Positive Ethics
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Sunnyvale, CA
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Workshop Description
Positive ethics is a movement within professional psychology that seeks to anchor our professional decisions on overarching ethical principles. This workshop will review the principles of positive ethics and suggest ways that psychologists can apply a positive approach to risk management, ethical decision making, and professional growth. There will be significant participant interaction.

Learning Objectives

Learning Objectives: At the end of the workshop the participants will be able to

1. describe the foundations of positive ethics; and
2. apply a positive ethics approach to risk management, ethical decision making, and professional growth
About the Presenter

Two stories

1. The "ethical" attorney
2. The competent student

Assumptions

1. All of us, no matter how good we are, can always do better.
2. All of us, no matter how good we are, have the potential to make mistakes (or really screw up badly)
3. We can do better when we act (and think) collectively, as opposed to acting and thinking individually or in isolation.

Five Parts to Program

1. Introduction
2. Positive Ethics
3. Avoiding “Dark Ethics” when Making Decisions
4. Risk Management
5. Professional Growth
I Feel Gratitude To Drs:
Leon VandeCreek  Mitchell Handelsman
Michael Gottlieb  Peter Keller
John Gavazzi  Randy Fingerhut
Jeanne Slattery  John Lemoncelli
Jeff Sternlieb  Linda Knauss,
Jane Heesen Knapp  Jay Mills
Rachael Baturin  Alan Tepper
Bruce Mapes  Patricia Bricklin
Edward Zuckerman and many many others

Unexpected Answer
A professor was asked whether he had any good ideas in his textbook. He responded that he had no good ideas in the textbook, but that the textbook had good ideas in it.

What did he mean?

Science Historian Steve Johnson
“A good idea is a network”
Part One
What is Positive Ethics?

Unexpected Question
What do you want the person next to you to learn today?

Another way to ask the same question is:

Do you want to do good OR do you want good to be done?

Fear-Based Ethics
“The topic of ethics has always scared me... The vision goes something like this. I’m in ethics class and in my chair. I am as small as my pinky finger. I look up and see my ethics professor. He’s as big as a giant, staring down at me angrily. While waiving his massive forefinger in my face, he says, “WHAT’S WRONG WITH YOU? CAN’T YOU DO ANYTHING RIGHT?! THAT’S UNETHICAL!” (Velez, 2013, p. 2)
Uptight Ethics

One student said, “I never liked ethical people”

“I thought someone who was . . . ethical was someone who was rigid and uptight” (Ahmed, 2014, p. 3).

Positive Ethics

• Anchoring our behavior on overarching ethical principles
• Does not mean ignoring the laws or standards of the profession
• But striving to fulfill our highest ethical aspirations within the context of the rules of our professions

Ceiling and Base Ethics

• Base ethics- ethics represents a fixed entity of prohibited acts or mandatory obligations; focus is on avoiding disciplinary complaints

• Ceiling ethics- ethics is a way to improve the quality of services we provide; focus is on moral excellence, doing our best
One view of ethics

<table>
<thead>
<tr>
<th>Clinical Issues</th>
<th>Ethical Issues</th>
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<tbody>
<tr>
<td>Meet with patient, do intake, get background data, formulate treatment plan, meet collateral contacts if appropriate, check on comorbid medical conditions, consult with referral source if appropriate, seek to get information from primary care providers, clear insurance coverage, go over treatment goals, consider family context, start therapy, get patient to open up, consider involving family members if appropriate, look for symptom patterns, etc.</td>
<td>Don’t sleep with patients, get forms signed, don’t falsify insurance forms</td>
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Another view of ethics

<table>
<thead>
<tr>
<th>Clinical and ethical issues</th>
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<tr>
<td>Meet with patient and engage patient in discerning their treatment goals and experiences, formulate a treatment plan collaboratively with the patient (showing respect for patient autonomy), develop a treatment plan that would likely be effective (beneficence) and not harmful (nonmaleficence).</td>
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Stories

Story One: The “ethical” man
Story Two: Opening the door

To some people, being ethical is merely following the laws and avoiding punishment; to us, being ethical means adhering to a foundational standard of principles or virtues.
Unexpected Statement

The least effective way to change the behavior in an organization or profession is to have an ethics code.

The second least effective way is to require attendance at lectures on the ethics code.

Bazerman and Tennbrunsel, 2012

Overarching principles

- Beneficence– promoting well-being of patients
- Nonmaleficence- avoiding harm to patients
- Justice- treating patients fairly
- Respect for patient autonomous decision making
- Fidelity- keeping promises
- General beneficence- obligations to the public

Are All of Us Vulnerable?

There is no school of thought called “base ethics”

Instead it is a perspective that ALL of us may adopt at times, especially if we are stressed, tired, threatened, or functioning in automatic pilot and not thinking through our actions clearly.
Is There a Scientific Bases for How We Think About Ethics?

“Bad is stronger than good” (Baumesiter, Bratslavsky, Finkenauer, & Vohs, 2001, p. 323).

We tend to weigh negative events disproportionately more than positive events with a similar impact.

Proscriptive and Prescriptive

“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” (Janoff-Bulman et al., 2009, p. 522)

Proscriptive Morality

Focuses on avoiding prohibited acts and evading punishment.
- obligatory, not discretionary,
- concrete, detailed, and clearly defined,
- Goal: ensure that moral agents know what to do to evade punishment.

Janoff-Bulman, et al. (2009)
Prescriptive Morality

Focuses on optional actions to enhance positive goals

Discretionary

Goal: to maximize well-being of others

Proscriptive and Prescriptive

Perhaps the optimal actions involve considerations of both

Following rules, but maximizing positive outcomes in the context of those rules

Practical Implications of Positive Ethics

What difference would a positive perspective on ethics make in your everyday professional life?
Does My Child Have . . . ?

You are at a party and are introduced as a psychologist, whereupon a stranger briefly describes the behavior of her child and asks you, “does my child have an attention deficit disorder?”

What overarching ethical principles are involved?

Does My Child Have . . . ?-2

Base Ethics: refuse to answer because you are not in a professional relationship and do not have adequate information to give an opinion.

You uphold nonmaleficence by refusing to give an ill considered or half-baked answer.

Does My Child Have. . . ?-3

Ceiling ethics: provide information that may direct the parent on how to find the answers to her question.

You also uphold beneficence by providing the parents with a methodology to address her concerns.
Sexualized Relationships-1
You are teaching a graduate course and emphasize to students that sexual contact with patients is always wrong.

What moral principles are involved?

Sexualized Relationships-2
Base ethics: You cover all the relevant standards in the APA Ethics Code clearly.

You uphold the principle of nonmaleficence by noting how sexual contact is harmful

Sexualized Relationships-3
Ceiling ethics: You go beyond the minimum and ask the students to reflect if they could ever have any sexual feelings that could degrade the quality of therapy even in the absence of any overt act that violates the APA Ethics Code.

You extend the implications of nonmaleficence to include ways that patients can be harmed, even if the Ethics Code is not violated.
Strong Emotions

We could expand the discussion to ask about any time a psychologist experiences strong emotions (maternal feelings, fear, disgust, anger, love) that risks degrading the quality of the treatment relationship.

Multiple Relationship

A friend asks you if you would be willing to see his son in therapy for oppositional defiant disorder. Your friend knows that you specialize in this work and you recently told him you were taking new patients.

What ethical issues are involved?

Multiple Relationships-2

Base Ethics: You tell him you would see his child because that would be unethical.

Nonmalficence: you avoid getting into a multiple relationship that could be clinically contraindicated
Multiple Relationship- 3

Ceiling Ethics: Although you decline to see the child, you also describe to your friend the process that he needs to go through to find an appropriate therapist for his son.

Nonmaleficence and beneficence: you avoid being in the potentially harmful relationship and assist your friend in making a good decision for a therapist.

Informed Consent

APA Standards 3.10, 10.02 and others.

Requires certain information is given to patients at the start of therapy or as early as feasible.

What ethical principles are involved?

Informed Consent-2

Base ethics: You get your patients to sign the informed consent document consistent with 3.10.

You are showing respect for patient autonomy.
Informed Consent -3

Ceiling ethics: In addition to following Standard 3.10, you strive to find ways to involve patients in as many treatment decisions as possible throughout the course of treatment.

You search for opportunities to maximize respect for patient autonomy.

Animal Welfare

You are running a research laboratory and are responsible for the welfare of the animals.

Base Ethics: You ensure that all federal and state laws are followed.

Nonmaleficence by setting basic health conditions that prevent illness.

Animal Welfare-2

Ceiling Ethics: You go beyond the minimal legal requirements to ensure that the animals have an environment sufficiently enriched to meet the psychological needs of its species.

Nonmaleficence—protect their psychological health

Beneficence—help ensure an adequate positive emotions
Animal Welfare-3

“Researchers are encouraged to provide an environment that enhances animals’ psychological well-being. Enrichment can be in the form of contact with social cohorts, housing that allows animals to exhibit species-specific behaviors, or the presence of toys or activities that allow animals to manipulate their environment” (Perry & Dess, 2013, p. 435).

On the Ethical Rim

How do you dress?
How do you address your patients?
How do they address you?
How do you decorate your office?
Do you ever swear in front of your patients (not at your patients)

Other Applications

Can you think of other situations where a positive (ceiling) approach improves upon floor ethics?
Part Two
How to Avoid “Dark Ethics” When Making Decisions?

Ethics Acculturation Model
The best ethics occurs when we are able to incorporate our high personal values within the context of a professional role.

Like an immigrant moving into a new culture we need to adopt the ethical role of the psychology culture, but retain some of the ethics of our personal heritage (Handelsman et al., 2005).

The Dark Sides of Ethics
We can focus so much on the “rules” (or adopt unnecessarily rigid ways to interpret the rules or fail to use the discretion or judgment of the psychologist that is permitted under APA standards) that we inadvertently harm patients or deliver less-than-optimal treatment.
Dark Proscriptive Ethics

This is giving too much weight to proscriptive ethics as described by Janoff-Bulman too much emphasis on following “rules” and avoiding infractions.

The Dark Side of Proscriptive Ethics

Following “rules” without an adequate appreciation of context.

The APA Ethics Code is silent on the issue of gifts, but most commentaries caution against anything that is more than symbolic, which is expensive, or which could harm the treatment relationship.

A Therapeutic Problem

A Japanese patient offers her therapist a gift for no obvious reason. The value of the gift is uncertain. The therapist rejects the gift after trying to explain the importance of therapeutic neutrality. The patient appears dejected, fails to attend the next meeting, and does not respond to attempts on the part of the psychologist to reschedule (Hoop et al., 2008).
Japanese Gift Giving

“The tradition of exchanging gifts in Japan has a venerable tradition and is extremely important in relationships between people. . . The presentation of the gift itself is extremely important in Japan. . . In general the content of the gift is not as important as presentation”


Self-Disclosure

The APA Ethics Code is silent on the issue of self-disclosure, but most commentators state that it should be done selectively and focus on patient needs.

A patient from rural China asked his psychologist about his family (including his marital status), his educational background, and even his salary.

Self-Disclosure-2

A psychologist familiar with rural Chinese culture would know that personal connections are important in rural China. “Potential clients’ knowledge of clinicians status in the community, educational level, marital status, and other personal factors may influence their willingness to enter into therapy” (Littleford, 2007, p. 139).
The Dark Side of Prescriptive Ethics

On the other extreme, some fail to appreciate how those behaviors (which may be virtuous in a personal life) can actually be harmful when done by a person in a professional role.

Prescriptive ethics focuses on acting to achieve positive outcomes.

The Dark Side of Prescriptive Ethics-2

The APA Ethics Code is silent on the issue of giving gifts to patients, but generally anything more than symbolic is viewed as something that risks harming the treatment relationship.

Paying it Forward

A very kind psychologist was treating a young woman who unexpected ran into car problems which she needed to fix to get to work and retain her job. The psychologist gave her $200 with the only stipulation that, when she gets on her feet financially, she pass on the favor to someone else in her life. He had made similar gift selectively to several other patients throughout his career.
Gift Giving

After treatment ended, the woman filed a complaint against the psychologist—he was disciplined by his licensing board.

She got her car fixed, but it created stress in her romantic relationship. It was later learned that her unusually jealous boyfriend threatened to leave her unless she filed a complaint.

A Symbolic Gift

A counselor at a school for Native Americans gave an arrowhead to one of his students who was having an especially difficult time. A gift of an arrowhead to a young male represented a symbol of protection and good will. (Other tribes may view the gift of an arrowhead differently. Even in this tribe, an arrowhead would mean something different if given to a young woman.)

Part Three

What are strategies based on overarching ethical principles that can reduce legal risks?
Judicious Practice
Risk Management
Avoid False Risk Management strategies.

A false risk management strategy is any one that is not anchored on an overarching ethical principle.

The best risk management is good patient care.

False Risk Management
“Any purported risk management principle that tells a psychologist to do something that appears to harm a patient or violates a moral principle needs to be reconsidered”

Knapp, Younggren, VandeCreek, Harris, & Martin, 2013, p. 32

Examples of False Risk Management Strategies
1. ALWAYS gave suicidal patients sign safety contracts
2. NEVER self-disclose or touch a patient.
3. ALWAYS give three options when giving a patient a referral.
4. NEVER do family therapy because there are more people in the room who can sue you.
Quality Enhancement Strategies

1. Consultation-- beneficence
2. Documentation- beneficence
3. Empowered collaboration- beneficence and respect for patient decision making
4. Redundant protections- beneficence and nonmaleficence

Four Session Rule

By the fourth session, if progress is not forthcoming– for no obvious reason– consider the quality enhancement strategies.

This is a rule of thumb, use discretion

Basis for Four Session

Lack of early progress is a risk factor for treatment failure (see Lambert & Shimokawa,2011).

Yet, the psychologists will go an average of 10 sessions without progress before reconsidering the case or seeking consultation (Stewart & Chambless, 2007).
Empowered collaboration– Does the patient think progress is being made? Does the patient agree with treatment goals? Does the patient think you have a good working relationship?

Consultation– do you need input from others on relationship issues or method of treatment? How do you feel about the patient?

Prompt List

Documentation– does documentation help you think through the issues?

Redundant protection– do you need more information from other sources, family, other health professionals, etc?

Thinking Errors

Are you open to feedback? Did you consider confirmation bias? Fundamental attribution error?

Other thinking errors?
Part Four
What can I do to grow professionally?

Deliberate Practice
1. Attend to emotional consequences of our work
2. Self-Reflect
3. Develop a “competent community”

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 (2)

When: habitual (on-going) and judicious (patient or situation specific)

What: emotions, clinical reasoning, skills, values, reasoning, reflection, communication, etc.

For whom: the patient and the community

Competence- 3

I would add to the what-

Professional relationships and resources, cultural sensitivity

Competence Constellation

“A psychologist’s network or consortium of individual colleagues, consultation groups, supervisors, and other relationships that, combined, help to ensure ongoing enhancement and assessment of competence form multiple sources” (Johnson et al., 2013, p. 344)
Complex Decisions

Bernard & Jara (1996), 45% of graduate students would not do what they “knew” to be right (turning in a fellow graduate student impaired with alcoholism)

Bernard, Murphy, and Little (1987) 26% of licensed psychologists would not do what they “knew” to be right.

Emotions and Decisions

Ethics codes influence what psychologists say they should do; but emotions, values, context, and practical concerns may have more influence on what psychologists actually would do.

“Acknowledging one’s emotions in and of itself may promote decisional clarity” (Betan & Stanton, 1999, p. 300)

Personal Values and Decisions?

“When faced with an ethical conflict, professionals tend to think in terms of formal codes of ethics and relevant legal guidelines in determining what they should do, but are more likely to respond to personal values and practical considerations in determining what they actually would do if faced with the situation”

Smith et al., 1991, p. 235
Moral Foundations Approach


- Caring
- Fairness
- Loyalty
- Respect for authority
- Sanctity (purity)

Moral Foundations and Principle-Based Ethics

Moral Foundations approach identifies what actually drives our behavior

Principle-based ethics identifies what should drive our behavior

Compare Moral Foundations and Principle-Based Ethics

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<thead>
<tr>
<th>Some Overlap</th>
<th>Moral Foundations</th>
<th>Principle-Based Ethics</th>
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<tbody>
<tr>
<td>Caring</td>
<td>Beneficence, nonmaleficence, public beneficence</td>
<td></td>
</tr>
<tr>
<td>Fairness</td>
<td>Justice</td>
<td></td>
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</table>
But They Differ

Moral foundations also identifies loyalty, authority, and sanctity

Principle-based ethics identifies fidelity and respect for patient autonomy

Moral Foundations Approach-2

Can you think of ways that these impact your actual behavior with patients?

Are there times that loyalty (to group, profession, individuals, etc.) could cause you to deviate from professional standards?

Moral Foundations Approach-3

Are there situations where your respect for authority (government, professional associations, moral leaders) could cause you to deviate from professional norms?

What do you perceive to be sacred (sanctity)? How would you feel about a patient who violated those standards?
Facetious "L" Scale on the MMPI for Therapists Test (Robert Gordon)

1. I never felt angry at a patient
2. I never felt sexual attraction toward a patient
3. I never felt disgust when working with a patient

Competence and Awareness of Our Emotions

Competence and Reflection: How Sick Are Psychotherapists?

About average:

1% attempted suicide
2% psychiatric hospitalizations
5%+ alcohol or other drugs

scores on neuroticism scale about average
(Blume-Marcovici, et al., 2013)

Work-Related Stressors

Intensity of patient negative emotions
Non cooperation by patients
Suicide or attempted suicide
Stories of patient trauma
Assaults, stalking, harassment

Burdensome rules and politics
Wisdom from Dr. Sternlieb

- Self-aware: “you have to be it to see it”
- Self-reflect: “you have to name it to tame it”
- Self-regulate: “you have to share it to bear it”

Competence and Reflection: Blind Spots

Implicit preferences based on race- (Banaji & Greenwalt, 2013)

Tendency to over estimate competence (Walfish, McAlister, O’Donnell, & Lambert, 2012)

Prejudice against patients with excess weight (Pascal & Kurpius, 2012).

Prejudice in favor(?) of attractive people (La Chappelle et al., 2010)

Self-Reflection

Take a few minutes and write down three strengths that you have a psychologist. Do not write down anything that you would not want to share.
Self-Reflection-2

How did you feel doing this exercise?

No take a few minutes and write down ways in which those strengths could, in some circumstances, become weaknesses.

The Thread

There is a thread that you follow. It goes among Things that change, but it does not 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 cannot get lost. Tragedies happen, people get hurt or die; you suffer And grow old. Nothing you do can stop time's unfolding. You never let go of the thread. William Stafford

What Is the Thread in Your Life?

Take a few minutes and write down the thread in your life

Can others see it? Can you illuminate it more?
Where Do We Go From Here?

- Ethics autobiography
- Primes
- Journals/diaries
- Mindfulness
- Environmental scan (frame vigilant)
- Patient/colleague feedback

Where Do We Go From Here?

- Willpower– Roy Baumeister
- Blindspots– Bazerman and Tennbrunsel
- How Doctors Think– Groopman
- Where Good Ideas Come From- Steve Johnson

Thank You!

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Selected References and Readings

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