaviors exemplary. We are not referring to obviously unethical behavior that is rationalized (such as one psychologist who billed Medicare for hundreds of thousands of dollars for services never delivered, but then explained that he was such a concerned healer that he did not have time to attend to the details of billing). Instead we are referring to situations in which psychologists consciously believe they are acting ethically. However, a considered evaluation by knowledgeable peers would suggest that their behavior was at best at the margins of our ethical standards, even if it did not rise to the level of justifying a formal action by a disciplinary body.

We refer to these types of behaviors and attitudes as the *dark side of professional ethics*. The problem seems to occur because, like the trainees responding to the vignette above, psychologists define *professional ethics* in different ways. Some focus almost exclusively on laws, regulations, and enforceable standards of the APA *Ethical Principles of Psychologists and Code of Conduct*,

SAMUEL KNAPP received his EdD in counseling from Lehigh University and is currently the director of professional affairs for the Pennsylvania Psychological Association. His major area of interest is ethics.

MITCHELL M. HANDELSMAN received his PhD in clinical psychology from the University of Kansas. He is currently professor of psychology and a President’s Teaching Scholar at the University of Colorado Denver. His research has focused on teaching and ethics.

MICHAEL C. GOTTLIEB received his PhD in counseling psychology from Texas Tech University. He is board certified in family psychology (American Board of Professional Psychology) with an independent practice in Dallas, Texas, a fellow in five APA divisions, and a clinical associate professor at the University of Texas Southwestern Medical Center. He is a former member of the APA Ethics Committee and the Committee on Professional Practice and Standards. His interests surround the psychology-law interface, ethical decision making, and risk management.

LEON D. VANDECREEK received his PhD in clinical psychology from the University of South Dakota and was formerly a professor at the school of professional psychology at Wright State University. His research interests are in ethical and professional issues in psychology and in the interface of psychology and law.

CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to Samuel Knapp, Pennsylvania Psychological Association, 76 Country Lane, Landisville, PA 17538-1042. E-mail: Samuelknapp52@yahoo.com

(2010, hereafter referred to as Ethics Code) that govern the profession. When asked, "what is the ethical thing to do?" they only want to know the relevant laws or standards that govern the situation. Perhaps their fear of disciplinary action is so great, their training so inadequate, and/or their character structure so rigid that they place excessive emphasis on the more rigid interpretation of risk management strategies, even if those strategies place unnecessary barriers between themselves and their patients. And, if confronted with such behavior by a colleague, they may even view with scorn those who take a more balanced approach.

Other psychologists define professional ethics by disproportionately emphasizing their own personal beliefs, virtues, and value systems. When they ask, "what is the ethical thing to do?" they refer to their personal sense of morality that guides their behavior in their everyday lives and make little reference to the laws, rules, or standards from the APA Code of Conduct that govern the profession. Perhaps their sensitivity to the concerns of their patients is so excessive, their training so inadequate, their confidence so inflated, or their self-reflection so superficial that they minimize the importance of relevant laws and standards; they may even disdain those who are more scrupulous about following professional laws and standards. We consider both of these views of professional ethics to be inadequate and believe that they have the potential to lead psychologists into less than optimal or even unethical behaviors.

This article examines the dark side of professional ethics using the Ethics Acculturation Model (EAM; Handelsman, Gottlieb, & Knapp, 2005). We argue that the dark side may manifest itself in two ways. First, it may lead practitioners to focus on rules so much that they risk harming the quality of their professional relationships. Second, it may appear in the guise of placing one's personal beliefs above those of value-based professional standards such that they similarly risk delivering less than optimal services. We conclude with ways that psychologists can move away from the dark side. Our perspectives on the dark side are based on our experiences as ethics educators and consultants. Unfortunately, we know of no research to date that addresses this phenomena.

The Ethics Acculturation Model

According to the EAM (Anderson & Handelsman, 2010; Handelsman et al., 2005), the task of becoming a psychologist involves understanding new professional values and integrating them with preexisting moral values derived from one's own ethical heritage. This integration requires a process of being socialized into the profession that occurs in a manner similar to the way that Berry and Kim (1988) described the acculturation of immigrants to a new country. Recent immigrants vary in the extent to which they accept, adopt, and internalize the norms of their new country and culture and the extent to which they adhere to their culture of origin. Some immigrants accept the new culture wholeheartedly, even to the extent of minimizing or rejecting their culture of origin; this is termed an *assimilation* strategy. Others retain as much of their culture of origin as possible, minimizing their involvement with the new culture, and avoiding its new norms and standards. This strategy is referred to as *separation*. Or, some immigrants lose their culture of origin and fail to adopt the norms of their adopted country; this is a *marginalization* strategy. Finally, some adopt helpful elements of their new culture while retaining the

functional and helpful elements of their old culture; this is an *integration* strategy.

These four strategies constitute a heuristic; the interactions between the culture of origin and the new culture are certainly more complex and nuanced. Furthermore, acculturation is fluid and dynamic and does not represent fixed stages of development or personality traits. Also, an immigrant may adopt an assimilation strategy in response to one cultural norm but separation with another. Finally, immigrants may use some strategies more at one time in their lives but adopt other strategies later.

Similar to immigrants to a new country, psychology students bring their personal values with them when they enter professional training. However, they vary in the extent to which they adopt, accept, and integrate the unique ethical demands and social roles expected of psychologists. Similar to the Berry and Kim model, Handelsman et al. (2005) classified the strategies of recent psychology students as either high or low according to both their degree of identification with their personal value systems, and with the value system of psychology. In a manner similar to recent immigrants, psychology students can adopt assimilation, separation, marginalization, or integration strategies as they strive to incorporate both their personal and our professional ethics (we summarize these strategies in Figure 1). Berry and his colleagues (Berry, 2003; Berry & Sam, 1997) have found that integration is the most effective acculturation strategy; we contend that this is the case for ethics acculturation as well.

When trainees use an assimilation strategy, they rely little on their personal ethics and too much on the laws or standards that govern the profession of psychology. In the extreme of this strategy, strict adherence to the rules is all that matters to them. Students minimize the importance of overarching values (such as feelings of compassion or a sense of fairness), but follow the rules thoughtlessly and perhaps mechanically. This is similar to the "box-ticking frame of reference" described by Francis (2009, p.

Ethics Viewed from an Acculturation Model¹

Personal Ethics	Professional Ethics	
	High	Low
High	Integration professionally informed; guided by personal compassion; highly effective psychologist	Separation personal compassion not restrained by professional ethics; may get overinvolved (runaway compassion)
Low	Assimilation adopted professional standards, but lacks compassion; may become rigid and legalistic	Marginalization low professional and personal standards; risks becoming exploitative

Figure 1. Ethics viewed from an acculturation model (from Handelsman, Gottlieb, & Knapp, 2005).

218). That is, they see ethics as a matter of simply completing a finite list of clearly delineated tasks. The extreme of an assimilation strategy might be summarized as “too much attention to professional rules without enough attention to personal virtue.”

Assimilation strategies have appeal because reasonable psychologists have a legitimate desire to become “law-abiding” members of their new profession. They also have an appropriate respect for, and fear of, disciplinary bodies. However, well-meaning efforts to inculcate a respect for disciplinary authority and conscientiousness in following its rules may inadvertently reinforce assimilation strategies. For example, a trainee who receives admonitions about minor boundary crossings that might slip into serious boundary violations may become overly concerned with trivial or even clinically indicated boundary crossings for fear of sliding down the slippery slope (for further reading see Gottlieb & Younggren, 2009). For example, such a trainee might rudely ignore a patient who says hello in a grocery store out of an excessive concern for avoiding a multiple relationship.

Other trainees may adopt separation strategies, relying too little on the laws and standards from the APA Code of Conduct (2010) and giving disproportionate emphasis to the sense of virtue that guided them in their personal lives. They may implement values in ways that would be appropriate in their personal lives, without considering the unique context and circumstances of professional relationships and how behavior that would be acceptable or commendable in ordinary social intercourse could be harmful in the professional context. According to an extreme form of this strategy, the most ethical professional behaviors should be identical to the most ethical behaviors in one’s role as a friend, family member, or public citizen. Separation strategies might be summarized as “too much attention to personal virtue with too little attention to professional rules.”

Separation strategies have appeal because most professional psychologists entered the field to help others, and may have had service, learning, volunteer, or other helping experiences well before entering graduate training. However, “learning the skills to properly channel our desires to help others is not easy” (Tjeltveit & Gottlieb, 2010, p. 103). Well-meaning efforts to promote caring and sensitivity to the needs of patients may inadvertently reinforce separation strategies. For example, a trainee who learns the importance of feeling empathy with patients may not appreciate the additional need to maintain professional distance. Dangers of the separation strategy include ignoring a counterintuitive professional rule that exists to protect the patient. Also, separation could mean ignoring an essential ethical standard or law and result in a disciplinary action against the psychologist.

Still other students may use marginalization strategies and rely too little on either personal or professional ethics. They ignore professional standards and lack the moderating influence of personal ethics to avoid harming or exploiting their patients.

Ideally, students would use integration strategies in which they know and follow the laws, regulations, and standards governing the practice of psychology. Although psychologists can experience serious disciplinary consequences for failing to follow the law, to the extent possible they also act upon these rules with attention to their values of origin. They understand that the role of psychologist requires them to express virtues such as compassion, fairness, or respectfulness in a way consistent with professional values (such as described in the General [aspirational] Principles of the APA

Ethics Code) and not through those behaviors characteristic of close relationships between friends or family members. The benchmarks of the integration strategy would be the extent to which the students adhere to the values of the profession, such as being respectful of patient autonomy, striving to help patients in their professional roles, being transparent in their actions, and so forth. We might summarize integration strategies as “sufficient attention given to both personal virtue and professional rules.”

To an outsider, some obligations of professional psychologists can appear counterintuitive. A friendship includes mutual sharing of details of one’s personal life and the mutual exchange of favors, such as loaning money or offering a person a ride. Although the professional relationship has some elements of a friendship, including one person sharing details of his or her life with another, other elements of the friendship are not present and would be contraindicated, and many laypersons do not appear to appreciate this distinction. For example, Pomerantz and Grice (2001) found that undergraduates were more accepting of multiple relationships than were professionals. A person using a separation strategy would believe that the failure or refusal to loan money to a client would represent a failure to uphold moral obligations. However, in the context of the “ethical culture” of professional psychology, separation strategies such as loaning money are often problematic. Compassion needs to be expressed in other ways.

The ethical culture of psychology has developed standards because they promote the well-being of patients, respect for their autonomy, fair treatment, and/or other overarching ethical goals. We are well aware that not every rule, regulation, or standard affecting the practice of psychology perfectly fulfills an overarching ethical principle. For example, the Privacy Notices required by health professionals covered by HIPAA appear overly legalistic and probably do little to educate patients about their privacy rights. Nonetheless, for the most part the standards of the profession, including the APA Ethics Code (2010), can be justified on the basis of overarching ethical principles (Knapp & VandeCreek, 2004). That is, the standards represent considered and deliberative approaches designed to help psychologists fulfill their professional obligations to patients, students, supervisees, research participants, or others.

In the ordinary course of professional practice, it is foreseeable that psychologists may slip from an integration strategy, even if only temporarily. Sometimes, especially if stressed, they may choose an assimilation strategy and focus excessively on rules and miss opportunities for empathy, compassion, and consideration of the context in which decisions have to be made. Sometimes they will choose a separation strategy and fail to consider how their personal feelings of compassion and generosity need to be tempered by the context and boundaries of the professional relationship. Ideally, they can monitor and correct these tendencies. However, at their extremes, or if left unchecked, assimilation or separation strategies can harm patients or violate overarching ethical principles under the guise of “being ethical.”

The Dark Side of Assimilation Strategies

Although psychologists using assimilation strategies may perceive themselves to be acting in a highly ethical manner, they may not appreciate the impact of their behaviors on patients or others. Assimilation strategies can lead psychologists to interpret rules too

rigidly or without compassion, set lower standards for professional behavior, or create harm by giving disproportionate attention to certain rules. Below we provide examples of each of these problems.

Interpreting Rules Too Rigidly

Rules such as the standards in the APA Ethics Code (2010) were developed, among other reasons, to protect the welfare of patients, supervisees, employees, research participants, students, and others. However, the complexity of professional practice requires discretion in how to interpret and implement many of these standards. Consequently, the Ethics Code contains a number of modifiers such as “reasonable,” “appropriate,” “to the extent possible,” and so forth in recognition of the need for professional judgment in unique circumstances or unusual situations that may develop. For example, Standard 3.05 (Multiple Relationships) states that “Multiple relationships that would not *reasonably* be expected to cause impairment or the risk of exploitation or harm are not unethical” (*italics added*). However, psychologists using assimilation strategies sometimes act as if the modifiers did not exist; they may also act as if simply following the rules ensures the best ethical practice (Handelsman, Knapp, & Gottlieb, 2009). Consider the different ways that psychologists may respond to the following event involving a potential multiple relationship.

A psychologist was treating a medical student suffering from anxiety and loneliness. The student learned from another source that a local church sponsored an organization for young singles which was open to members of the community who were not members of the church. The psychologist discouraged the student from joining this group because the psychologist was a member of that church and there was a possibility, albeit remote, that her patient could become more involved in the church and that their paths might eventually cross.

A prudent psychologist would weigh the extent and likelihood of harm that might occur from such an encounter against the extent and likelihood of benefit to the patient. For some patients, such as those with problems maintaining boundaries, it may be appropriate to discourage the involvement in such a group due to the risk of a dual relationship. But this patient had an adjustment disorder with no Axis II features, was unlikely to be in therapy much longer, and had a personality that could tolerate the possibility of a social contact with the psychologist in the future. From the standpoint of an integration strategy for ethics, it appears that the psychologist missed an opportunity to express compassion within the context of a professional relationship.

Other psychologists, acting from an assimilation strategy, might interpret the rule against clinically contraindicated multiple relationships so strictly that they would condemn any action that might increase the possibility, albeit small, that the patient’s and psychologist’s paths could eventually cross if the patient ever decided to become more active in the church. They might decide that any increased risk of a boundary crossing is too much risk to take. Thus, psychologists using assimilation strategies may lose the opportunity to help patients when they fail to weigh thoroughly both risks and benefits in their decision making.

Interpreting Rules Without Attention to Overarching Values

At times, psychologists apply rules that appear unnecessarily to distance themselves from their patients. For example, a psychologist concerned about boundaries refused to hug any patient under any circumstances. He even rebuffed hugs from little children out of a concern that it might be misconstrued as sexualized behavior. Another psychologist refused all gifts from a patient, even a holiday card with a pleasant and benign holiday greeting. (The patient also gave cards to her physician, clergy person, and other acquaintances without incident.). Another psychologist focused so much on getting the informed-consent forms explained and signed that he failed to involve patients adequately in the development of treatment goals, thus increasing the risk of treatment failure.

Following rules without considering the possibility for exceptions or the context of broader principles can create barriers between patients and psychologists and may cause psychologists to lose opportunities to improve their relationships with patients and facilitate positive outcomes. Certainly discretion needs to be used in these situations; at times it may well be clinically indicated to refuse to hug certain patients or to refuse gifts beyond those of nominal value. For example, one female psychologist accepted hugs from most patients in recovery from alcoholism, knowing that hugging at the end of meetings is common within the AA culture. On the other hand, she refused to hug her teenage male patients because doing so might have sexual overtones for some of them. However, she would hug small children and when dealing with a highly sexualized young child (a victim of childhood sexual abuse), she discussed hugging with the parents to make the understanding of appropriate (and inappropriate) hugging a part of her treatment.

Helping students develop appropriate judgment about the implementation of such rules is essential for psychology training programs. This judgment or discernment “involves understanding both *that* and *how* principles and rules apply in a variety of circumstances” (Beauchamp & Childress, 2009, p. 40) or understanding how to apply rules in context and in the furtherance of worthy goals (Schwartz & Sharpe, 2010). Psychologists can demonstrate such judgment by attending to the unique demands of the situation, attending to nonrational factors that influence behavior (Rogerson, Gottlieb, Handelsman, Knapp, & Younggren, 2011), and modifying their behavior to account for the unique demands of the situation. We can imagine how oppressive an agency, institution, or a university training program might become if its members were “ethical” in the sense of adopting extreme assimilation strategies. The atmosphere could become characterized by the hyper-vigilant need to identify the shortcomings of others and a corresponding vigilance to protect oneself from the accusations of others. The net effect could be that many supervisors, supervisees, and colleagues (faculty members and students) would “go underground” with their ethical issues; that is, they would refrain from talking about them publically for fear of being shamed by a charge of unethical conduct. Thus, chances for productive exploration and discussion of some of the most common and grayest of ethics issues would be lost (Gottlieb, Handelsman, & Knapp, 2008; Pope, Sonne, & Greene, 2006).

Setting Low Standards for Professional Behavior

Assimilation strategies run the risk of setting low standards for professional behavior. The notion “If it is legal, then it is ethical” applies here. Consider this case:

A psychologist was treating a patient who made a serious threat to harm an identifiable third party. Knowing that this met the threshold for a “duty to warn” in his state, the psychologist quickly contacted the intended victim. Although the actions of the psychologist met the letter of the law, the question arises whether the psychologist had other options available to diffuse the danger, such as seeking a voluntary hospitalization (if appropriate), or asking the patient for input on other ways to control the situation.

Warning an intended victim is often clinically indicated and may be the most ethical and best clinical response to a situation. However, there is always a danger that a psychologist, in a period of stress, may pick the first “half-way reasonable” and legal solution that comes to mind (a “just good enough” solution) to quickly reduce anxiety and cognitive load, and to avert loss. In doing so, the psychologist may not have considered less intrusive, equally legal, and more clinically effective options. Ideally the actions of the psychologist would have been informed most by the welfare of the third party and the patient (not only his own personal liability). He would have taken the time to do a detailed analysis of the context in which the violence might or might not occur and actively sought to engage the patient in a plan to diffuse the violence. Paradoxically, the failure to consider other clinical options might lead the patient to drop out of treatment, thereby increasing the risk that the feared violence might actually occur.

Creating Harm by Giving Disproportionate Attention to Certain Rules

Consider the psychologist who included the following statement in his informed consent form (this actually happened):

I recognize that I am here to see Dr. X for professional purposes and that I have no sexual interest in him and will not attempt to involve him in a sexual relationship or even fantasize about him.

Although it is admirable that the psychologist wanted to avoid sexual relationships with patients, his manner of addressing the issue appeared to place the responsibility for sexual misconduct on the patient and to raise it to a level of importance that most patients would never have considered. Such statements could also cause some patients to wonder if this psychologist had issues with personal control over his own impulses.

Another psychologist made a point of telling all her patients (male and female, young and old) at the start of therapy that sexual contact with psychotherapists is always unethical. This overemphasis on the rules embarrassed and confused many patients who did not know why this issue got so much attention.

The Dark Side of Separation Strategies

Psychologists using separation strategies may perceive themselves as acting in a highly ethical manner, but they do not appreciate the cumulative wisdom expressed through professional standards. Examples of separation strategies include psychologists

who attempt to solicit patients for social causes (intrusive advocacy), fail to maintain professional boundaries, or allow personal values to trump professional values. We consider some examples below.

Advocating Intrusively

Intrusive advocacy occurs when psychologists place a social cause or their own personal values above the welfare of their patients (Pope & Brown, 1996) and fail to separate personal values from therapeutic ones (Tjeltveit & Gottlieb, 2010). Consider this example:

A psychologist expressed anger at a patient who refused to file charges against an inpatient facility that had, probably inadvertently, violated her privacy rights by giving out information in a nonemergency situation without a proper release or court order.

Other psychologists have tried too strenuously to convince patients to file complaints against previous therapists with whom they had a sexual relationship or to file criminal suits against a parent who had abused them as a child. One psychologist argued that his or her patient had a social obligation to other victims to step up and publicly expose and humiliate the offender. Another psychologist believed so strongly in protecting children that she included campaign literature in her waiting room for a candidate who was especially vocal on the need for increased funding for child welfare programs.

Such well-meaning efforts fail to consider the importance of the professional value of respecting patients’ autonomy in choosing their own goals and values. The role of the psychologist is to establish conditions that would allow the patient to reach an autonomous decision; focusing on the psychologists’ goals instead of helping patients to clarify their own is likely to lead to a poorer quality of service, including an increase in the number of patients who resist or drop out of treatment. In the extreme, such behavior could also cause harm.

Failing to Maintain Professional Boundaries

Effective professional relationships focus on the well-being of patients. Consider this situation:

At an initial evaluation, a patient reported that she was coming to therapy to deal with a recent sexual assault. The psychologist immediately shared her own assault history, as she had been instructed to do when she volunteered in a sexual assault facility years earlier.

The general rule for psychologists is to self-disclose deliberately and selectively, based on the needs of patients (Sommers-Flanagan, 2012). The discussion of the psychologist’s own history of sexual assault, when she did not know the patient well, was ill-considered and potentially harmful. Although this sharing might have been appropriate in a friendship or paraprofessional relationship, excessive self-disclosure early in the professional relationship risks derailing the focus of attention from the patient onto the psychologist (for further reading see Gottlieb, Younggren, & Murch, 2009).

Allowing Personal Values to Trump Professional Values

A psychologist was contacted by an attorney who told a very sad story about a man who was alienated from his daughter through no fault of his own, and the court had issued an order for reunification therapy. Moved by concern for this man, the psychologist agreed to conduct the therapy even though he had no training or experience in this treatment modality and was unprepared for the difficulty of or the intensity of emotion generated by the case.

Another psychologist was treating a patient with a long history of disruptive interpersonal relationships, including failed treatment relationships with several previous therapists. To reassure her patient, who was going through deep depression, the psychologist told her, "I will always be here for you." One year later the psychologist terminated treatment with the patient who had continually missed appointments, made inappropriate nighttime calls, refused to comply with reasonable treatment plans, and failed to pay her bills. The patient filed a licensing board complaint noting that the psychologist had lied about always being there for her.

When a former patient was having trouble finding a place to live, a psychologist rented an apartment to her well below market rates. Two years later, the former patient was far behind in her rent and unemployed. When the psychologist attempted to collect the rent, the patient filed a licensing board complaint against the psychologist.

We note that it is common and commendable to respond with concern and loyalty and to come to the assistance of friends and family members. In professional roles, however, we have to decline some requests for help, set limits on the extent of our loyalty (or dimensions along which we implement loyalty) to patients, and decline to offer assistance in situations that go beyond our professional roles, especially when such assistance exceeds our level of competence, misleads the patients concerning our roles, or creates a clinically contraindicated multiple relationship.

Protecting Psychologists Against the Dark Side of Professional Ethics

Part of being a professional psychologist involves a commitment to lifelong learning (Wise et al., 2010). We view ethics acculturation as a developmental process that occurs throughout one's career; all of us (not just students) need to practice our integration strategies. Below, we suggest several ways to facilitate a good balance of personal ethical systems with professional rules, standards, values and principles.

First, in reflecting on their professional conduct, psychologists can explicitly link their behavior to both the rules governing the profession (such as the APA Ethics Code [2010], APA guidelines, state and federal laws, etc.) and to personal overarching ethical theory, whether that theory be principle-based ethics, virtue ethics, deontological ethics, feminist ethics, or a system based upon their religious traditions. They can evaluate behaviors based on both personal and professional standards of conduct and then deliberate in a more comprehensive way (Anderson & Handelsman, 2010). Explicit instruction using the EAM (such as through readings or continuing education) may be one way one to help psychologists understand how to integrate personal and professional ethics (Gottlieb et al., 2008).

In addition to receiving explicit instruction in the EAM, graduate students in psychology can observe how their professors and supervisors respond to ethical problems. Of course, this knowledge is not transmitted by osmosis (Handelsman, 1986); faculty and supervisors can think aloud when they are confronted with situations that require ethical reasoning and demonstrate how they are linking their behaviors to the values of the profession. These kinds of demonstrations will help students develop judgment, or the ability to apply overarching ethical principles of the professional appropriately, depending on contextual factors.

Also, psychologists can strive for transparency with their patients and colleagues in their ethical decision making and articulate their reasons for decisions. Transparency means more than just identifying the relevant rules, laws, and standards—it also means discussions on how to implement these rules in a manner most likely to promote overarching ethical principles or virtues, such as the welfare of patients, respectfulness, and justice. Speaking about our questions openly may reduce the tendency for ethical issues to be driven underground and may reduce the discrepancy between descriptive (how people actually behave) and injunctive norms (how people are expected to behave); it may also promote ethically excellent behavior (Handelsman et al., 2009).

Finally, we can remind ourselves (and our students) to respond with prudence, modesty, and receptivity to feedback, acknowledging that all of us have blind spots (Bazerman & Tenbrunsel, 2011) that can lead us to act in a less than optimal manner for reasons outside of our conscious awareness. We can accept the fact that all of us will make mistakes, and when we do, we should acknowledge and try to correct them (Tavris & Aronson, 2007). As part of our lifelong education in ethics, we can strive for humility, use think-aloud processes, and welcome feedback.

Conclusion

In this paper, we have used the EAM to explain further some of the more nuanced and complex problems that may arise in ethical decision making. We hope that in doing so, we may be able to improve our own ethical behavior and recognize problems for our colleagues and students. As we noted above, some of our ethical decision making, especially when we are distressed, falls outside of our conscious awareness (Bazerman & Tenbrunsel, 2011). If we are more alert to these issues, we may be able to practice more ethically ourselves and help our colleagues and trainees do so as well.

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Received August 27, 2012

Revision received February 7, 2013

Accepted February 25, 2013 ■