CASE EXAMPLE

Working With a Client With Racist Attitudes and Behaviors

Psychotherapists may wrestle with ethical principles guiding treatment of clients/patients with impulse control or cognitive or emotional disorders whose symptomology includes expressions of racist attitudes and behaviors. Consider the case of a client who has been suspended from work for continued harassment of and threats against his Hispanic coworkers.

Psychologists applying an ethical absolutist position might jump to the conclusion that since racism and intolerance are universally morally reprehensible, the client has no regard for right and wrong or the feelings of others and thus is suffering not only from possible impulse control disorders but also from the more character-based antisocial or paranoid personality disorder.

By contrast, those holding a relativist position might decide that the best approach would be to treat the mental health problem as distinct from the client's prejudicial attitudes because of their belief that psychologists should be accepting of their clients' socially constructed values.

Approaching this dilemma from an ethical contextual perspective, psychologists would base their treatment plan on the assumption that, given intolerant beliefs driving the client's behavior are inconsistent with basic moral values, the crucial task for the psychologist is to understand the meaning and function of the racist attitudes and behaviors as they relate to the client's mental health problems and address both the racism and mental health conditions during treatment.

Ethical Competence

Too often, psychologists approach ethics as an afterthought to assessment or treatment plans, research designs, course preparation, or groundwork for forensic or consulting activities. Ethical planning based on familiarity with ethical standards, professional guidelines, state and federal laws, and organizational and institutional policies should be seen as integral rather than tangential to psychologists' work.

Need to Know: "Why Good Students Go Bad"

Burkholder & Burkholder (2014) identified four ethical pitfalls that often lead students to commit ethical violations:

- Beliefs that the Ethics Code is optional or only applies to "bad" people
- Personal characteristics, such as mental health and substance abuse disorders, that distract from a focus on learning how to integrate ethics into professional activities

- Poor advisement or supervision or misguidance, leading to deficient preparation and training
- Overenthusiasm, pressure to achieve high grades, or rushing to complete training requirements that leads to a blurring of appropriate boundaries, taking inadequate steps to protect confidentiality, or taking other ethical shortcuts in science or practice

Ethical Planning

Ethical commitment and well-informed ethical planning will reduce but not eliminate ethical challenges that emerge during the course of psychologists' work. Ideally, ethical competence should be "preventive." A working understanding of ethical theories, Ethics Code principles and standards, scientific and professional guidelines, laws, and organizational policies should help psychologists anticipate situations that require ethical planning before a problem occurs.

Need to Know: Ethical Competence and Ethical Planning

Obtaining the competencies necessary to recognize when a situation requires ethical decision making is a daunting task for graduate students, early career professionals, and seasoned professionals (Moffett, Becker, & Patton, 2014). To limit mistakes that can be made when facing unexpected ethical challenges, whenever psychologists begin new professional or scientific work, they should do the following:

- Evaluate their role responsibilities and ensure they have the competencies required to fulfill these roles
- Identify the potential psychological, social, or legal vulnerabilities of those with whom they will work
- Become familiar with commonly established ethical procedures for the type of activities in which they will be engaged, the populations with whom they will work, and the work setting
- Develop a plan to readily draw on the ethical standards, professional guidelines, organizational policies, and laws that should guide their decision making if unanticipated ethical situations arise and identify colleagues who can provide consultation

Competence and Ethical Decision Making

Ethical competence is also necessary to identify unanticipated situations that require ethical decision making. Ethical problems often arise when two or more principles or standards appear to be in conflict, when unexpected events occur, or

in response to unforeseen reactions of those with whom a psychologist works. There is no ethical menu from which the right ethical actions can simply be selected. Many ethical challenges are unique in time, place, and persons involved. The very process of generating and evaluating alternative courses of action helps place in vivid relief the moral principles underlying such conflicts and stimulates creative strategies that may resolve or eliminate them.

Ethical decisions are neither singular nor static. They involve a series of steps, each of which will be determined by the consequences of previous steps. Evaluation of alternative ethical solutions should take a narrative approach that sequentially considers the potential risks and benefits of each action. Understanding of relevant laws and regulations as well as the nature of institutions, companies, or organizations in which the activities will take place is similarly essential for adequate evaluation of the reactions and restraints imposed by the specific ethical context.

Ethical Standards

Familiarity with the rules of conduct set forth in the Ethical Standards enables psychologists to take preventive measures to avoid the harms, injustices, and violations of individual rights that often lead to ethical complaints. For example, psychologists familiar with the standards on confidentiality and disclosure discussed in Chapter 7 will take steps in advance to (a) develop appropriate procedures to protect the confidentiality of information obtained during their work-related activities; (b) appropriately inform research participants, clients/patients, organizational clients, and others in advance about the extent and limitations of confidentiality; and (c) develop specific plans and lists of appropriate professionals, agencies, and institutions to be used if disclosure of confidential information becomes necessary.

Guidelines

Good ethical planning also involves familiarity with guidelines for responsible practice and science. The APA and other professional and scientific organizations publish guidelines for responsible practice appropriate to particular psychological activities. Guidelines, unlike ethical standards, are essentially aspirational and unenforceable. As a result, compared with the enforceable Ethics Code standards, guidelines can include recommendations for and examples of responsible conduct with greater specificity to role, activity, and context. For example, Standard 2.01, Boundaries of Competence, requires psychologists to limit their services to populations and areas within their boundaries of competence, but as a general standard it does not specify what such competencies are in different work contexts. By contrast, guidelines such as those for multicultural education, training, research, practice, and organizational change (APA, 2003) describe the specific areas of training, education, or supervision that psychologists must have to perform their jobs competently. The Guidelines for the Evaluation of Dementia and Evaluation of Age-Related Cognitive Change (APA, 2012d) provide a list of necessary competencies, including memory changes associated with normative aging and the broad range of

medical, pharmacological, and mental health disorders (e.g., depression) that can influence cognition in older adults. The crafters of guidelines developed by APA constituencies usually attempt to ensure that their recommendations are consistent with the most current APA Ethics Code. However, readers should be alert to instances in which the 2010 Ethics Code renders some guideline recommendations adopted prior to 2010 obsolete. Specific Guidelines are discussed throughout this book where their relevance to ethical standards can be applied. Continuously updated links to APA guidelines are provided at http://study.sagepub.com/fisher4e.

Laws, Regulations, and Policies

Another important element of information gathering is identifying and understanding applicable laws, government regulations, and institutional and organizational policies that may dictate or limit specific courses of action necessary to resolve an ethical problem. There are state and federal laws and organizational policies governing patient privacy, mandated reporting for child abuse and neglect and elder abuse, research with humans and animals, conduct among military enlistees and officers, employment discrimination, conflicts of interest, billing, and treatment. For example, practicing psychologists need to be familiar with rules and procedures under the Health Insurance Portability and Accountability Act (HIPAA). Those working in schools must understand privacy rights protections under the Family Education Rights and Privacy Act (FERPA). Psychologists involved in forensically relevant activities must also be familiar with continuing evaluation of rules of evidence governing expert testimony, and research psychologists need to know the Department of Health and Human Services Part 46 Protection of Human Subjects. The relevance of these laws to the science and practice of psychology is discussed throughout this volume.

As discussed in Chapter 2, only a handful of Ethical Standards require psychologists to adhere to laws or institutional rules. However, choosing an ethical path that violates law, institutional rules, or company policy can have serious consequences for psychologists and others. Laws and policies should not dictate ethics, but familiarity with legal and organizational rules is essential for informed ethical decision making. When conflicts between ethics and law arise, psychologists consider the consequences of the decision for stakeholders, use practical wisdom to anticipate and take preventive actions for complications that can arise, and draw on professional virtues to help identify the moral principles most salient for meeting professional role obligations (Knapp, Gottlieb, Berman, & Handelsman, 2007).

Stakeholders

Ethical decision making requires sensitivity to and compassion for the views of the affected individuals. Discussions with stakeholders can clarify the multifaceted nature of an ethical problem, illuminate ethical principles that are in jeopardy of being violated or ignored, and alert psychologists to potential unintended consequences of specific action choices. In research, this means enhancing external

validity and the generalizability of findings by understanding the realities of participants' lives. To this end, psychologists draw on the perspectives of prospective participants to ensure that the research design and procedures reflect their values and merit their trust. Psychologists also consult with other community stakeholders to ensure reasonable steps are taken to avoid community harm that may arise following dissemination of research results (Fisher, 1999, 2004, 2015).

In assessment, attention to stakeholder perspectives requires consideration of how examinees' understanding of the purpose of a test and their trust in the integrity of the testing process may facilitate or hinder test validity. It can also include considering how the way in which a client's assessment report is written may affect family members or other third parties. In therapy, stakeholder sensitivity entails attending to clients'/patients' responses to treatment and modifying approaches based on such feedback rather than simply categorizing failure to respond as a form of resistance or other weakness on the part of the client/patient. Sensitivity also requires understanding that family caretakers of children or mentally impaired adults and other professionals providing services in schools, organizations, or integrated health care systems can be affected by or have an effect on treatment outcomes.

By taking steps to understand the concerns, values, and perceptions of clients/patients, research participants, family members, organizational clients, students, IRBs or corporate compliance officers, and others with whom they work, psychologists can avoid making decisions that would be ineffective or harmful (Fisher, 1999, 2000).

Steps in Ethical Decision Making

A number of psychologists have proposed excellent ethical decision-making models to guide the responsible conduct of psychological science and practice (e.g., Barnett, Zimmerman, & Walfish, 2014; Canter et al., 1994; Handelsman et al., 2005; Kitchener & Anderson, 2011; Koocher & Keith-Spiegel, 2008; Newman, Gray, & Fuqua, 1996; Rest, 1983; Staal & King, 2000). A six-step model is proposed that draws on these models and the importance of ethical commitment, awareness, and competence:

Step 1: Through a sustained professional commitment to doing what is right, develop the skills to identify when a situation raises ethical issues. This commitment includes (a) continuous reflection on the personal versus professional values and potential conflicts of interest influencing reactions to ethical dilemmas and (b) ongoing implementation of appropriate self-care strategies to guard against the influence of occupational stress.

Step 2: Consider the relevant APA Ethics Code General Principles and Ethical Standards and scientific and professional guidelines as well as organizational policies.

Step 3: Determine whether there are local, state, and federal laws specific to the ethical situation. Identify also the procedures required to be in compliance with

these laws and the consequences of legal action for the welfare of individuals with whom the psychologist works and relevant third parties.

Step 4: Make efforts to understand the perspective of different stakeholders who will be affected by and who will affect the outcome of the decision. These efforts should help illuminate aspects of the dilemma that are related to power, privilege, and sociopolitical oppression.

Step 5: Apply Steps 1 to 4 to generate ethical alternatives. Assess the competencies required to implement each alternative and consult with colleagues if necessary. Consider how different ethical theories might prioritize each alternative. Select the alternative that best fulfills one's obligations under the Ethics Code and has the greatest likelihood of protecting the rights and welfare of those who will be affected.

Step 6: Monitor and evaluate the effectiveness of the course of action. Modify and continue to evaluate the ethical plan if feasible and necessary.

The cases at the end of each chapter and the 10 case studies in Appendix A provide readers with the opportunity to creatively apply the ethical decision-making model described above and the knowledge they gain in reading chapters throughout this book to ethical challenges across a broad range of psychological work. The next section provides an example of how the six ethical decision-making steps can be applied to an ethical dilemma.

CASE EXAMPLE

An Example of Ethical Decision Making

Dr. Ames conducts individual and group therapy for young adults with dual diagnosis (substance dependence and anxiety disorders) whom she sees in her private practice. Although Dr. Ames was careful not to enter into the group those of her patients who were friends, partners, or relatives, she has recently learned that two group members (James and Angela) have started to date one another. In her next individual therapy session, Angela excitedly tells Dr. Ames that she is pregnant and is planning to move in with James, the father of her baby. When asked if she has seen a doctor, Angela replies that she does not have health insurance and has nothing to worry about since neither she nor James has any diseases. Dr. Ames knows from previous individual sessions with James that he is HIV positive. She asks Angela's permission to speak with James about their new situation, and Angela agrees. During his next session, James tells Dr. Ames that he does not plan to tell Angela that he is HIV positive because she would leave him. He also angrily reminds Dr. Ames that she is "sworn to secrecy" because she promised that everything he told her, except child abuse or hurting someone, would be confidential.

Step 1: Ethical Commitment. Dr. Ames is committed to doing the right thing. She thinks of herself as honest, judicious, respectful, and compassionate. She struggles

with her desire to maintain James' confidentiality about his HIV status and her concern about the health risks to Angela and her pregnancy. She recognizes that as a new mother herself, she places a high value on the importance of parental responsibility for an infant's health and welfare, and her new parental status is influencing her reaction to Angela's disclosure. Since her return from a maternity leave, she has been diligent in instituting self-care strategies to address the dual stressors of work and new parenthood.

Step 2: Relevant ethical principles, standards, guidelines, and organizational policies. Dr. Ames reviews the Ethics Code standards. She realizes that because two of her group therapy patients have unexpectedly entered into a romantic relationship discussed only in their individual sessions that she is confronting an unforeseen potentially harmful multiple relationship (Standard 3.05b, Multiple Relationships). She realizes that her concerns regarding the health risks to Angela and her baby and her conflict over maintaining James' confidentiality can potentially compromise her objectivity and effectiveness in performing her job. According to Standard 3.05b, she must take reasonable steps to resolve the problem with due regard for the best interests of all the affected persons.

Dr. Ames also recognizes that while it is important to protect James' confidentiality (Standard 4.01, Maintaining Confidentiality), the Ethics Code permits her to disclose confidential information to protect others from harm (Standard 4.05, Disclosures). She had thought that her informed consent procedure was consistent with ethical standards, since she did inform James and all her individual and group clients/patients of her legal obligation to report child abuse and the possibility that disclosure could also occur to protect others from harm (Standard 4.02, Discussing the Limits of Confidentiality). However, although she was prepared to address issues of group members fraternizing outside of group, she did not anticipate that this type of situation would arise, and she is unsure about the answers to the following questions. Should James' decision to intentionally keep his HIV status secret and to continue to have unprotected sex with Angela be considered "harm" to another person? Did the consent language adequately inform Dr. Ames' clients/patients that the risk of transmitting HIV would meet the criteria for disclosure (Standards 10.01, Informed Consent to Therapy; 10.03, Group Therapy)?

Dr. Ames also reviews the Ethics Code's aspirational principles. She recognizes that she has a fiduciary responsibility to both James and Angela that rests on establishing relationships of trust (Principle B: Fidelity and Responsibility) and worries that the therapeutic alliance with James may be jeopardized if she discloses his HIV status to Angela and that her therapeutic alliance with Angela may be compromised if she is perceived to be colluding with James in a secret that could be harmful to the health of Angela and her baby (Principle A: Beneficence and Nonmaleficence, Principle C: Integrity, and Principle E: Respect for People's Rights and Dignity).

Step 3: Federal, state, and civil law. Dr. Ames consults with legal counsel at her state psychological association and discovers that her state does not have a "duty to protect" law requiring clinicians to take steps to protect identified others from harm (see Chapter 7), nor does it impose criminal penalties on people living with HIV

who know their HIV status and potentially expose others to HIV. In addition, her state's mandatory child abuse–reporting laws do not extend to pregnancy. Her state does not have a prohibition against a mental health professional revealing a client's HIV status to a third party if there is a high risk of transmission to this third party. HIPAA also permits disclosure of information to protect against serious harm to others. However, the attorney also informs her that if she disclosed such information, she might incur legal liability under a variety of civil laws.

Step 4: Stakeholders. Dr. Ames consults with medical colleagues regarding the probability that James will transmit the virus to Angela and the risks to the fetus and learns that infectivity rates are highly variable, ranging from 1 per 1,000 to 1 per 3 contacts, that mother to child transmission is 15% to 30% and occurs mostly in the last trimester, and that diagnosis and treatment during pregnancy can reduce perinatal transmission (Centers for Disease Control and Prevention, 2015). She also speaks to the prenatal department of the community clinic and finds out that health care providers there routinely provide pregnant women with information regarding HIV risk protection and available HIV testing. To ensure that she is sensitive to the cultural context from which James' and Angela's reactions to her decision may be embedded, she also consults with staff in the community outreach department. Some staff express the belief that the risk of HIV is well-known in the community and that Angela is responsible for protecting herself. Others believe that James is violating community standards and that he has therefore given away his right to confidentiality (see Fisher et al., 2009). Still others point out that Dr. Ames may lose the trust of the rest of her group therapy members if she violates James' confidentiality (Standard 10.03, Group Therapy). Through all of these discussions, Dr. Ames is careful not to reveal the identities of James and Angela (Standard 4.06, Consultations).

Step 5: Generating alternatives and selecting a course of action. Dr. Ames begins to contemplate alternative actions. From a Kantian/deontic perspective, by not disclosing the HIV risk information to Angela, she would fulfill her confidentiality commitment to James, on which his autonomous consent to participate was based. At the same time, Kant's idea of humanity as an end in itself might support taking steps to protect Angela and her fetus from harm. From a utilitarian perspective, the importance of protecting Angela and her fetus from a potentially life-threatening health risk must be weighed against the unknown probability of HIV infection to Angela and her fetus as well as Angela's reaction to the disclosure. Dr. Ames also considers what type of decision would preserve the trust she has developed with her other group therapy clients/patients. The advisory board consultation suggested that there was not a broadly shared common moral perspective that would suggest a specific communitarian or multicultural approach to the problem. From a relational ethics perspective, failing to disclose the information to Angela might perpetuate the powerlessness and victimization of women. At the same time, disclosure might undermine Angela's autonomy if in fact she is aware of HIV risk factors in general and knows or suspects James' HIV positive status.

Dr. Ames decides that she will not at this point disclose James' HIV status to Angela. She concludes that her promise of confidentiality to James is explicitly related to his

agreement to participate in treatment, while her sense of obligation to protect Angela from James' behavior is not related to Angela's agreement to participate in individual therapy. The feedback Dr. Ames received from community outreach staff suggests that Angela is most likely aware of the general risks of HIV transmission among drug users, and some of Angela's comments in Dr. Ames' notes from previous sessions reinforce this inference. In addition, Dr. Ames' visit to the clinic indicated that there are community health services that routinely advise pregnant women about these risks and provide HIV testing. Dr. Ames decides that at her next individual session with Angela, and during subsequent sessions, she will encourage her to visit the free prenatal clinic for HIV testing, as well as discuss sexual health, related prenatal risks, and the value of prenatal care. She will also tell James of her decision not to disclose his HIV status to Angela at this time, continue to encourage him to do so, and provide him with written information regarding prenatal HIV risk and safer sexual practices.

Step 6: Monitoring. Dr. Ames will monitor and evaluate the effectiveness of her course of action. During sessions, she will keep apprised of whether Angela visits the prenatal clinic, including whether Angela is tested for HIV. She will also monitor whether James gains the confidence to reveal his HIV status to Angela, especially as Angela enters her third trimester. If Angela remains unaware of her risk, Dr. Ames will ask the couple to come in for a joint session and prepare James in advance for how the information will be shared. In addition, Dr. Ames will continue to evaluate whether the unexpected multiple relationship with James and Angela compromises her ability to maintain objectivity in her individual and group sessions with them and seek consultation if necessary. Dr. Ames also reflects on the adequacy of the criteria she has been using to determine the composition of therapy groups and begins to develop (a) more detailed screening procedures for her individual clients that can identify individuals who may be more prone to romantic or other types of involvement with group members and (b) a plan for referring such clients to another group therapist when appropriate.

Doing Good Well

Ethical decision making in psychology requires flexibility and sensitivity to the context, role responsibilities, and stakeholder expectations unique to each work endeavor. At their best, ethical choices reflect the reciprocal interplay between psychological activities and interpretation of ethical standards in which each is continuously informed and transformed by the other. The specific manner in which the APA Ethics Code General Principles and Ethical Standards are applied should reflect a "goodness of fit" between ethical alternatives and the psychologist's professional role, work setting, and stakeholder needs (Fisher, 2002b, 2003c; Fisher & Goodman, 2009; Fisher & Ragsdale, 2006; Masty & Fisher, 2008). Envisioning the responsible conduct of psychology as a process that draws on psychologists' human responsiveness to those with whom they work and their awareness of their own boundaries, competencies, and obligations will sustain a profession that is both effective and ethical.

Ethics requires self-reflection and the courage to analyze and challenge one's values and actions. Ethical practice is ensured only to the extent that there is a personal commitment accompanied by ethical awareness and active engagement in the ongoing construction, evaluation, and modification of ethical actions. In their commitment to the ongoing identification of key ethical crossroads and the construction of contextually sensitive ethical courses of action, psychologists reflect the highest ideals of the profession and merit the trust of those with whom they work.

HOT TOPIC

The Ethical Component of Self-Care

The professional practice of psychology can be rewarding as well as stressful. Psychological treatment often involves working with clients/patients who express acute or chronic suicidality, engage in self-harm, are victims of abuse or assault, or are coping with the death of loved ones or with their own chronic or fatal disease. Clinicians treating veterans or others with posttraumatic stress disorder (PTSD) are regularly assessing and treating patients struggling with repetitive aggressive or homicidal episodes that may place the client/patient, their family, and the treating psychologist in physical danger (Voss Horrell, Holohan, Didion, & Vance, 2011). Those treating survivors of sexual abuse by family members or strangers may find their clients' experiences have a personal impact on their own worldview and life meaning (Courtois, 2015).

The Emotional Toll of Professional Practice

The emotional toll and precarious nature of this work makes psychologists vulnerable to occupational stress, including emotional exhaustion, depersonalization, and a feeling of lack of personal accomplishment. These outcomes can in turn lead to burnout, overcompensating efforts to "save" clients/patients or participants, boundary violations, and other behaviors that impair job performance (APA Committee on Colleague Assistance, 2006; Lee, Lim, Yang, & Lee, 2011; Webb, 2011). For example, military psychologists with extended deployments to war zones who practice in life-threatening contexts risk direct trauma-related distress and vicarious distress working with traumatized military personnel (W. B. Johnson et al., 2011; Johnson, Bertschinger, Snell, & Wilson, 2014). Psychologists working with patients or research participants who graphically describe child or partner abuse, homelessness and hunger, drug abuse and violence, or death and dying may also experience vicarious or secondary trauma, guilt, or a sense of powerlessness for which there is little institutional support (Fisher, True, Alexander, & Fried, 2013; Mailloux, 2014; McGourty, Farrants, Pratt, & Cankovic, 2010; Simmons & Koester, 2003). Psychologists who have a client/patient die from suicide, accident, or fatal disease may not recognize or receive social support for their own grief reactions (Doka, 2008).

Psychologists conducting clinical research requiring strict adherence to manualized treatment protocols and those working in schools, military hospitals, or correctional facilities may experience the painful feelings and psychological disequilibrium that characterizes moral distress—lack of

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professional control to do what they believe is right (Corely, 2002; Fried & Fisher, in press) in response to institutional constraints on caseload, resources, use of evidence-based practices (EBPs), up-to-date assessment instruments, or trained personnel (Maltzman, 2011; O'Brien, 2011; Voss Horrell et al., 2011). School psychologists working in underpopulated rural settings may experience stressors associated with isolation when they feel detached from both the surrounding community and their professional community (Edwards & Sullivan, 2014). Or in response to work-related stressors, psychologists may develop compassion fatigue or begin to process client/patient experiences on a purely cognitive level, a syndrome W. B. Johnson et al. (2011) described as "empathy failure."

"Wounded Healer"

Competent treatment of fatally ill, violent, or suicidal clients/patients may require extensive patient contact, behavioral monitoring, interactions with family members, and significant flexibility in identifying appropriate treatment strategies. Not surprisingly, many ethical dilemmas for psychologists working with these patients revolve around decisions regarding maintaining an appropriate balance between personal and professional boundaries (e.g., Standards 3.04, Avoiding Harm; 3.05, Multiple Relationships; 7.07, Sexual Relationships with Students and Supervisees; and 10.05, Sexual Intimacies with Current Therapy Clients/Patients).

Working in emotionally charged therapeutic contexts can lead to work-related exhaustion, a sense of urgency, and worries that may compromise competent therapeutic decisions (Standard 2.06, Personal Problems and Conflicts). Practitioners who have little or no preparation for treating post-traumatic phenomena may overrespond by engaging in rescue behaviors that blur appropriate professional boundaries or underrespond by distancing, blaming, or responding aggressively to the client, thereby causing additional interpersonal damage (Courtois, 2015). On the other hand, such experiences can lead to unique professional growth. Jackson (2001) introduced the term *wounded healer* to describe how the emotional experience of working with such clients/patients can serve to eventually enhance psychologists' therapeutic endeavors. Voss Horrell et al. (2011) have described similar positive developments in compassion satisfaction and posttraumatic growth in response to the challenges of treating veterans with PTSD.

Mindfulness-Based Stress Reduction

Research and clinical scholarship on the potential for and diminished work competence associated with burnout, social isolation, compassion fatigue, depression, and vicarious traumatization among psychologists working with high-risk populations have led to a widening endorsement of self-care practices as an essential ethical tool in ensuring competence in psychological work (APA, 2012f). Discerning when stress becomes impairment is difficult in the present moment (Barnett, 2008) and thus requires a proactive approach to self-care that mitigates the effect of stressors on professional competence (Tamura, 2012).

One such approach is mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1993) as adapted for the practice of psychology. MBSR is rapidly becoming a popular approach for maintaining appropriate competencies under stressful work conditions. MBSR is a technique for enhancing emotional competence through attention to present-moment inner experience without judgment. It is seen as an effective means of reducing emotional reactions toward and identification with clients'/patients' problems that can lead to therapeutic deficits (Christopher & Maris, 2010; Davis &

Hayes, 2011; Shapiro, Brown, & Biegel, 2007). Several recent studies have demonstrated positive effects of MBSR training on counseling skills and therapeutic relationships, including distribution of self-care educational materials in graduate courses and modeling and mentoring self-care habits in supervisory relationships (Christopher, Christopher, Dunnagan, & Schure, 2006; McCollum & Gehart, 2010).

Practical Guidelines for Self-Care

While there are empirical studies on effective approaches such as MBSR for maintaining and developing the competencies required, several psychologists have generously shared their own experiences and hard-earned professional insights on personal and professional approaches to such challenging cases (Barnett, Cornish, Goodyear, & Lichtenberg, 2007; Bearse, McMinn, Seegobin, & Free, 2013; O'Brien, 2011; Tamura, 2012; Webb, 2011).

Specific self-care strategies for competent practice include the following:

- Minimize risks posed by the social isolation of working in individualized therapeutic settings through formal (peer consultation or supervision) and informal (professional conferences, lunch with peers) activities.
- Schedule activities that are not work related and develop daily strategies for transitioning from work life to home life.
- Develop healthy habits of eating, sleeping, and exercise.
- Set appropriate boundaries for work-related activities such as beginning and ending sessions on time and limiting work-related phone calls or emails to specific times of the day or early evening.
- Diversify work activities and/or caseload.
- Utilize personal psychotherapy as a means of addressing psychological distress and enhancing professional competence through increased self-awareness, self-monitoring, and emotional competence.

Preparing Psychology Trainees for Work-Related Risks and Self-Care

Self-care strategies should be included in graduate education and training and encouraged as lifelong learning techniques (Bamonti et al., 2014; Barnett & Cooper, 2009). Trainees and young professionals may be particularly susceptible to stressors associated with clinical work, especially when programs have not provided training in self-awareness and self-regulation techniques to balance self and other interests and because they lack experience in maintaining emotional competence (Andersson, King, & Lalande, 2010; Shapiro et al., 2007; Tamura, 2012). W. B. Johnson et al. (2011) proposed that psychologists acknowledge the ethical obligation to routinely assess their colleagues' performance. This is especially important in graduate and internship programs in which students may rely on peer and faculty reactions as measures of their own competence. Programs should thus strive to create a culture of community competence that encourages trainees to recognize themselves as vulnerable to work-related stress and reduced competence, to recognize personal and professional dysfunction, and to develop professional self-care habits that support emotional and professional competence. Developing such a culture will require a shift from the current reactive self-care training climate to a proactive and preventive professional one with a focus on wellness and responsibility to self and others (Bamonti et al., 2014).

Chapter Cases and Ethics Discussion Questions

A primary care medical center (PCMC) hires an organizational psychologist to help reduce patient complaints about conflicting diagnoses and treatment recommendations from different members of the interdisciplinary team. Discuss the types of professional virtues or moral dispositions that would be most important to nurture in a program designed to improve the performance of treatment staff.

A psychologist is treating a client with explosive anger disorder who has been in several fights with gang members in his neighborhood. The client has expressed a desire to purchase a firearm as protection against the gang. The state has just enacted a law requiring mental health professionals to file a report with a firearm background check database if the client threatens harm to themselves or others. Discuss how different ethical theories might lead to different decisions about whether reporting the client is ethically justified. (Readers may wish to refer to Kangas and Calvert, 2014.)

A graduate teaching assistant (GTA) has repeatedly cancelled the undergraduate experimental psychology lab section she is teaching and was late grading students' final papers. The professor responsible for the class was aware the GTA was having trouble keeping up with her graduate coursework and, as a result, had taken on some of the GTA's responsibilities during the semester. The professor is required to complete an end-of-semester GTA evaluation. A poor evaluation can contribute to the GTA losing her assistantship. Discuss how the perspectives and interests of different stakeholders should be considered as the professor decides what to include on the evaluation form.

PART II

Enforceable Standards

CHAPTER 4

Standards for Resolving Ethical Issues

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

Psychologists have professional and scientific responsibilities to society and to the specific individuals, organizations, and communities with whom they work to ensure that their work products are not misused or misrepresented. Psychologists cannot reasonably be expected to anticipate all the ways in which their work can be wrongly used. Thus, Standard 1.01 of the APA Ethics Code (APA, 2010b) focuses on corrective action that must be taken when psychologists learn that others have misused or misrepresented their work. To remedy misuse, psychologists can write letters to or speak with interested parties, request retraction of misrepresentations, or discuss with appropriate persons the corrective measures to be taken.

✓ A school psychologist completed a report summarizing her assessment of a child whose test results did not meet diagnostic criteria for serious emotional disturbance. Several days later, she learned that the principal of her school, who desired to fill a special education quota, had forwarded to the superintendent of schools only those parts of the assessment report that could be interpreted as confirming the student as having a serious emotional disturbance. The psychologist asked the principal to send the entire report, explaining the ethical issues involved (Standard 1.03, Conflict Between Ethics and Organizational Demands).