

UNIVERSITY of
HOUSTON

PSYCHOLOGICAL, HEALTH, & LEARNING SCIENCES

PROJECT TEACH: ETHICS DIDACTIC

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DECLARATIONS

The presenter has no conflicts of interest, financial or otherwise, to report as relevant to this Ethics didactic. The presenter is a Licensed Psychologist in Texas. She teaches Ethics in Professional Practice to graduate students at the University of Houston, where she is also the Chair of the Institutional Review Board for human subject protocols (Committee #1).

Please note that materials for this presentation were taken from the following resources:

- Fisher, C. B. (2017). *Decoding the Ethics Code: A Practical Guide for Psychologists* (4th edition). Thousand Oaks, CA: Sage. ISBN-13: 978-1483369297
- Pope, K., & Vasquez, M. J. T. (2016). *Ethics in Psychotherapy and Counseling: A Practical Guide* (5th edition). Hoboken, NJ: John Wiley & Sons. ISBN-13: 978-1119195443

LEARNING OBJECTIVES

1. Learners will identify key ethical principles that are incorporated into most professional codes of ethics
2. Learners will identify key applications of major ethical principles in their practice
3. Learners will identify 1-2 scenarios depicting ethical dilemmas that are applicable to their work with individuals attempting to quit tobacco use
4. Learners will describe a method for the resolution of ethical dilemmas
5. Learners will discuss 1-2 cases where they have faced or are facing ethical dilemmas in practice relevant to their work with individuals attempting to quit tobacco use

ETHICAL CODES

- There are a number of ethical codes to adhere to based on professional training and guild affiliations
- The purpose of ethics codes include:
 - Establishing the integrity of a profession
 - Providing a means for education and professional socialization
 - Enhancing the public trust by demonstrating high standards
 - Statement of what is clearly unethical so that there is an enforcement value to aid consumers in making complaints
- Food for thought: Do your consumers clearly know where they can go to report complaints about your services?
- Commonalities between ethical codes

**KEY ETHICAL
PRINCIPLES THAT ARE
INCORPORATED INTO
MOST PROFESSIONAL
CODES OF ETHICS**



RESPECT FOR PERSONS

- This principle requires us to treat individuals as autonomous human beings and not use people as a means to an end. We must allow people to choose for themselves, and provide extra protection to those with limited autonomy.
- Elements of autonomy include:
 - ✓ Mental capacity, the ability to understand and process information.
 - ✓ Voluntariness, freedom from the control or influence of others.
- Practices derived from the principle of respect for persons include:
 - ✓ The requirement to obtain informed consent for treatment.
 - ✓ Protection of the confidentiality and privacy of consumers.

RESPECT FOR PERSONS

- From the **principle of respect for persons**, we need to conduct initial and continuing informed consent for treatment. We need to evaluate whether the treatment ideally maintains the welfare of the consumer.
- ✓ Does the consent process maximize autonomy in decision making about treatment?
- ✓ Does the approach to treatment maximize consumer autonomy?
- ✓ Can individuals request alternate approaches without penalty?
- ✓ What additional protections have been put in place for vulnerable subgroups?
- ✓ Does the clinician have procedures in place to maximally protect consumer privacy and confidentiality?

**ASSOCIATED VALUES =
RESPECTFUL,
CONSIDERATE**

BENEFACTENCE

- This principle reminds us to minimize harms and maximize benefits. Considerations include:
 - ✓ Using the best possible research intervention to maximize benefits and minimize harms.
 - ✓ Making sure the treatment professional is competent to deliver the intervention.
 - ✓ Making sure the treatment professional adequately monitors the progress of treatment and discontinues it when the risk-benefit ratio is unfavorable.
- From the principle of beneficence we need to evaluate whether risks to the patient have been minimized by competent practice and sufficient consumer-provider communication. Does the consumer understand the side effects and risks of a given treatment protocol – including the risk that *they may not get better*?

**ASSOCIATED VALUES =
COMPASSIONATE,
HUMANE, PRUDENT**

JUSTICE

- The principle of justice requires us to treat consumers fairly and equitably. Considerations include:
 - ✓ That we equalize treatment across individuals, particularly assuring those who are underserved and under-insured have the ability to receive efficacious interventions.
 - ✓ Evaluating yourself to assure that personal biases of any kind do not impact the treatment you can provide to a given consumer.
 - ✓ Ensure cultural competence in your interactions with consumers.
 - ✓ If you go off-label or trying an intervention not validated with a specific group, do not do so among a vulnerable consumer group if ultimately this group would not be able to benefit from the intended intervention.
 - ✓ Do not discriminate.

**ASSOCIATED VALUES =
JUDICIOUS, FAIR, OPEN
TO COMPLEXITY AND
AMBIGUITY**

INTEGRITY

- Know what is possible before making professional commitments and be able to identify when it is necessary to correct misperceptions or mistrust.
- Doing what is right simply because it is right.
- Communicating honestly with consumers.
- Striving for accuracy in diagnosis.
- Being present, being reliable.

**ASSOCIATED VALUES =
HONEST, RELIABLE,
SELF-AWARE, GENUINE**

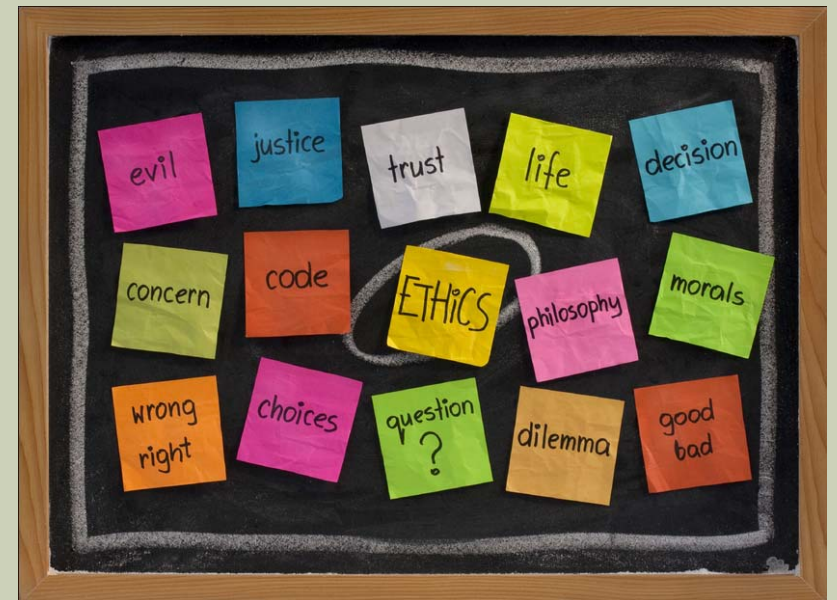
FIDELITY AND RESPONSIBILITY

- Be aware of obligations to consumers and communities affected by their work, including responsibilities to the profession and obligations to the organization and the law.
- Keep your promises.
- Maintain competence in practice and setting.
- Accept responsibility for your actions.
- Avoid conflicts of interest.
- Keep good session notes.

**ASSOCIATED VALUES =
FAITHFUL, DEPENDABLE,
CONSCIENTIOUS,
COMMITMENT TO
PROFESSIONAL
GROWTH**

NEWSFLASH!

- Sounds good, right? Describes us, right?
 - But the “right” thing to do is not always clear.
-
- ✓ Organizational rules may clash with personal or professional ethics.
 - ✓ The law may clash with personal or professional ethics.
 - ✓ Your ethics might not be your neighbors’ ethics



SOME ETHICAL THEORIES

■ Deontology/Kantian ethics

- Ethics is the rational act of applying universal principles to all situations irrespective of specific relationship, contexts, or consequences.
- An ethical decision is only morally justified if a rational person believes the act resulting from it should be universally followed in all situations (e.g., respect for persons).

■ Utilitarianism or Consequentialism

- Prioritization of the consequences (or utility) of an act over the application of universal principles.
- Ethical decision making is situation specific and must be governed by the risk-benefit calculation that prioritizes that which will provide the greatest good relative to bad consequences.
- Obligation to a specific consumer might be superseded by action that would produce greater good for others.

SOME ETHICAL THEORIES

■ Communitarianism

- Assumes that the right actions derive from community values, goals, traditions, and cooperative rules.
- Considers the common good, community values and goals, and cooperative virtues fundamental to ethical decision making.
- Asks: will an action promote the kind of community we want to live in? But: who is the community? The majority?

■ Relational Ethics

- Commitment to act on behalf of persons with whom one has a significant relationship is central to ethical decision making.
- Stresses the importance of uniqueness of individuals embedded within relationships.
- Underscores understanding the point of view, needs, expectations of the consumer as a way to enhance modal development.
- Attention to power and cultural inequities.

HOW TO RESOLVE DILEMMAS: ETHICAL DECISION MAKING MODELS



POPE & VASQUEZ, 2016

1. State the question, dilemma, or concern as clearly as possible.
2. Anticipate who will be affected by the decision.
3. Figure out who, if anyone is the client.
4. Assess whether our areas of competence – and of missing knowledge skills, experience, or expertise – fit the situation
5. Review relevant formal ethical standards
6. Review relevant legal standards
7. Review the relevant research and theory

POPE & VASQUEZ, 2016

8. Consider whether personal feelings, biases, or self-interest might shade ethical judgement.
9. Consider whether social, cultural, religious, or similar factors affect the situation and the search for the best response.
10. Consider consultation.
11. Develop alternative courses of action.
12. Think through alternative courses of action.
13. Try to adopt the perspective of each person who will be affected.

POPE & VASQUEZ, 2016

- 14.** Decide what to do, review or reconsider it, and take action.
- 15.** Document the process and assess results.
- 16.** Assume personal responsibility for the consequences.
- 17.** Consider implications for preparation, planning, and prevention.

FISHER, 2017

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

FISHER, 2017

2. Consider the relevant ethics codes and scientific and professional guidelines as well as organizational policies.
3. Determine whether there are local, state, and federal laws specific to the ethical situation. Identify also the procedures required to be in compliance with these laws and the consequences of legal action for the welfare of individuals with whom the psychologist works and relevant third parties.

FISHER, 2017

4. Make efforts to understand the perspective of different stakeholders who will be affected and who will affect the outcome of the decision. These efforts should help illuminate aspects of the dilemma that are related to power, privilege, and sociopolitical oppression.
5. Apply steps 1-4 to generate ethical alternatives. Assess the competencies required to implement each alternative and consult with colleagues if necessary. Consider how different ethical theories might prioritize each alternative. Select the alternative that best fulfills one's obligation under the ethics code and has the greatest likelihood of protecting the rights and welfare of those who will be affected.

FISHER, 2017

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

VIG & FOGLIA, 2014

Table 1
**Thinking About Whether My Action Crosses
Professional Boundaries**

1. What are my institution's policies about this action (e.g., receiving gifts or socializing with patients under my direct care)?
2. Does my profession address this action in its code of ethics?⁸
3. What are the unique contextual features of this case?
4. Does the action respect my patient's autonomy and unique personhood?
5. Is the action for the benefit of my patient or to meet my own needs?
6. Could the action potentially harm my patient?
7. Am I treating this patient differently than my other patients? Why?
8. Am I being transparent about the action with others?
 - a. What would experienced colleagues or my clinical team say about the action?
 - b. What decisions or actions would my institution's ethics personnel consider ethically permissible or ethically forbidden?
 - c. How would I respond if it was written up in the local newspaper or posted on social media?
9. Additional information and questions for clinicians to consider are available at <http://www.cpso.on.ca/uploaded/Files/downloads/cpsodocuments/members/Maintaining%20Boundaries.pdf>¹⁰

EXAMPLES OF POTENTIAL ETHICAL DILEMMAS IN THIS LINE OF WORK



ETHICAL DILEMMAS

- If you only have a small amount of time to devote to each patient or session, is it ethical to:
 - devote that time to tobacco use relative to what the consumer sees as a primary concern?
 - how about relative to intervention focused on the presenting problem (e.g., major depression)?
- How might your thinking change if tobacco cessation was not billable at all and your organization wants you to focus on only billable interventions?

ETHICAL DILEMMAS

- If a medication or treatment is not covered by the consumer's medical insurance coverage, is it ethical to mention it to the consumer?
- Is it ethical to offer cessation-focused medications to a consumer who is already overburdened by medications?

ETHICAL DILEMMAS

- If a cessation medication or treatment is recommended at a course of 12 weeks and you can only obtain approval to provide 6 weeks of intervention, is it ethical to provide 6 weeks and hope for the best?
- Under what circumstances is a “treatment holiday” (taking a break from cessation intervention) appropriate given that tobacco use is the leading cause of premature death and disability?

**WHAT ARE SOME
ETHICAL DILEMMAS YOU
HAVE ENCOUNTERED OR
ARE ENCOUNTERING IN
PRACTICE?**

