To all those who want to practice ethically and to have a framework for addressing the many complex ethics issues and dilemmas that arise in the practice of psychology, this book is for you. *Practical Ethics for Psychologists* lives up to the promise of its title and really does provide very practical and user-friendly guidance for addressing and responding to the ethics issues common to the practice of psychology today, with each issue illustrated by realistic and relatable case examples. Every psychologist and psychologist-in-training should purchase and regularly read and use this book.

—Jeffrey E. Barnett, PsyD, ABPP,
Professor of Psychology, Loyola University, Maryland

"Practical" and "positive" are but two of the adjectives that apply to the newly published fourth edition. "Insightful," "in-depth," and indeed "indispensable" further describe this critically important resource.

—Eric Y. Drogin, JD, PhD, ABPP, Harvard Medical School;
Past Chair, Committee on Professional Practice and Standards,
American Psychological Association

To keep psychologists current with the changes and challenges in the field, the fourth edition of this valuable book includes a focus on culture and diversity, ethical issues regarding new health care technologies, and the necessity of self-care. The authors encourage psychologists to go beyond just following the rules to avoid punishment and strive to achieve their highest ethical aspirations. Through vignettes the reader can see how ethical principles apply to everyday situations and can expand their ethical decision-making skills. Students as well as professionals will benefit from the many practical examples of situations often faced by psychologists.

—Linda K. Knauss, PhD, ABPP, Professor of Psychology,
Widener University, Institute for Graduate Clinical Psychology

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"This book should be on the bookshelf of every practicing psychologist. It is chockful of timely, current, practical, and common sense advice on how to practice psychology consistently with both the law and ethics. It is truly, once again, a winner!"

—Jeffrey N. Younggren, PhD, ABPP, Clinical Professor, Department of Psychiatry and Behavioral Sciences, University of New Mexico, Albuquerque, NM;
Associate Editor, *Professional Psychology: Research and Practice*; COL(r), MS;
Risk Management Consultant, The Trust

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PREFACE TO THE FOURTH EDITION

We view ourselves as coparticipants (with many other scholars in psychology) in a tradition that tries to integrate overarching ethical values into the practice of psychology. We have been pleased with the reception received by our efforts to do so in the first three editions of *Practical Ethics for Psychologists: A Positive Approach.*

Although we retain the basic format and perspective of the previous editions in the fourth edition, we believe that changes in the ethical issues and our understanding of ethical issues warrant a revised edition. Since the publication of the third edition, psychologists have become more attuned to the importance of culture and diversity in understanding human behavior and in the ethical delivery of health care. Effective psychologists need to be critically conscious of the lived experiences of those with whom they work and consider their role as psychologist–citizens in addressing long-standing social inequalities. Additionally, psychologists need to understand how they can integrate new health care technologies into their work in an ethical manner that keeps the focus on patient well-being. Finally, there is more awareness of the impact of emotional problems on professional competence and the necessity of self-care in maintaining ethical practices. We believe that these additions make the fourth edition more relevant to the challenges faced by contemporary psychologists.

1

The Legal Floor and Positive Ethics

Ethics refers to values, how we ought to behave, and what constitutes proper conduct. Practical or applied ethics refers to the application of ethics to specialized areas or professions, such as psychology (Beauchamp & Childress, 2019). The word *ethics* could either refer to the legal or mandatory floor adopted by the profession, or to the aspirational ceiling of voluntary efforts to live out high moral ideals. The floor approach focuses almost exclusively on the laws or standards designed to protect the public from harmful actions by psychologists (i.e., state and federal laws regulating the practice of psychology, the regulations of state licensing boards, and the enforceable standards of the American Psychological Association's (APA's; 2017a) *Ethical Principles of Psychologists and Code of Conduct* [APA Ethics Code]). However, psychologists can also view ethics as a voluntary effort to "do the right thing" or "to do one's best" by following one's deeply held moral principles. This approach is reflected in the aspirational principles of the APA Ethics Code and in writings on positive or active ethics (Handelsman et al., 2009). Although psychologists may be motivated by different religious or philosophical sources, most ethical systems reflect a common morality or a shared set of core aspirational beliefs.

The floor approach reflects an incomplete view of ethics. Most psychologists want to do more than just avoid being punished; they want to help others and to excel in their profession. A technically legal action may differ from a morally sensitive one. Conscientious psychologists not only ensure that they meet minimal standards of competence, but they also strive to do their best to

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help others. For example, ethical standards forbid psychologists from discriminating unfairly, especially against persons who belong to groups that have historically experienced discrimination. However, most psychologists also ask themselves how they can be affirmative of these individuals. Although psychologists want to meet the "letter of the law" with regard to informed consent, they also want to meet its spirit and ensure that their patients participate in treatment decisions as fully as possible. The term *positive ethics* is used to emphasize the importance of overarching ethical theories in determining proper behavior and to move psychologists and others away from thinking of ethics as nothing more than compliance with laws, regulations, enforceable standards, or disciplinary actions.

The mandatory and aspirational aims of ethics interact with one another. Psychologists can better fulfill their minimum professional responsibilities if they understand and can apply the moral principles that underlie the disciplinary codes. In addition, psychologists can better fulfill their highest ideals if they understand and follow the disciplinary codes that establish minimum standards of conduct.

Disciplinary codes are necessary but not sufficient in guiding psychologists with their day-to-day professional decisions. Those who are familiar with ethics codes recognize their strengths as well as their limitations in facilitating ethical decision making. Psychologists often face dilemmas where no ethical standard clearly applies to their resolution. This is why ethics professors commonly respond to questions regarding ethical practice with "It depends." In these instances, psychologists must rely on an ethical decision-making model informed by an integration of both professional values and their personal ethical code.

The purpose of this book is to help psychologists—including students and psychologists in training—clarify what they value, consider their obligations, and determine what constitutes proper professional conduct. We wrote this book to help psychologists reach a higher level of service by attending to the practical ethical issues that arise while they engage in professional activities.

We hope to achieve this goal by reviewing the standards of practice as reflected by the APA Ethics Code and relevant state and federal laws. Furthermore, we present three models: (a) the ethics acculturation model (Handelsman et al., 2005), (b) the five-step decision-making model, and (c) the quality enhancement model (Knapp et al. 2013) that readers can use to resolve ethical dilemmas. Most important, we believe in the importance of overarching ethical principles, and we try to demonstrate how psychologists can incorporate these values in their day-to-day work.

THE REGULATION OF PSYCHOLOGY

Psychology is both a scientific discipline and a profession. In everyday usage, the word *profession* refers broadly to any occupation, and the term *professional* is sometimes used for a member of any occupation who practices conscientiously.

However, in the academic sense, the word *profession* applies only to occupations whose members have mastered a body of specialized knowledge, must use judgment in applying that knowledge, commit themselves to the public welfare, and agree to adhere to specific standards of conduct.

According to these criteria, attorneys belong to a profession because they must acquire extensive legal training to enter the field, use judgment in advising their clients, serve the interests of justice, and agree to follow the rules of the court and their profession. Legal clerks, however, do not need extensive education, apply only predetermined or routine knowledge, and are not, at least by these criteria, members of a profession. Accountants are professionals; bookkeepers are not. Veterinarians are professionals; veterinary assistants are not. Physicians are professionals; medical clerks are not.

In addition to advanced training, professionals have a fiduciary relationship (or a relationship of trust) with concurrent responsibilities to promote the public welfare and avoid or minimize conflicts of interests with their clients or patients. For psychologists, agreed upon standards of conduct delineate these obligations and guide them. It is not a coincidence that APA first published a code of ethics for psychologists in 1953, or soon after the movement for licensing psychology as an independent profession began to gain momentum.

Psychologists, like all health care professionals, are regulated by other controls, both from inside and outside the profession. Some of these controls are designed to prevent psychologists from harming their patients or violating the ethics code or other standards (*before-the-fact* controls). Other controls are designed to discipline psychologists after they have harmed patients or violated the ethics code or other standards (*after-the-fact* controls). The demarcation between the before-the-fact and the after-the-fact controls is not absolute. For example, merely knowing that after-the-fact controls exist can act as a before-the-fact control (Knapp & VandeCreek, 2003).

In addition to being a profession, psychology is also an academic and research discipline whose members teach and conduct research. Academic and research psychologists do not have the same set of controls as professional psychologists; however, they are subject to external controls of their own, such as grant-funding agencies and/or the institutional review boards (IRBs) of academic institutions.

Before-the-Fact (Preventive) Controls

Before-the-fact controls attempt to prevent misconduct or harm to the public. They include requirements of training programs, licensing boards, and mandatory continuing education (CE). All things being equal, before-the-fact controls are preferable because they have the potential to prevent harm to the public (Knapp & VandeCreek, 2003).

Theoretically, training programs only accept graduate students who have adequate academic credentials and make progress in graduate school, including acceptable performance in practica and internships. Presumably, training

programs screen out applicants who have not met competency benchmarks or do not demonstrate the character necessary to become competent psychologists.

Licensing boards require applicants to obtain the appropriate education, receive supervision, show acceptable moral character, and pass an examination on the content of psychology (some states[1] require an additional oral or written examination on state law). Furthermore, licensing boards also require licensees to acquire CE credits as a condition of licensure renewal (many require ethics as part of those CE requirements). Of course, conscientious psychologists may voluntarily take additional steps to improve their competence beyond the minimum required by the licensing board.

After-the-Fact (Punitive) Controls

After-the-fact controls are activated when professionals have harmed the public or violated a standard of the profession. They include disciplinary actions by licensing boards and ethics committees, various civil and criminal statutes that empower lawsuits against psychologists, and if applicable, institutional oversight (Knapp & VandeCreek, 2003).

Licensing boards may discipline their licensees who have violated the licensing law or its regulations. Typically, licensing boards adopt the APA Ethics Code entirely or modify it in their regulations. Offending psychologists can receive letters of reprimand or censure. Both letters of reprimand and censure involve public notice of misconduct, but generally a letter of censure represents more severe misconduct. If the offense is especially egregious, the licensing board may suspend or revoke the license of the offending psychologist. In addition, licensing boards may fine licensees or require them to take additional CE courses, receive supervision, receive psychotherapy, or take other steps to ensure their competence.

Complaints before a licensing board fall under the category of administrative law. Because such complaints do not fall within the purview of criminal law (i.e., psychologists cannot be imprisoned as a result of prosecution before a licensing board), the guaranteed civil liberty protections found in criminal court do not apply to proceedings before licensing boards. For example, licensees do not have a constitutional right to be represented by counsel (although it may be wise for them to do so), to confront their accusers, or to have a speedy trial. Investigators may accept (and sometimes appear to encourage) self-incriminating statements. The standard of proof may *be clear and convincing* or *preponderance of evidence*, both of which are lower than the standard of *beyond a reasonable doubt* required in criminal cases. Some states may, through statutes, regulations, or case law, grant some protections in administrative law cases, such as the right to have an attorney present, but they have no constitutional obligations to do so.

[1]This could also include territories, the District of Columbia and the Commonwealth of Puerto Rico.

Professional organizations can also provide after-the-fact controls. The APA Ethics Code has been adopted as binding for its members by APA and most of its state or territorial affiliates. The Ethics Committee of APA (or its state or territorial affiliates) may discipline its members if they violate the APA Ethics Code (although currently few state or territorial psychological associations have ethics committees authorized to discipline members). However, associations only have authority over their own members. The associations may send offending members letters of reprimand or censure or, if the offense is especially severe, suspend or expel them from the association. Although associations cannot fine a member, they can, as a condition of membership, require the psychologist to take additional CE courses, receive supervision, or take other steps to ensure their competence.

Malpractice courts act as another after-the-fact control. The four criteria for malpractice complaints all begin with the letter d: *duty* (a professional duty has been established), *deviation* (the professional deviated from acceptable standards of conduct), *damage* (the patient or third party was harmed), and *direct* (there was a direct relationship between the deviation from professional standards and the damage to the patient or third party; Simon, 1992). Plaintiffs in a malpractice suit must prove that the accused psychologist harmed them. In contrast, complainants before an ethics committee or a licensing board only need to prove that the accused psychologist violated the ethics code, licensing law, or board regulation. Malpractice courts, unlike ethics committees or licensing boards, may grant monetary awards to patients.

A variety of criminal laws also apply to psychologists. These include laws that prohibit insurance fraud, penalize psychologists for failing to report suspected child abuse, and in some states, prohibit sexual contact between patients and psychotherapists. The confidentiality standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) function as a before-the-fact control to the extent that they require psychologists to include privacy protections in their practices; they also function as an after-the-fact control to the extent that they can levy sanctions against psychologists who violate its provisions.

Finally, employers such as hospitals, schools, or public mental health centers regulate their employees, including psychologists. Often these institutions require their psychologist employees to adhere to the APA Ethics Code or licensing board regulations. In Chapter 12 we describe a decision-making process in those situations when institutional rules may conflict with the APA Ethics Code.

These various disciplinary mechanisms interact with each other in complex ways. For example, a plaintiff may use the finding that a psychologist violated the licensing law as a crucial piece of evidence in a malpractice case. The mere fact that a licensee violated the APA Ethics Code or the licensing law or its regulations may be sufficient to prove one of the important d's in a malpractice case: deviation from acceptable standards of care.

Academic and research psychologists also have before-the-fact and after-the-fact controls, although they may differ somewhat from those of their

professional colleagues. The before-the-fact controls for academic and research psychologists include training programs and IRBs, which review research protocols to ensure that researchers protect patient well-being. After-the-fact controls include ethics committees, institutional employers, and funding agencies, which can withhold support because of researcher misconduct (Knapp & VandeCreek, 2003).

The effectiveness and fairness of these mechanisms are sources of controversy. Some have claimed that licensing boards are overly aggressive in prosecuting licensees (Williams, 2000), whereas others have claimed that they exercise considerable restraint (Van Horne, 2004).

Unfortunately, no standardized set of data identifies the most common infractions of psychologists. Data can be obtained from a variety of sources, such as licensing board complaints through the data bank of the Association of State and Provincial Psychology Boards (2021), complaints before the APA Ethics Office, and information from malpractice carriers. Data from malpractice carriers are proprietary, but sometimes they disclose general trends concerning complaints. These sources, however, do not categorize complaints in the same manner. Because of the incompleteness of these multiple sources of data, it is impossible to create a definitive ranking of the areas in which psychologists are most likely to be disciplined. Nonetheless, an "eyeball" analysis across many sources of disciplinary data show that the common sources of complaints are multiple relationships (sexual and nonsexual), alleged incompetence in diagnoses or treatment, disputes arising out of child custody evaluations, fee disputes, and premature termination or abandonment. Other complaints include inadequate supervision, breach of confidentiality, inadequate record keeping, impairment, and failure to acquire required CE credits for licensure renewal. Also, academic or research psychologists tend to have complaints more relevant to their area of work, such as disputes about authorship, plagiarism, informed consent to research, and conflicts of interest from funding sources.

Similarly, it is impossible to compile the exact number of psychologists who have been disciplined by a licensing board or ethics committee, found liable by a malpractice court, or convicted of violating a criminal statute related to the practice of psychology. Nonetheless, across all these disciplinary bodies, the likelihood that a psychologist will be disciplined by any of them is small. Previous survey research has found that 11% of psychologists had responded to a licensing board complaint sometime in their career (Schoenfeld et al., 2001), but states vary widely in the frequency with which they discipline psychologists. The APA Ethics Office disciplines few psychologists (e.g., APA, 2016a). Montgomery et al. (1999) reported that 6% of the psychologists in their survey had been sued for malpractice. Nonetheless, many of these disciplinary venues overlap. For example, a crime in the practice of psychology may be grounds for a disciplinary complaint, or if it involved harm to a patient in the context of a professional relationship, it could also be grounds for a malpractice suit. Some complainants seek redress against psychologists in a variety of venues, such as a licensing board complaint, ethics complaint, and a malpractice lawsuit for the same act of alleged misconduct.

Although disciplinary complaints against psychologists are relatively rare, they are high-impact events. Even professionals who have violated no rule may have to spend thousands of dollars and hundreds of hours defending themselves. Professionals who have prided themselves on the quality of their services risk great public humiliation as a result of a charge against them, even if the complaint is eventually dismissed. Psychologists who have had to respond to these complaints often feel depressed, angry, and anxious (Montgomery et al., 1999; Schoenfeld et al., 2001).

POSITIVE (ACTIVE) ETHICS

Many psychologists construe ethics primarily or exclusively in terms of the laws regulating psychology, the enforceable ethics codes, and the adjudicatory procedures of disciplinary bodies (Handelsman et al., 2009). Although regulatory bodies discipline relatively few psychologists, the study of ethics, defined in terms of punishment, often provokes anxiety. According to this floor approach, ethics represents a fixed entity of prohibitions or commandments that must be followed.

This limited view of ethics minimizes the spirit or underlying philosophy behind these commandments, deprecates the significance of the subtle ways in which patients can be harmed, ignores the positive contributions of ethics, and fails to consider the ways in which ethics can uplift the many psychologists who try to function effectively. Furthermore, it presents ethics in an unnecessarily unpleasant manner. In reality, disciplinary codes represent only the ethical floor, or minimum standards, to which psychologists should adhere.

As stated by Handelsman et al. (2002):

> The current notions of professional ethics focus too heavily on avoiding or punishing misconduct rather than promoting the highest ethical conduct. . . . Similar to the pathology perspective, the prevailing models of ethics often are too rule-bound or defensive. (p. 732)

Psychologists can also view ethics as a way to help them to fulfill their highest potential as psychologists. It can mean relying on an underlying philosophical system to help psychologists think through complex ethical dilemmas. Ethics should focus not only on how a few psychologists harm patients but also on how all psychologists can do better at helping them. This view of ethics is called positive or active ethics. The concept of positive ethics is consistent with the encouragement of bioethicists Beauchamp and Childress (2019) to focus on moral excellence and not just the minimal obligations found in the disciplinary codes of the health care professions. A positive or active ethics perspective is similar to the General (i.e., aspirational) Principles found in the APA Ethics Code, in that positive ethics encourages psychologists to live up to their highest ethical standards. However, positive ethics differs from aspirational ethics in that it encourages psychologists to integrate personal ideals into their professional lives. Additionally, it recognizes that the ethical foundations of psychologists

may differ from the principle-based ethics found in the aspirational section of the APA Ethics Code.

Positive ethics requires a fundamental philosophical underpinning, although it does not specify what that philosophical underpinning should be. It could be virtue ethics, communitarian ethics, deontological (Kantian) ethics, utilitarianism, principle-based ethics, or another philosophical system. We briefly review these ethical systems in Chapter 2. Often positive ethics is based on or influenced by religious convictions or personal upbringing. The goal is for psychologists to consider their vision of the good life and "formulate ways of translating these visions into action" (Prilleltensky, 1997, p. 518).

This development of positive ethics parallels the development of positive psychology as a scientific endeavor. Positive psychology attempts to shift the goals of psychology from an almost exclusive focus on pathology and healing, to a science that helps "to articulate a vision of the good life" (Seligman & Csikszentmihalyi, 2000, p. 5). Positive psychology focuses on positive individual traits (e.g., competence, courage, interpersonal skills) as well as how institutions can promote civic virtues (e.g., responsibility, altruism, civility).

Similarly, a goal of positive ethics is to shift the emphasis of professional psychologists away from an almost exclusive focus on wrongdoing and disciplinary actions toward an articulated vision of high ethical standards. Positive ethics can focus on individual conduct (whether articulated as virtues such as generosity or ethical principles such as beneficence) as well as on how institutions can promote high standards. The floor approach focuses on how disciplinary bodies react to misconduct. Positive or active ethics also considers how individual psychologists can help institutions promote individual and social well-being (Keller et al., 2012).

This is not to say that instruction in the legal floor has no place in ethics education. Ethical psychologists know the codes and laws that govern the practice of psychology. It is also important for psychologists to appreciate good risk management principles. Risk management programs identify ways that patients can be harmed (or at least perceive themselves to be harmed) and how psychologists can protect themselves from unfounded or frivolous complaints. Risk management principles or recommendations go beyond or expand on the minimum standards of conduct. Although they are not enforceable as legal standards of conduct, good risk management programs are anchored in overarching ethical principles. The best risk management principle is to deliver and document good services, and psychologists should reconsider any purported risk management principle that appears to harm a patient or violate an overarching ethical principle (Knapp et al., 2013). However, education about disciplinary codes, risk management principles, and disciplinary boards and their procedures are not sufficient for ethics education in and of themselves.

A complete education in ethics requires psychologists to consider how they can maximize their adherence to moral principles. Typically, psychologists can follow good risk management principles, follow the letter of the law, and follow good ethical values. But ethical psychologists go beyond the minimal

standards found in the APA Ethics Code. They try to uphold the moral principles that form the foundation of the APA Ethics Code and demonstrate sensitivity to the personal or environmental factors that could facilitate or hinder an effort for ethical excellence.

This means, for example, taking special effort to ensure that patients understand the treatment process rather than just trying to get their signatures on an informed consent form. It means taking a special effort to ensure that the debriefing of research participants is truly helpful as opposed to a formality. It means that psychologists who hold positions of privilege because of their race or gender, will consider implicit biases that could keep them from displaying moral excellence.

Precursors of Positive Ethics

It could be argued that we are creating a straw man with our characterization of the floor approach. In reality, we know of no leading scholar in the field of ethics who adopts that approach. Nonetheless, many individual psychologists may at least implicitly equate professional ethics with the floor approach. In addition, all psychologists (including us) may allow a floor mode of thinking to drift into their conception of ethics. As we describe later in the section on the psychological underpinnings of positive ethics, we all might have innate psychological propensities that make it easy to adopt a floor approach.

Furthermore, the term positive ethics only labels similar perspectives already articulated by other scholars in the field of professional ethics. For example, L. S. Brown (1994) commented that many psychotherapists have mistakenly conceived of ethics as "a concrete wall hemming us in, forbidding us from human connections" (p. 276). R. F. Kitchener and Kitchener (2012) noted the limitations of the APA Ethics Code and urged psychologists to rely on overarching moral theories to help them make important decisions. We could give many more examples.

Throughout this book, we identify several instances in which a positive approach would alter the manner in which psychologists conceptualize their relationships to patients and others. However, we make no pretense of having the last word on positive ethics. Instead, we hope that others will identify additional ways that psychologists can implement a positive approach and improve upon the suggestions contained in this book. These continual revisions will help ensure that positive ethics does not get frozen into its own set of rigidly held formulas or beliefs.

Psychologists can enhance the clarity of their moral vision by studying the literature on philosophical ethics and accounts from persons who have traditionally been marginalized in society. Although feminists represent diverse philosophical perspectives, they share common ground in identifying how societal structures contain power dynamics that tend to disenfranchise women and other groups. Attending to these perspectives may help psychologists see ways in which they may unknowingly minimize the perspectives of others.

Similarly, psychologists from traditionally underrepresented cultures have identified ways that psychologists from the dominant culture have failed to appreciate the unique life situations of patients from other cultures and ethnicities, and, as a result, have provided less than optimal treatment. In addition to learning the perspectives of persons from diverse cultures, it is also important to incorporate the perspectives of the recipients of services as well. Much can be learned from reading their first-hand accounts and listening to their concerns. The most important step is to include all impacted persons in the dialogue.

Psychological Underpinnings of Positive Ethics

The propensity for a floor approach may have roots in innate psychological processes. The floor approach to ethics may be reinforced by the human tendency to give disproportionate weight to negative events compared with positive events with a similar impact. This general predisposition, called *loss aversion* (Kahneman, 2011), may motivate individuals to expend more energy avoiding punishment than focusing on the opportunity to benefit others by doing the right thing. Accordingly, it appears that the inhibitory influences on morality have more influence than the proactive influences.

Additional research suggests that the floor and positive approaches to ethics reflect an inherent psychological mechanism, and not just a convenient way to describe different perspectives on ethics. For example, Carver (2006) has postulated the presence of two systems that either activate approach behaviors or avoidant behaviors.[2] These avoidant/approach processes might apply to moral behavior as well. Janoff-Bulman et al. (2009) stated:

> There are two systems of moral regulation as well—a proscriptive system sensitive to negative outcomes (i.e., anti-goals, threats, punishments, and other undesirable end states) and based on behavioral inhibition, and a prescriptive system sensitive to positive outcomes (i.e., goals, rewards, incentives and other desirable end-states) and based in behavioral activation. (p. 522)

According to Janoff-Bulman et al. (2009), avoiding prohibited acts and evading punishment reflect *prospective morality*, which includes obligatory, concrete, detailed, and clearly defined standards with the goal of evading punishment. Prohibited acts are found within the enforceable standards of the APA Ethics Code.

Acting to promote the well-being of others corresponds more closely to *prescriptive morality*, which includes more discretionary and abstract standards with the goal of achieving benefits. These may be seen as reflected in the General (aspirational) Principles of the APA Ethics Code.

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[2]Reiss (2012), among others, contended that motivation has more facets than dual motivational theories claim. We do not weigh into this argument; we only suggest that any motivational theory should rest on more than just avoidance of punishment.

Benefits of Positive Ethics

A positive approach to ethics can sensitize psychologists to the ethical implications of the decisions they face in their daily practices (Knapp et al., 2018). For example, they may have to decide whether to accept a particular patient, how to balance the apparently competing needs of family members and patients, or how much to support their patients' desires for freedom from or dependence on their families (Tjeltveit, 1999).

Positive ethics also may help psychologists to appreciate the values that form the basis of the APA and other Ethics Codes. Many rules, such as those prohibiting sexual contact with patients, respecting patient confidentiality, and avoiding harmful multiple relationships, are designed to avoid harming patients. Psychologists may be more willing to appreciate and support these rules if they understand their underlying moral basis.

If they are not burdened by excessive fear of being disciplined or shamed, psychologists may be more willing to discuss their ethical concerns openly with colleagues and seek consultation when appropriate. That way ethics gets discussed in the open rather than as part of an *ethics underground* where psychologists only whisper their most troubling ethical issues with a few colleagues whom they trust to keep their secrets. Ideally an ethics code will address the real-life concerns of psychologists in a manner that reflects their values.

Positive ethics will also assist psychologists in their ethical decision making, especially when it requires balancing the competing ethical demands in a given situation. Although some ethical rules for psychologists are absolute (e.g., do not have sex with patients, do not gossip about patients, do not falsify insurance forms), psychologists encounter many gray areas in which they need to exercise substantial judgment. These ethical dilemmas can be stressful for psychologists who sincerely want to do the right thing but can find no clear-cut answer in the APA Ethics Code. Psychologists who are more aware of the moral principles that underlie the APA Ethics Code should become better at identifying ethical issues, thinking through their implications, and following the optimal course of action.

Finally, the ethical imperative to promote general well-being may encourage psychologists to do more than just promote the well-being of their individual patients, students, or participants in their research programs. Instead, psychologists who adopt a positive approach may be more willing to help other psychologists become better practitioners, teachers, or researchers and promote institutional policies that are more sensitive to moral issues. Along those same lines, many psychologists recognize their important role as citizens in a wider community, and they aspire to address systemic social problems such as racism, poverty, heterosexualism, or other factors that impede human well-being. By working through their professional organizations in psychology or through other collaborative efforts, psychologists can collectively apply scientific information or a scientific perspective to social problems.

OVERVIEW OF THIS BOOK

We start this book by reviewing foundational ethical theories and their relationship to ethics codes (and specifically to the APA Ethics Code) and to ethical decision making. Then we apply these overarching principles and relevant standards of the APA Ethics Code to the areas of competence (Chapter 5), informed consent (Chapter 6), boundaries (Chapter 7), confidentiality (Chapter 8), life-endangering patients (Chapter 9), assessment (Chapter 10), forensic psychology (Chapter 11), special topics in psychotherapy (Chapter 12), and business issues (Chapter 13). We also discuss principles and standards related to psychologists as educators (Chapter 14), supervisors (Chapter 15), and researchers (Chapter 16). We have emphasized social justice issues throughout the book as appropriate and describe the special obligations incumbent on psychologists as citizens of the wider world.

As described in these chapters, the APA Ethics Code does not always provide direction for psychologists, who must then rely upon overarching ethical principles to guide their conduct.

Consequently, within these chapters, we describe three models for psychologists to use that will help them act in accordance with their ethical beliefs. First, in Chapter 2, we present the ethics acculturation model, which helps psychologists understand the professional roles that they must follow. Second, in Chapter 4, we present an ethical decision-making model to use when the ethical obligations of psychologists are unclear or when overarching ethical principles appear to conflict. Finally, in Chapter 9, we offer the quality enhancement model (adapted from the risk management model of Knapp et al., 2013), which helps when psychologists encounter difficult patients or patients with a high risk of failing at treatment.