Ethical and Clinical Decision-Making in the 21st Century: Understanding Morality, Roles, and Codes

Presented by

John D. Gavazzi, PsyD, ABPP
Ethical Decision-Making in the 21st Century

Understanding Morality, Roles, and Codes

John Gavazzi, PsyD, ABPP
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American Board of Professional Psychology, Chicago, Illinois
john.gavazzi@gmail.com @Dr_Gavazzi

Primitive Brains v. Modern Problems

How Irrational Tendencies Complicate Ethics Codes & Decision-making

Alternate Titles

One potentially scary aspect is that we are not always consciously aware of how we make decisions.

Fortunately, we are highly trained professionals, with a great deal of education, expertise, and ongoing self-reflection.

But, these factors do not inoculate us from errors in decision-making.

Some examples:

- Automatic reasoning
- Emotions in Psychotherapy
- False Risk Management Strategies
- Morality in Psychotherapy
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Learning Objectives

1. List four of the five foundational ethical principles.
2. Describe how moral decisions are typically made.
3. Explain the clinical implications of a separated or assimilated strategy.
4. Write two important components to integrating professional ethics with personal values.
5. Explain the underlying principle of a false risk management strategy.

General Outline

- Morality and Moral Development in General
- The New Wave of Moral Psychology
- Acculturation Model
- Principle-based Ethics
- Cognitive Biases and ethical dilemmas

Participant Safety

- Creating a safe environment
- Avoid the word “unethical”
- We are all learning in this process
- Demonstrate courtesy and respect for others
- We are all fallible
Assumptions in this presentation

• We are all products of biological and cultural evolution

• We all have different tolerances, biases, and methods of making moral judgments

• We are all subject to biases, heuristics, and erroneous thought processes. We do not think in algorithms.

Personal Moral Development

1. Religion/Family of Origin
2. Education: College and CE
3. Personal Education: Reading and Experience
4. Honest self-reflection

Morality

• Typically, individuals think about morality as equivalent to religion or religious beliefs.

• At the most general level, morality is a person’s ability to determine right from wrong, or

• Good from Bad

• Please note the dichotomous thinking

Morality

• Common today for people to believe that morality is handed down from God.

• Early philosophers (BC) thought and wrote a great deal about morality, without supernatural influence.

• Christian theologians and philosophers thought and wrote a great deal about morality, typically looking at different portions of the Bible.
Moral Philosophers

- **Hegel:** Believed human ability to self-reflect and imagine helped with developing a strong moral compass.

- **Nietzsche:** Believed that ethics and morals were tied up language, which helped us navigate the world. However, language binds us to certain ways of thinking, including accepting our positions in life.

Morality and Evolution

- A more recent push to understand morality as a component of evolution

- Moral judgments are typically affective, rapid, instinctive and unconscious.

- In order for primates to cooperate, form relationships, and work as groups, reciprocity and empathy are the two essential “pillars of morality”

- Reciprocity and empathy are needed for human morality as well.

Evolutionary Differences

There are (at least) two ways to conceptualize moral decision-making

- **Groupishness:**
  - Better for the collective
  - Statistics on DNA

- **Individualism:**
  - Better for individual survival

Morality, Emotions & Psychology

- In the early 2000s, moral psychology changed from the Kohlberg paradigm (more cognitive) and began to research moral emotions.

- Moral reasoning is not just a top-down process, but typically a bottom-up process starting with automatic, emotional, and intuitive experiences.

- Looking for the role of moral emotions like disgust, fear, elevation, and mirth.
The New Wave of Moral Psychology

Social Psychology
Experimental Philosophy
Behavioral Economics

Moral Foundations Theory
Jon Haidt, PhD

- There are specific innate, universally available moral foundations
- These foundations are “intuitive” in that these are automatic, rapid, affective, and non-rational
- These foundations can be used to judge how moral or immoral an action or activity is.

Intentional, non-conscious processing

- The process that binds us blinds us.
- Price paid for the automatic process: accuracy
- A second limitation: rigidity
- The unconscious is swift, less flexible, and not always accurate. Should I trust my gut or not?

Quick note on the Role of Consciousness

More deliberative
Slower
Possibly more accurate
Energy intensive
Moral Foundations & Intuitions

Care - Harm
Fairness – Cheating
Loyalty-Betrayal
Authority – Subversion
Sanctity (Purity) – Degradation
[Liberty – Oppression]

Some Disgusting Examples

Moral Emotion of Disgust
Moral Dumbfounding

Application of Moral Foundations

- Ethics – How do these develop?
- Politics – Partisanship
- Clinical Psychology - Countertransference
- Social Psychology – WEIRD research
Other Concepts in Moral psychology

- Bad is Stronger than Good
  - The Knobe Effect (Assigning responsibility)
  - Just World Belief (blame the victim)
- Priming & Nudging: Subtle Influence
- Moral Licensing: Balancing behavior
- Sunk Cost Fallacy – When to terminate?

What does this mean?

- The “self” is essentially moral
- Evidence supports we understand the self and others through morality (more so than memories)
- Morality trumps memories and behaviors

Morality

- Personal moral compass—Believe it to be right
- Knowing the difference between right and wrong
- Emotional responses to dilemmas and actions
- Implicit/rapid/automatic/internal/affective
- Research shows people judge themselves and others based on moral characteristics – evolutionary and social reasons to judge “character”

Ethics

- Rules of Conduct – Profession/society
- More external – Community (of peers)
- Easier means to judge others’ actions
- Can constrain individual choices or create dilemmas
- Explicit/cognitive/external/measured
Psychotherapy is inherently a moral enterprise

- Beneficence
- Of good moral character
- Value-free psychotherapy does not exist

The Acculturation Model

One way of remaining a life-long learner
Provides another way to discuss ethical behaviors and decisions

Acculturation

A process to change the cultural behavior of an individual through contact with another culture.

The process of acculturation occurs when there is an adaptation into an organization or society.

Ethics Acculturation Model

- An outgrowth of positive ethics that integrates personal ethics and professional obligations.
- Psychology has a system of shared and distinctive norms, beliefs, and traditions.
- This set of beliefs is reflected in our ethics code; especially the overarching ethical principles.
Acculturation as a Process

• Can be a complex process

• Some parts of a psychologist’s practice and lifestyle may be easily acculturated while others not

• Process that will likely continue throughout the education or career as a psychologist

Ethical Acculturation

Identification with personal value system (higher vs. lower)

Identification with value system of psychology (higher vs. lower)

Acculturation Model of ethical development

<table>
<thead>
<tr>
<th>Higher on Personal Ethics</th>
<th>Lower on Personal Ethics</th>
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<tbody>
<tr>
<td>Integration</td>
<td>Separation</td>
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<tr>
<td>Assimilation</td>
<td>Marginalization</td>
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</table>

Marginalized

Matrix: Lower on professional ethics
       Lower on personal ethics

Risks: *Greatest risk of harm
       *Lack appreciation for ethics
       *Motivated by self-interest
       *Less concern for patients
Assimilation

Matrix: Higher on professional ethics
       Lower on personal ethics

Risks: Developing an overly legalistic stance
       Rigidly conforming to certain rules while missing broader issues

Separation

Matrix: Lower on professional ethics
       Higher on personal ethics

Risks: Compassion overrides good professional judgment
       Fail to recognize the unique role of psychologists

Assimilated and Separated Strategies

- Assimilated strategies are often “fear based” – where motive to avoid harming another or incurring punishment for oneself, causes the psychologist to adopt legalistic stances.

- Separated strategies are often “benefits-based” – where the motive for promoting the well-being of the patient causes the psychologist to be blind to ways that well-meaning people can cause harm

Assimilated and Separated Strategies

- Assimilated strategy attempts to be prevention focused

- Separated strategy attempts to be promotion focused

- But both fail to give adequate attention or weight to the overarching ethical principles that guide or should guide professional behavior
What is a False Risk Management Strategy?

A False Risk Management Strategy is an action or intervention on the part of psychologist that is meant to reduce liability or harm, but does not.

Ironically, some of these actions or interventions likely hinder the psychologist’s ability to provide high quality of care.

Informed Consent

- Informed consent only occurs at the beginning of treatment
- Informed consent mainly involves the patient to sign forms for risk management purposes
Self-disclosure

- Self-disclosure is never appropriate by the psychologist during psychotherapy or assessment.
- Self-disclosure is clearly a boundary violation that is always wrong.

No suicide contract

- This is an important risk management strategy.
- This is the standard of care.
- This strategy helps the patient from actually harming him or herself.

Integrated

Matrix: Higher on professional ethics
Higher on personal ethics

Reward: Implement values in context of professional roles
Reaching for the ethical ceiling
Aspirational ethics

Principle-Based Ethics

- Autonomy
- Beneficence
- Nonmaleficence
- Fidelity to Relationship
- Justice
Principle-Based Ethics and the Acculturation Model

Psychologists using integrated strategies are able to incorporate overarching ethical principles into their practices

Respect for Autonomy

- Does not mean promoting autonomy (individuation or separation)
- Means respecting the autonomous decision making ability of the patient

Autonomy

- It encompasses freedom of thought and action.
- Individuals are at liberty to behave as they chose.
  - Determining goals in therapy
  - Making life decisions (e.g., marriage, divorce)
  - Scheduling appointments and terminating treatment

Beneficence

- The principle of benefiting others and accepting the responsibility to do good underlies the profession.
  - Providing the best treatment possible
  - Competency
  - Referring when needed
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<th>Nonmaleficence</th>
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<tr>
<td>The principle is doing no harm.</td>
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<tr>
<td>- Demonstrating competence</td>
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<tr>
<td>- Maintaining appropriate boundaries</td>
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<tr>
<td>- Not using an experimental technique as the first line of treatment</td>
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<tr>
<td>- Providing benefits, risks, and costs</td>
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<th>Fidelity</th>
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<tr>
<td>This principle refers to being faithful to commitments. Fidelity includes promise keeping, trustworthiness, and loyalty.</td>
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<tr>
<td>- Avoiding conflicts of interests that could compromise therapy</td>
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<tr>
<td>- Keeping information confidential</td>
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<tr>
<td>- Adhering to therapeutic contract (e.g., session length, time, phone contacts, etc.)</td>
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<td>Justice primarily refers to treating people fairly and equally.</td>
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In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law. (3.01)

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<th>Ethical and Clinical Decision-making</th>
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<td>We think like defense attorneys rather than court justices</td>
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<td>Bottom up vs. Top Down</td>
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Important points to remember

- Identify the competing ethical principles
- Help to determine which principle has precedence and why
- The importance of emotion in ethical decision-making and moral judgments
- Cognitive biases are also important to consider

In certain situations, we need to construct or create a solution instead of looking up the answer in a sacred psychology text.

The APA Ethical Principles and Code of Conduct do not include a model of ethical decision-making.

Other resources may aid with decision-making, but do not highlight how to work through dilemmas.

Major Point to this Training

1. We have to train ourselves to think about larger ethical principles first.

2. We need to have the ability to slow ourselves down prior to making good, ethical decisions.

Why?
**Decision-making skills**

- Top down approach
- Start with ethical principles
- Work from those principles to make good decisions about our work

**How people make moral, ethical and professional decisions**

- Intuitive
- Automatic
- Emotional
- Rapid

**There is an intuitive, non-rational process in ethical decision-making**

Why do psychologists (still and continue to) have sex with their patients?

**Research shows when emotions run high, our judgments are more likely to be extreme than when our emotions are weak.**

As psychologists, we know individuals reason emotionally.

We, as psychologists, need to pay attention to our emotions during ethical & clinical decision-making.
Emotional Components

- Fear
- Anxiety
- Disgust
- Disrespect
- Passion
- Calmness/Centered
- Empathy
- Respect/Sympathy
- Elevation

Cognitive biases

- The Fundamental Attribution Error
- Actor Observer Bias
- Availability Heuristic
- Trait Negativity Bias
- Confirmation Bias
- Competence Bias

How do you view your world?

Why is any of this important?

Why study ethics and ethical decision-making as a part of clinical practice?
What can I do?

**Independent Actions**
- Self Reflection
- Documentation
- Transparency
- Continuing Education
- Self-care

**Help from others**
- Consultation
- Supervision
- Psychotherapy
- Continuing Education

We got vignettes for the rest of the session!!

www.ethicalpsychology.com

Questions and Answers

Complete course evaluations