Implementing Ethical Ideals Through Sufficient Humility

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Learning Goals:

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

- Common factors that limit our ability to address complex clinical and ethical issues
- How sufficient humility and curiosity can lead to better outcomes
- How sufficient humility can help us adhere to the spirit of the APA Ethics Code

Hidden 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 commitment on the part of individual psychologists

What’s Behind the Curtain?

- Hidden implies Implicit, not Obvious
- Overarching Ethical Principles Need Decoding
- Letter and Spirit Imply Deeper Levels
- Commitment Requires Action
- When we open the curtain, it’s up to you

The First Curtain

Understanding the standards in the code of conduct requires understanding the overarching ethical (General or Aspirational) principles which form the foundation of the Code.
Overarching Ethical Principles

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

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

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 (cont.)

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

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

Ethical Principles (2)

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

- Ethics Codes do little to improve the behavior of organizations or people
- Attending lectures on ethics is the least effective way to encourage ethical behavior

The Second Curtain:

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

Pride:

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

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

Applying Sufficient Humility

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

Johari Window: Luft and Ingham

- 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)
Keeping Ourselves Honest

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

The Second Curtain (cont.)

- Overarching Principles:
  - Understanding to Implementation
  - e.g., What do we know about good and bad treatment?
  - Seldom a knowledge gap alone!

Better vs. Worse

- Poor communication vs. good communication
  - Social isolation vs. socially embedded
  - Fatigue vs. self-care, positive emotions
  - Stagnation vs. conscientiousness
- Decay vs. Incremental theory
- Professional narcissism vs. self-reflective

Better v. Worse

How do we go about ensuring that we are more consistently on the “good” side of the continuum?

Better v. Worse

- Self-awareness
- Self-reflection
- Self-regulation

Better v. Worse (cont.)

- 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.”
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

Definitions:

- **Professionalism**: “a commitment on the part of the individual practitioner to self-monitor and improve”
- **Meta-competence**: “the ability to assess what one knows and what one doesn’t know”
- **Reflection**: deliberate and objective self-analysis with the goal of gaining insights to improve future behavior

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?”

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.)

- 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.)

- 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.)

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?

Atul Gawande

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

Self-Awareness

- Journaling feelings
- Sharing feelings, reactions, thoughts with others
- Keeping work-life balance (avoiding ego depletion)– “no glucose, no will power”

Impact of Our Work

- Is it stressful, overwhelming, exhausting?
- Is it reflected in:
  - humor we use?
  - labels we give patients?
  - emotional leaks?
Impact of Work (cont.)
- Nightmare patient
- Train wreck
- “borderline” Patient from hell
- Accident waiting to happen
- Not the sharpest knife in the drawer

The Third Curtain - Excellence

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

The Third Curtain - Excellence
- Caution: Personal Reflection Required!
- Most Intimate and Personal
- Building Trusting Relationships
- Trust Myths and Realities
- Trust Components
  - Competence
  - Character

Excellence
- Sufficient 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
Confusing Questions

- Do you want to do good or do you want good to be done?
- What do you want the person next to you to learn today?
- Resume Building vs. Eulogy Virtues?
  
  David Brooks, NY Times, April 2015

Counterintuitive Statements

We do not care what you learn today, but we care very much what YOU learn today.

Self-Reflection

An on-going metacognitive process arising out of a commitment to life-long professional development that could include both deliberate and tacit processes. Its goal is to expand expertise through attention to and a critical evaluation of one’s personal experiences, feelings, thoughts, behaviors, fantasies, bodily experiences, and interactions with others which is integrated with scholarship. It should help individuals gain new insights that can be applied to new situations.

Self-Reflection (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

Self-Reflection (cont.)

Written or spoken?

Alone or in a group?

Done routinely or sporadically?

Productive or ruminating?

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.
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

Barriers?

- Time
- Money
- Trusting Relationships
- Group
- Facilitator
- Others?

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?
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?

Self-Reflection Option

- 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.

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?

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 (2)

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.

Self-Regulation

“Some Men Eat Ants”

S - awareness of self reactions, feelings, etc.
M - awareness of moral foundations, goals, and values
E - sensitivity to environmental demands or pressures
A - anticipate problems

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

(More) Counterintuitive Statements

- Being selfish is not always being selfish
- Altruism can be unethical

Thank You!
References
Covey, Stephen, (2006), The Speed of Trust, The Free Press, NY

References (cont.)