

Making Ethics Come Alive Through Self-Reflection

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Workshop Description

Ethics should be more than just a list of disembodied rules divorced from our day-to-day experiences as psychologists. This workshop looks at how we can live out our ethical ideals by developing the habit of focusing on our overarching values and being on guard for unrecognized biases or fatigue that can keep us from acting in a manner congruent with our deeply held values.

Learning Goals

At the end of the workshop the participants should be able to:

Identify deeply held values that motivate them in their professional lives;

Describe how self-reflection can help psychologists achieve more ethical habits of practice and reach more ethical decisions; and

Apply the spirit of the APA Ethics Code in their work.

Ethics Code

- Ethics Code is more than a random set of requirements and prohibitions.
- Instead, the enforceable standards are linked to overarching ethical principles.
- Implementing the spirit and letter of the overarching ethical principles requires effort and commitment on the part of individual psychologists

What Is the Source of the Ethics Code?

Understanding the standards in the code of conduct requires understanding the overarching ethical (General or Aspirational) principles that form the foundation of the Ethics Code.

Overarching Ethical Principles

- Beneficence
- Non-maleficence
- Respect for Patient Autonomy
- Justice
- Fidelity to relationship
- General (public) beneficence

For example, Beneficence

- Beneficence means helping others which is often reflected in being competent
- Non-maleficence is the other side of beneficence- it means avoiding harming others

Beneficence Requires Competence

“The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and the community”

Epstein and Hundert, 2002

Competence

- habitual (on a daily basis), and also judicious (requiring decision making)
- components include emotions and values
- with the goal of helping
 - individuals
 - and society

Habitual and Judicious

Can we engage in habits of self-reflection?

Can we cultivate humility (seeing ourselves accurately, including our limitations)?

Can these habits of self-reflection and humility help improve our decision making?

Ethical Principles

Ideally, the enforceable standards should be based on these aspirational (General) and overarching ethical principles.

e.g., competence (standard 2.01)– based on beneficence

More Examples of Ethical Principles

- Informed consent (3.10 and elsewhere) based on respect for patient autonomy
- Avoiding treating patients when impaired (2.09) based on non-maleficence

How to Live Out These Overarching Principles?

What factors will lead us to actually implement the spirit (and letter) of these overarching ethical principles in our daily practices?

Thinking about Values

What are our values, priorities, or goals?

Lived Ethics

How do we make the general principles that underlie the APA Ethics Code relevant and alive for us?

How do we translate them into action?

What personal traits or factors Facilitate or Inhibit Lived Ethics?

- Pride
- Narcissism
- Humility
- Self-acceptance

Pride

- Authentic Pride: Satisfaction in a job well done!
- Hubristic Pride: A desire to dominate or control

Tracy, J. (2016). *Take Pride*. Boston, MA: Houghton Mifflin

Narcissism

- High self-esteem
- Narcissism: entitlement
 - not merit
 - not to get along, but to get ahead
 - not intimacy, but control
- Associated with materialism, dishonesty, and reduced sense of empathy

Humility

Moist or damp conditions

(just kidding!)

Humility

- Harmful humility: perception of oneself as insignificant, unimportant, unworthy
- Healthy (sufficient) humility: free from ostentation, modest, more accurate appraisal of one's self

Humility and Self-Reflection

Healthy humility permits self-reflection.

Feedback- even negative feedback– is easier to accept when we accept ourselves, forgive ourselves for shortcomings, appreciate the contributions of others, and focus on our role in promoting overarching values

Excellence

- Healthy Humility allows us to be excellent.
- We can look for authentic pride: satisfaction in a job well done.
- We do not have to defend a persona of being perfect
- We can cooperate with others
- Share in their joys and accomplishments

Sufficient Humility and Self-Awareness

- We do not have to be narcissistic: i.e., perceive ourselves as dominant or better than others.
- Instead, we are free to see ourselves accurately, with flaws and limitations.
- “In the beginners mind the possibilities are many, in the expert's they are few.”

Suzuki Roshi

Openness and Self-Reflection

Openness is the capacity to explore oneself and to become open to what emerges.

Self-Reflection

critical evaluation of one's experiences, feelings, thoughts, behaviors, and interactions with others to individuals gain new insights that can be applied to new situations.

Self-Reflection (cont.)

Reflection on our work and the impact it has on us is the single best thing we can do to improve ourselves, **and** it is the most difficult activity to make time for and to effectively incorporate in our routines.

We can do better at it, when we free ourselves from hubristic pride

Self-Awareness

- How well do we know our areas of competence?
- How well do we understand our personal strengths and weaknesses?
- How well do we understand how we come across to others?
- Or: Are we "strangers to ourselves?"

Self-Awareness (cont.)

- We all have a tendency to overestimate ourselves and our abilities.
- A modest amount of overestimation is acceptable, but we need to avoid "professional narcissism"
- "I am more than my liabilities and less than my capabilities."

Parker Palmer

How Aware Are We? - some Data!

- 25% of therapists rated selves in the top 10%; none in the bottom 50% (Walfish et al., 2010)
- Therapists claimed patient deterioration rates that were one third to one half the known rate of patient deterioration (Walfish et al., 2010)
- Psychologists often disagree with patients on helpful or harmful events in treatment (Castonguay et al., 2010)

How Aware Are We? (cont.)

- Most psychologists think they get better with age (Orlinsky, 1999) BUT:
- overall outcomes show small increases with age (Goldberg et al., 2016)
- value of clinical judgment increases very little (Spengler et al., 2015)
- disciplinary actions by licensing board are higher among older psychologists (Cullari, 2007)

How Aware Are We? - (cont.)

The number one reason for physician misdiagnosis at a major urban hospital was *confirmation bias* (Lisa Sanders, 2009).

Blind spot bias- we tend to minimize the extent to which we believe we are vulnerable to biases (Pronin & Kugler, 2007)

How Aware Are We? - (cont.)

- Implicit prejudices (“uncomfortable egalitarians”) Banaji and Greenwald, 2013
- Self-reported cultural competence shows a low correlation with actual cultural competence (Constantine & Ladany, 2000)

How Aware Are We? - (cont.)

Tend to minimize pain of patients who do not like (De Ruddere et al., 2011)

Tend to over-pathologize patients who carry excess weight (Pascal & Kurpius, 2013)

Tend to minimize pain of patients whom we view as attractive (LaChappelle et al., 2014)

How Aware Are We? - (cont.)

Immediate self-awareness:

What emotions do patients generate in us?
Are we sufficiently aware of ourselves to know which patients will activate our self-doubts or fears?

Increasing Self-Reflection

- Self-compassion: love and forgive self in spite of mistakes
- Monitor negative self-talk
- Structuring self-reflection activities (e.g., observe tapes with reflective prompts; ask questions: “How did I feel?”)
- Journals
- Balint groups

Increasing Self-Reflection

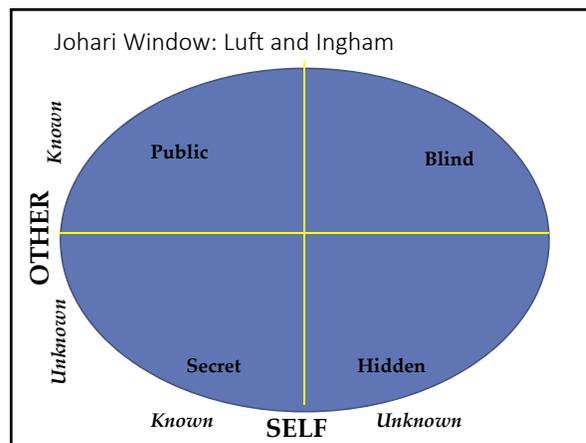
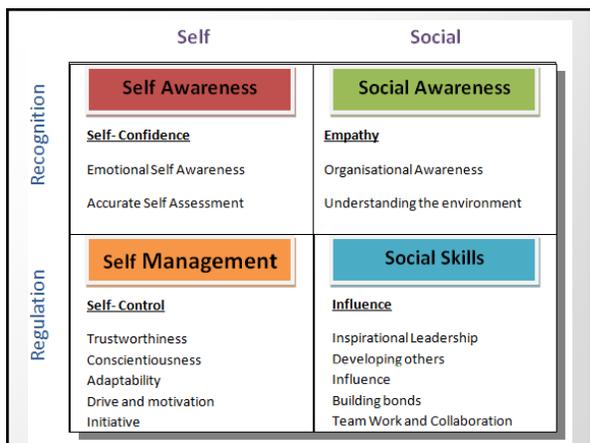
- Mindfulness training– shows positive impact on patient outcomes in some preliminary studies
- Feedback– immediate and concrete
- Self- affirmation
- Literature

Self-Reflection (cont.)

- Written or spoken?
- Alone or in a group?
- Done routinely or sporadically?
- Productive or ruminating?

Applying Healthy Humility

- Emotional Intelligence
 - Dan Goleman
- Johari Window
 - Luft and Ingham
- Reflective Practices
 - Epstein; and others



Johari and Healthy Humility

- Less afraid of hiding things from others
- More willing to look at ourselves without fear of being indulging in harmful humility (looking at ourselves as unimportant or unworthy)

Commitment to Doing Well

Authenticity and commitment.

Self-Regulation:

Monitoring our behavior and taking steps to ensure we are acting in a manner consistent with our goals.

- Mental - intrusions on our thoughts or feelings
- Emotional - take emotional temperature
- Physical - sleep, energy, exercise
- Spiritual/values - remind ourselves of our goals

Self-Regulation (cont.)

Self-care is a 50/50 proposition

- Work/life balance AND
- Monitoring feelings and reactions to the work itself
 - unfinished business,
 - second guessing,
 - self doubt, etc.

Impact of Our Work

- Is it stressful, overwhelming, exhausting?
- Is it reflected in:
 - humor we use?
 - labels we give patients?
 - emotional leaks?

Burnout- Three Components

Inability to feel empathy

Loss of pride in work

Depersonalization of patients

Maslach and Jackson, 1981

Vocabulary

Emotional Leaks: untherapeutic actions toward patients that reflect unprocessed or unresolved feelings toward these patients.

Emotional Soup: Undifferentiated, but intense emotions felt toward patients.

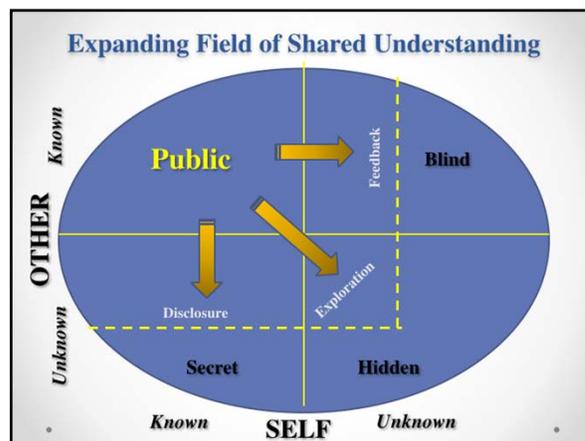
Emotional Housekeeping: Work we need to do to ensure our emotional health.

Impact of Work: Emotional Leaks

- Nightmare patient Train wreck
- "borderline" Patient from hell
- Accident waiting to happen
- Not the sharpest knife in the drawer

Processing Emotions

- Self-awareness: “You have to be it to see it”
- Self-reflection: “You have to name it to tame it”
- Self-regulation: “You have to share it to bear it.”



Environmental Factors

- What aspects of your environment support you in reaching your goals
 - supportive colleagues,
 - trusting relationships,
 - technical support,
 - others?
- Are you frame vigilant?

Anticipate Problems

- Unique factors in your client population.
- Unique factors in your work day
- Unique personal demands that may divert your attention, albeit temporarily

Keeping Ourselves Honest

- Seeking Feedback
 - from colleagues
 - from patients
- Experimenting with Disclosure
- Introspection, Reflection, Personal Exploration

Atul Gawande

- Excellence– using coaches in health care
 - takes effort
 - not always pleasant

Excellence

- Think of ourselves not as individual practitioners, but as a system.
- “A good idea is a system”– Steve Johnson, scientific historian

Prompt list:

- 1. Ask patient about their perception of treatment and relationship.
- 2. Does the patient feel heard and understood?
- 3. Do you and the patient agree/ operationalize goals the same?
- 4. Was there confirmatory bias on your part?
- 5. Are there any other factors to consider?

Courage

Following through with one’s convictions. To do so it requires an understanding of our strengths and limitations.

First Self-Reflection Exercise

- Take a couple of minutes and briefly write down what you believe your three most important strengths are as a psychologist.
- Do not be overly modest (don’t write down anything that you would not want to share with others)

Self-Reflection Exercise - Part 2

- Now take those three strengths and indicate how, under some circumstances, these strengths could also be a source of great vulnerability or weakness.

Second Self-Reflection Exercise

- Identify a recent event in which you believe you acted particularly well. What did you do which was so effective?
- Identify a recent event which did not turn out the way you wanted. What could (should) you have done differently?

Self-Reflection Option- Judgment

- 4 session rule:
- If, after four sessions, a patient has not improved or the treatment relationship is not good, for no obvious reason, it is time to systematically reflect upon treatment.

Third Self-Reflection Exercise

There is a thread you follow. It goes among things that change. But it doesn't change. People wonder about what you are pursuing. You have to explain about the thread. but it is hard for others to see. While you hold it you can't get lost. Tragedies happen; people get hurt or die; and you suffer and get old. Nothing you do can stop time's unfolding. You don't ever let go of the thread

William Stafford

Third Exercise (cont.)

- Take a few minutes and write down:
- What is the thread in your life?
- Can others see it?
- How can you better illuminate your thread?

Fourth Self-Reflection Exercise

"My Future Self"

- How would you like to be described at your retirement party? What adjectives would your friends or patients use to describe you?

Thank You!

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