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INTRODUCTION: PROBLEMS, PITFALLS, AND POTENTIALS[1]

The life of a professional psychologist can be rewarding but also difficult. Although we feel pride in our work and have helped many people, we also lose sleep some nights while deliberating ethical decisions. Our conversations with other psychologists over the years and the literature suggest that we are not alone (Pope & Vetter, 1992). In many situations, psychologists need to balance competing concerns and conflicting obligations, or negotiate among overarching ethical principles that appear to collide. The goal of this book is to help professional psychologists and other psychotherapists, and counselors address difficult or upsetting situations in which ethics codes, laws, and other professional guidelines do not or cannot provide clear direction. The book

[1]Proper steps were taken to protect the confidentiality of all individuals mentioned in the case examples throughout this book.

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Ethical Dilemmas in Psychotherapy: Positive Approaches to Decision Making, by S. J. Knapp, M. C. Gottlieb, and M. M. Handelsman
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may also be of interest to psychologists who conduct research on or who teach psychotherapy. Consider this example:

A Conflict of Values

Dr. Yasuto was treating a suicidal patient who refused to admit himself into a psychiatric hospital but agreed to make a commitment to meet with her next week "if I am still around." According to the laws in the state where Dr. Yasuto practices, the patient would have qualified for an involuntary psychiatric hospitalization, and such hospitalization would temporarily ensure the patient's safety. However, given the patient's lack of response to medication, Dr. Yasuto questioned the benefit of such hospitalization and feared that hospitalizing him involuntarily may cause him to lose trust in her and, on discharge, to drop out of therapy. Dr. Yasuto then recalled her own father's suicide and the pain it caused her and her family.

In this example, Dr. Yasuto faced at least four challenges. The first challenge involved conflicting principles: She felt a need to act in accordance with the overarching principles of *beneficence* (acting to promote the patient's well-being) and *nonmaleficence* (acting to avoid allowing harm to come to the patient). She could have done so by initiating the involuntary hospitalization that would have ensured her patient's immediate safety. However, Dr. Yasuto also felt a need to respect another overarching ethical principle: her patient's right to autonomous decision making. She could have adhered to that principle by respecting the patient's wish to be treated as an outpatient. The second challenge concerned her professional role and its relationship to her personal life and experiences: She must separate and weigh the appropriate influence of her professional judgment and her experience with her father's death. The third challenge was how she was going to make the best possible decision: She may ask herself if her decision would be unduly influenced by factors, such as her desire for her patient's loyalty, admiration, and fees; a fear of litigation; and a desire to be rid of the inconvenience involved. Dr. Yasuto also needs to consider whether any of the standards of the American Psychological Association (APA, 2010) "Ethical Principles of Psychologists and Code of Conduct" (hereafter referred to as the APA Ethics Code) would apply and, if so, how to implement them.

Dr. Yasuto had to make a decision that could have substantially affected her, her patient, and the lives of others, and she had to make it quickly. Psychologists often find themselves in similar situations, and, at these times, they may feel moral distress and uncertainty about whether they can balance their moral obligations adequately.

At other times, psychologists do not feel a conflict in values. They and the patient can easily define and agree on their goals; they just have a difficult time reaching those goals. Consider this example:

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Stuck in Treatment

Dr. Smith was treating a patient with major depression who was not making progress, even though Dr. Smith was using state-of-the-art, evidence-based treatment. Dr. Smith carefully reviewed the patient's file but was unable to come up with a plausible explanation. The patient appeared to be in great distress and was demoralized by the lack of progress in treatment.

Dr. Smith had no confusion about his goal to ensure his patient's well-being, but he felt frustrated because he was not sure how to reach that goal.

Psychologists may feel uncertain about how to balance their personal and professional values, and they may have to deal with their own strong emotions, such as fear, anger, or compassion. Consider this example:

Ambiguous Role: Social or Professional?

A newly licensed psychotherapist, Dr. Parker was attending a dinner party given by an old college friend. The host introduced him to another guest, who said, "I know you! You're my neighbor Renee's therapist! She talks about you all the time. You're great! She just saw you yesterday, right?"

Although he was at a social gathering and the remark was intended to be friendly, Dr. Parker could not respond as a friend or a guest. The norms of a guest at a party would be to engage in conversation and freely share knowledge of mutual acquaintances. Nonetheless, Dr. Parker needed to consider that a professional's role entails unique obligations so that actions that may be virtuous in a social relationship would not be virtuous for someone who has a professional relationship with a patient. Although keeping the confidences of a patient at a party is a no-brainer for seasoned psychologists, other more subtle role conflicts can arise in which it can be easy to slip into the norms and values of friendship or social morality, even though a professional relationship may be harmed.

ETHICS CODES ARE NOT ENOUGH

Problems such as these occur in an ethical *gray zone*, where answers are not self-evident and cannot be categorized as either black or white. No law, regulation, court case, or standard in the APA Ethics Code can tell psychologists exactly what to do. The best response cannot be found in a 30-word standard from the APA Ethics Code, a succinct phrase or nutshell comment from an ethics lecture, or by a course of action dictated by a linear, logical reasoning procedure.

Psychologists will have a better chance of addressing these types of problems successfully if they know the current laws and ethics codes that

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govern the practice of psychology. *Ethics codes* identify common ethical[2] issues that psychologists encounter and then provide a prescriptive course of conduct. Codes of professional ethics, such as the APA Ethics Code, reflect the accumulated wisdom of its members and are informed by the experiences of past generations, philosophical reflection, and legal analysis. Without the APA Ethics Code (and education about it), practicing psychologists would encounter what we call *moral ambushes*, a series of novel ethical experiences or quandaries that they would be unprepared to deal with. One way or another, the accumulated wisdom of the APA Ethics Code can take psychologists only so far, because no set of rules can adequately guide practitioners through all the complex and distressing situations they may encounter. Instead, practicing psychologists need additional tools to deal with problems in ethical gray zones. We devote much of this book to explaining the different ways of understanding and resolving such dilemmas, and making excellent ethical choices. But first we must explain a fundamental assumption that underlies our work. Our general perspective is that we should strive for the best possible outcome that is anchored in overarching ethical principles and not be satisfied with a solution that meets only minimal legal and ethical requirements. We refer to this approach as *positive ethics*.

Positive Ethics

Some psychologists view the word *ethics* primarily in the sense of prohibitions, such as not plagiarizing or avoiding inappropriate social relationships with patients. Others view ethics as a list of obligations, such as having an informed consent discussion with patients at the beginning of treatment. For these psychologists, the motivation for ethical behavior often derives primarily from the fear of being disciplined by a regulatory body or sued for malpractice. We refer to this attitude as the *ethical floor* approach.

The ethical floor includes those actions that focus on minimal obligations—refraining from a finite list of forbidden acts or remembering to perform a few obligatory ones, while getting to the real business of providing professional services. When looking at the APA "Ethical Principles of Psychologists and Code of Conduct," those psychologists who adopt the ethical floor approach may look only at the enforceable Code of Conduct—the standards—and not consider the general (aspirational) principles, because no penalties are involved.

Although their behavior could be considered ethical in a technical sense, it reflects an attitude that does not encourage psychologists to analyze or reflect

[2]Some authors distinguish between the words ethical and moral, but these distinctions are not universally recognized. We use these terms interchangeably.

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on their feelings, or consider how their decisions may be linked to overarching ethical principles. In commenting on this attitude, Rushworth Kidder (2009) stated that "much of what passes for ethics today is rule-making dressed up as philosophy" (p. x).

We believe that the ethical floor approach sells psychologists—and ethics—short by offering a limited view of ethical decision making. Not only does it present ethics in an unpleasant and unnecessarily anxiety-producing manner, but, as we argue later, it can jeopardize the quality of services. It fails to consider the spirit or philosophy that underlies ethical requirements, the subtle ways in which the quality of services can be degraded or enhanced, and the ways that ethics can inspire and uplift psychologists who strive to do their best.

We consider positive ethics a preferable alternative. This approach seeks to find a more appropriate relationship among the rules, regulations, and standards that govern our work and overarching or aspirational ethical ideals (Handelsman, Knapp, & Gottlieb, 2001, 2009; Knapp & Small, 1997). It means anchoring all professional behavior and decisions in an overarching ethical philosophy of what psychologists can be, not simply avoiding what they should not do.

It is certainly desirable to prevent violations of laws and standards that govern psychologists. According to the positive approach, however, ethical practice not only requires psychologists to know and follow the rules but requires them to consider how they can maximize the implementation of their moral values within the context of their professional roles.

The differences between the positive and ethical floor approaches may be more than just a convenient way of describing differing perspectives on ethical decision making. Some evidence has suggested that those differing perspectives may reflect a more basic dichotomy ingrained in human psychology. Experimental research on conditioned behavior has recognized differences between approach and avoidance behaviors, perhaps reflecting two separate behavioral activation systems (Carver, 2006). Janoff-Bulman, Sheikh, and Hepp (2009) speculated that these same two approach/avoidance processes may apply to moral behavior and in a manner that parallels positive ethics (an approach or benefits system) and floor ethics (an avoidance or harms-based system).

In addition, research in experimental psychology has shown that negative events tend to have a greater effect on behavior than equally positive events (Baumeister & Tierney, 2011). For example, research participants put more effort into avoiding the loss of money than they put into gaining an equivalent amount of money (see the review by Kahneman, 2011).

The general predisposition to weigh negative outcomes more heavily than positive ones can influence how psychologists act professionally; the

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punishment for violating prohibitions and causing harm can be more motivating than the benefits of doing good. In that sense, we can say that morality is asymmetrical, with the disadvantages of punishments receiving more attention than the advantages of performing good deeds. It can take conscious and deliberate action to overcome one's natural tendencies to overemphasize negative or harmful events.

Practical Advantages of Positive Ethics

Positive ethics has several advantages. First, psychologists who adopt a positive approach may be more sensitive to the ethical issues they encounter every day. Thus, they may be more likely to consider the potential ethical dimensions of all of their actions, even if the likelihood of being disciplined by a licensing board is remote or nonexistent. Second, a positive approach requires a higher standard of conduct and may motivate psychologists to provide the highest-quality services. Thus, the distinctions and thresholds between *ethical* and *unethical* are supplemented by those between *ethically adequate* and *ethically excellent*. Third, psychologists who adopt a positive approach may be more motivated to follow the spirit and the letter of the APA Ethics Code, because it reflects their own personal values. Thus, they may, after all, be less likely to violate the Code.

The focus on positive ethics has implications for how psychologists respond to the many challenges they face. It provides an overall framework for considering how to act. For more specific guidelines, we explore the following models.

THREE HELPFUL MODELS FOR ETHICAL CHOICE MAKING

Klein (2009) used the metaphor of directions and maps to explain the differences between following procedures and using professional judgment. Directions can be helpful as long as drivers do not encounter unexpected developments. However, drivers can get lost quickly if they encounter an unexpected detour due to construction or a traffic accident. On the other hand, a map can help drivers arrive at the proper location even if they encounter long detours or other unexpected obstacles. Directions can be found in ethics codes; in this book, we provide maps.

In our experience as practicing psychologists, educators, and consultants, we have observed three patterns or themes in the problems and difficult situations we have encountered and have helped trainees and psychologists navigate. First, psychologists, such as Dr. Yasuto in the first example of this Introduction, may find that certain ethical principles are in competition so

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that they cannot fulfill one moral principle without violating another. As a result, they are uncertain as to what their goal should be. Second, psychologists, such as Dr. Smith in the second vignette, may feel stuck and conflicted (ethically, emotionally, or logistically) when facing potential treatment failure. That is, they know the goals, but they are uncertain about how to get there. Third, psychologists, such as Dr. Parker in the third vignette, may risk losing clarity regarding their appropriate roles. In this book, we offer maps in the form of three models: the ethical decision-making model, quality enhancement model, and ethics acculturation model. We have found that psychologists can use these models either separately or in combination to address the three themes embedded in ethically problematic situations, thereby resolving, mitigating, or preventing problems. In addition, we have found that psychologists can better implement each of these models if they attend to nonrational factors that can influence their decision making (we cover those nonrational factors in Chapter 1).

First, psychologists may use ethical choice-making strategies when they cannot simultaneously adhere to one ethical principle without offending another. For instance, Dr. Yasuto could not fully respect her patient's autonomy, and, at the same time, be completely certain of her patient's safety. We cover these dilemmas in Chapter 2.

Second, psychologists can apply quality enhancement strategies when they have problems reaching goals, even if the goals appear to be clear and are agreed on between them and their patients. In our second example, Dr. Smith and his patient agreed on the goal of lifting the depression, but they were unable (as yet) to reach that goal. We cover these issues in Chapter 3.

Third, psychologists can use the ethics acculturation model when they are uncertain about their roles or about how to incorporate their personal ethical values and ideals into their professional responsibilities. In the third case example, Dr. Parker knew enough to maintain his professional role, although social pressures may have tempted him to abandon that role. We cover these issues in Chapter 4.

Other chapters apply these three models to situations involving professional roles (Chapter 5), boundary issues (Chapter 6), informed consent (Chapter 7), dangerousness (Chapter 8), and problems that may occur when values conflict (Chapter 9).

HOW TO IMPLEMENT THE THREE MODELS

Psychologists can do their best to implement each of these three models if they follow four basic principles: (a) focus on overarching ethical principles, (b) consider emotional and nonrational factors, (c) accept that some problems

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have elusive solutions, and (d) solicit input from others. We discuss each of these principles next.

Focus on Overarching Principles

According to the positive ethics perspective, psychologists should anchor all of their professional behavior, including risk management, on overarching ethical principles (Handelsman et al., 2009): beneficence, nonmaleficence, respect for patient autonomy, fidelity (faithfulness), justice, and public or general beneficence (these principles are described in detail in Chapter 2). This perspective has real and practical implications. In the first case example, Dr. Yasuto was striving to protect the life of her patient. Her goal was not only to avoid legal liability, although that is important, but to protect her patient by providing the best treatment possible. If Dr. Yasuto had been focusing solely on her own personal liability, she might have jumped at the first halfway plausible solution, which was to put the patient in the hospital. After all, one could reason that, if she forced the patient into the hospital, no one could accuse her of negligence. But a short-term solution focusing only on self-protection might actually increase the likelihood that the patient would die from suicide—if it caused the patient to lose faith in his psychologist, withhold information in therapy, or even drop out of treatment. Instead, Dr. Yasuto focused on her patient's long-term welfare, which requires ways to maximize his welfare and, if possible, to minimize infringement of his autonomy. The focus on the importance of overarching ethical principles is part of positive ethics (Handelsman et al., 2009).

Consider Emotional and Other Nonrational Factors

Rational analysis has an important role in making good decisions. However, research has shown that ethical decisions are more complex than that. As we discuss in Chapter 1, psychologists can make their best decisions when they supplement rational processes with heightened awareness of intuitive, emotional, or other nonrational factors inherent in complex deliberations. Indeed, at times, rationality may even interfere with the ability to make the best ethical decisions, especially if psychologists—intentionally or unintentionally—use their rationality to justify or rationalize decisions to serve their self-interest. Throughout the book, we ask readers to consider how they feel and what they think. For example, Dr. Yasuto had enough self-awareness to recognize that her own father's suicide could influence her decision. However, she also may be motivated by more subtle nonrational factors that are outside of her immediate awareness.

Psychologists, like other moral agents, may often have *moral traces*, or feelings of uneasiness about the ethical principles that cannot be fully

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realized while they contemplate or after they have taken an ethical position (Nozick, 1968). Dr. Yasuto is more likely to make a good ethical decision if she attends to these moral traces and tries to discern their origin.

Accept That Some Problems Have Elusive Solutions

Any decision runs a risk of offending or infringing on some ethical principle as it actualizes others. Thus, psychologists often encounter situations in which no solution looks all that good, and the likelihood of making an error appears great. There is no way to avoid such situations and the second-guessing that inevitably accompanies making a mistake. Nonetheless, psychologists can still strive to reduce the harm that a mistake may cause. No psychologist can avoid mistakes entirely—that would be impossible—but they can strive to make the right kind of mistakes. That is, they can take some calculated risks as long as they minimize the risk of harm to patients or others.

In the second case example, Dr. Smith may be able to create an intervention that will have some likelihood of success. But even if that fails, it could provide useful information about the patient, even though it may not have actualized the principle of beneficence. In this particular case, Dr. Smith was unclear about several things: Was the depression of more recent origin precipitated by a job loss, or of more long-standing origin? Was the patient compliant with the medication regimen recommended by the physician (although she said she was)? Was the quality of the marital relationship as strong as the patient claimed? Given the severity of the situation, Dr. Smith needs to try something to reduce the patient's distress, even though, at this time, the optimal intervention is unclear. The quality enhancement model described in Chapter 3 suggests a process by which Dr. Smith can enhance the quality of treatment by marshalling resources from the patient, consultants, and others.

Solicit Input From Others

Although the ultimate responsibility for ethical choices rests with practitioners, their decisions tend to be better when they solicit input from others. Isolation is the enemy of careful deliberation; consultation is its friend. All of us want to appear competent and not show others that we have erred, but it is a tremendous burden to conceal professional problems and doubts, and doing so also risks harming patients. Those who have been licensed for many years run the risk of thinking that they have seen it all and know how to handle even the most difficult crises. Unfortunately, their pride in past accomplishments may prevent them from reaching out for help at the time they need it. Consultation has many benefits, including getting specific

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information relevant to managing a case and helping psychologists articulate their specific concerns more precisely. The very process of sharing difficulties may help psychologists reduce distress and think more carefully (Gottlieb, Handelsman, & Knapp, 2013).

CONCLUSION

Although the "maps" we provide can help psychologists reach better decisions, we do not assume that our strategies are the only ways to conceptualize problems, nor do we assume that our strategies will always lead to optimal solutions. Throughout this book, we urge psychologists to avoid becoming overly committed to their ideas, be willing to seek out new information, and consider alternative interpretations of the information they already have. Nonetheless, in our consultations with psychologists over the years, we have found the models and strategies in this book to be quite helpful.

It is said that some Wall Street traders would rather divorce their spouses than reject their pet theory of investment (Taleb, 2010). We take a dose of our own medicine and recognize that future research, reflection, and commentary will eventually reveal inadequacies in what we offer here. Indeed, we urge readers to modify or discard our ideas if they do not appear helpful. Even maps can be wrong sometimes! We are less interested in sounding erudite and more interested in being helpful. But we believe that readers who give us a fair hearing will benefit from this book.