The Hidden Ethics Code

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Learning Goals

At the end of the workshop participants should be able to

1. link overarching ethical principles to enforceable standards of the APA Ethics Code; and
2. identify ways to implement the spirit as well as the letter of the 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
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

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**Competence (2)**

1. habitual (on a daily basis), but also judicious (requiring decision making)
2. components include emotions and values
3. with the goal of helping
   a. individuals and
   b. society

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**Excellent Health Outcomes**

Professionalism: “self-monitor and improve”
Good patient relationships
Conscientiousness
Incremental theory of abilities
Positive emotions (self-care)
Self-awareness—accept feedback
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 (3)

Informed consent (3.10 and elsewhere) based on respect for patient autonomy

Avoiding treating patients when impaired (2.09) based on nonmaleficence

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 implementing the spirit (and letter) of these overarching ethical principles in our daily practices?

Seldom a knowledge gap alone.

The Second Curtain (2)

How do we go from understanding these overarching principles to actually implementing them in our daily lives?

For example, what do we know about good and bad treatment?

Bad v. Good

<table>
<thead>
<tr>
<th>Poor communication</th>
<th>good communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social isolation</td>
<td>social embeddedness</td>
</tr>
<tr>
<td>Fatigue</td>
<td>self-care, positive emotions</td>
</tr>
<tr>
<td>Decay</td>
<td>conscientiousness, incremental theory</td>
</tr>
<tr>
<td>Professional narcissism</td>
<td>self-reflective</td>
</tr>
</tbody>
</table>
Bad v. Good
How do we go about ensuring that we are more consistently on the “good” side of the continuum?

Bad v. Good
Self-awareness
Self-reflection
Self-regulation

Bad v. Good (2)
- 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.”
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

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
Impact of Our Work

In what ways is it stressful, overwhelming, exhausting?

How is it reflected in:

humor we use?
labels we give patients?
emotional leaks?

Impact of Work (2)

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

Johari Window

<table>
<thead>
<tr>
<th>Known to Self</th>
<th>Not Known to Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known to Others</td>
<td></td>
</tr>
<tr>
<td>Open Area</td>
<td>Blind Area</td>
</tr>
<tr>
<td>Hidden Area</td>
<td>Unknown Area</td>
</tr>
</tbody>
</table>
Excellence
Think of ourselves not as individual practitioners, but as a system.

“A good idea is a system” – Steve Johnson, scientific historian

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?

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 (2)

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”

Self-Reflection (3)

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.
Self-Reflection (4)

Written or spoken?

Alone or in a group?

Done routinely or sporadically?

Productive or ruminating?

Increasing Self-Reflection

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

Self-Reflection Exercise (Part 1)

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?

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 the relationship and the 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. Other factors?
Self-Regulation
Monitoring our behavior and taking steps to ensure we are acting in a manner consistent with our goals.

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

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?

   e.g., supportive colleagues, technical support, etc.

   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

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