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Behavioral Ethics and Professional Boundaries

Annual Ethics Continuing Education
2 CE

Presented by: Nicole Karst, PsyD

Learning Objectives

1. Using socioecological and addressing models, **assess** how your intersecting identities influence your patient interactions.

2. **Describe** the roles and characteristics of system 1 and system 2 thinking.

3. **Describe** how conformity, overconfidence, self-serving biases, and heuristics influence decision making.

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Course Outline

Part One: Ethics, Guidelines, Professional Boundaries
Professional Boundaries
Ethical Codes and Standards
Professional Guidelines

Part Two: Intersecting Identities
Brofenbrenner's Socialecological Model
Addressing Model
Kohlberg’s Stages of Moral Development
Fairytales vs. Middletales

Part Three: Behavioral Ethics
System 1 & System 2
Emotions
Conformity
Overconfidence
Self-serving biases

Part I

Ethics, Guidelines & Professional Boundaries

What is Ethical Decision- Making?

The process by which behavioral health professionals identify, analyze, and resolve ethical dilemmas

Importance in clinical practice to ensure integrity, trust, and the best interest of clients

Includes use of evidence- based framework for clinician to follow each time

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Why is Ethical Decision-Making Important?

Let's discuss.

- ☑ Promotes client welfare
- ☑ Protects clients and professionals from harm
- ☑ Ensures ethical standards and professional integrity

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(Contreras, et al., 2021)

What is an Ethical Dilemma?

When adhering to one ethical principle may violate another

Making a decision when two or more ethical principles conflict with each other

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Boundary Definitions

Boundaries define the roles in a therapeutic relationship that provide a foundation of safety, and they are established to prevent harm and/or support the client in reaching their treatment goals.

Boundary Crossing: departure from standard of practice that may or may not benefit the client.

Boundary violation: departure from the standard of practice that puts the client at serious risk.

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Six Common Boundaries in a Psychotherapy Relationship

1. Touch
2. Time
3. Space
4. Location
5. Gifts
6. Self-disclosure

Barnett, J. E., & Hynes, K. C. (July, 2015). Boundaries and multiple relationships in psychotherapy: Recommendations for ethical practice. [Web article]. Retrieved from http://www.societyforpsychotherapy.org/boundaries-and-multiple-relationships-in-psychotherapy-recommendations-for-ethical-practice

Common Ethical Dilemmas

Self-Report Data- Most common ethically troubling incidents

- Confidentiality
- Blurred/dual/conflictual relationships
- Payment sources, plans, settings, and methods
- Competency concerns
- Professional Misrepresentation

Top 3 most common reasons for disciplinary action (ASPPB, 2024):

- Failure to comply with continuing education or competency requirements
- Negligence
- Unprofessional conduct

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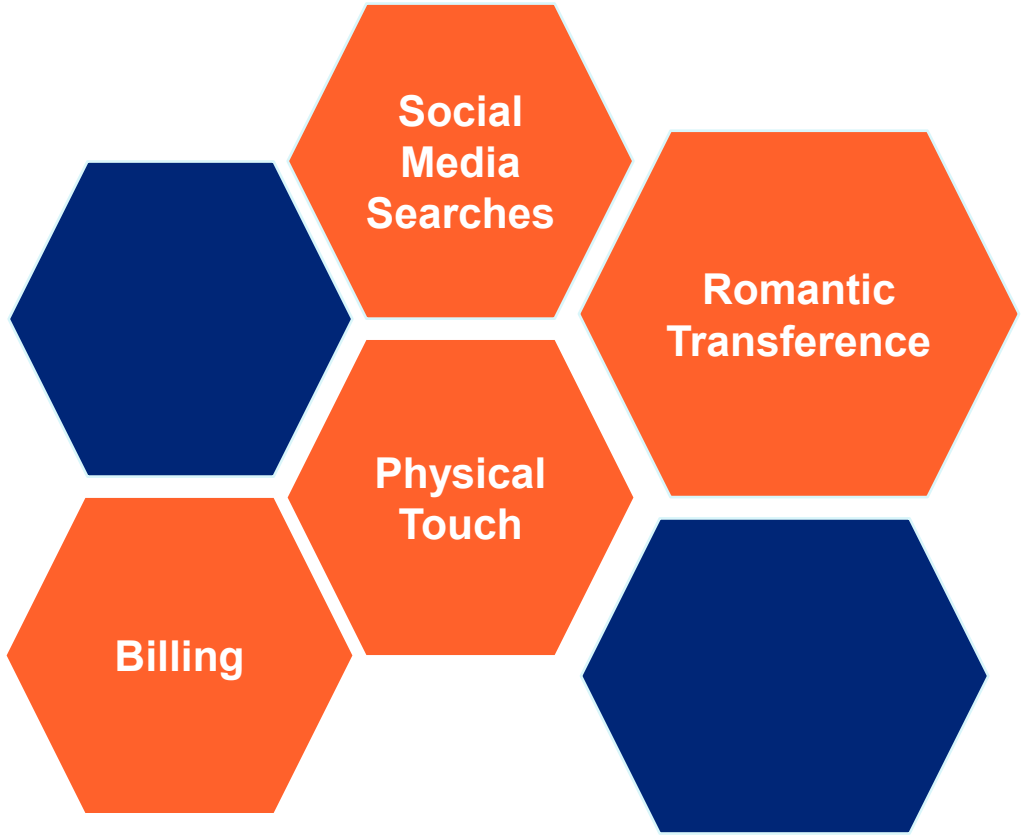
(ASPPB, 2024; Keith-Spiegel, 2014; Pope & Vetter, 1992)

Ethical Topics for Preemptive Exploration

Let's discuss. For each topic, answer the following questions:

- What is the motivation/rationale?
- How may it harm the client?
- How may is possibly benefit?
- What would be follow up to the outcome?
- How do I monitor my motivations?



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(Kolmes & Taube, 2014; Wu and Sonne, 2021)

Ethical Domains

Competence	Dual Relationships	Informed Consent
Due Process	Confidentiality	Liability

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(Bernard, 1994)

General Considerations

Maintaining **objectivity**

Fostering **self-awareness**

Use of **supervision** & consult

Personal **therapy**

Fidelity for using clinically appropriate assessments

Competency with certain presenting concerns

Informed **consent** for specialized treatments

Dialogues on **safety** for client and community members

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(Welfel, 2013)

Definitions

Ethical **Principles**

- Moral values informing ethical codes, standards, & guidelines
- Examples: Social justice, confidentiality

Ethical **Codes**

- System of principles governing morality & conduct
- Discipline or profession-specific

Ethical **Standards**

- Specific & enforceable requirements
- Designed to fulfill professional obligations

Ethical **Guidelines**

- Recommendation w/ modifiers (e.g., "reasonable")
- Address need for professional judgement in unique scenarios

American Psychological Association

General Principles

Beneficence & Nonmaleficence

Do good and do no harm with clients.

Fidelity & Responsibility

Maintain professional standards of conduct.

Integrity

Maintain honesty in professional practice.

Justice

Uphold fair and just practices.

Respect for People's Rights & Dignity

Honor clients' rights, identity and culture, and autonomy.

Review for more information on above

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(American Psychological Association, 2010)

American Psychological Association Ethics Code: 3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04(a).

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American Psychological Association Ethics Code: 3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

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American Psychological Association Ethics Code: 3.05 Multiple Relationships

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm , and 3.07, Third-Party Requests for Services .)

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American Psychological Association Ethics Code: 3.06 Conflicts of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

American Psychological Association Ethics Code: 3.08 Exploitive Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships ; 6.04, Fees and Financial Arrangements ; 6.05, Barter with Clients/Patients ; 7.07, Sexual Relationships with Students and Supervisees ; 10.05, Sexual Intimacies with Current Therapy Clients/Patients ; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients ; 10.07, Therapy with Former Sexual Partners ; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients .)

American Psychological Association Ethics Code: 10.05-10.08 Sexual Intimacies

10.05 Sexual Intimacies with Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners
Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients
(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships .)

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Some of you may be thinking….
”I would NEVER!” or
“who would do that!”

Be careful with this thinking, it may be a sign of overconfidence
It may also contribute to a practice culture where people do not speak up when they are attracted to a patient

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American Counseling Association

General Principles

The Counseling Relationship

Foster the welfare of the client.

Professional Responsibility

Practice in non-discriminatory manner, within boundaries of competency, and with honesty.

Confidentiality & Privacy

Maintain and communicate limits to confidentiality and respect client for privacy.

Relationship with Other Professionals

Foster quality interactions with colleagues.

Review for more information on above:

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American Counseling Association: A.6 Managing and Maintaining Boundaries and Professional Relationships; A.6.a. Previous Relationships

Counselors consider the risks and benefits of accepting as clients those with whom they have had a previous relationship. These potential clients may include individuals with whom the counselor has had a casual, distant, or past relationship. Examples include mutual or past membership in a professional association, organization, or community. When counselors accept these clients, they take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

American Counseling Association: A.6 Managing and Maintaining Boundaries and Professional Relationships; A.6.b. Extending Counseling Boundaries

Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no harm occurs.

American Counseling Association: A.6 Managing and Maintaining Boundaries and Professional Relationships; A.6.c. Documenting Boundary Extensions

If counselors extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

American Association for Marriage & Family

General Principles

Responsibility to Clients

Practice principles of non-discrimination, informed consent, minimal multiple relationships, and so forth.

Professional Competency & Integrity

Know regulatory standards, identify conflicts of interest, practice within scope, develop new skills, etc.

Confidentiality

Maintain responsibility of disclosing limits, protection and access to records, respecting the confidences of each person, and so on.

Technology- Assisted Professional Services

Appropriate, competent use of tech with informed consent, HIPAA compliance.

Review for more information on above

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American Association for Marriage & Family: Responsibility to Clients

National Association of Social Workers

General Principles

Service

Help those in need.

Social Justice

Challenge social injustice.

Dignity & Worth of the Person

Maintain respect for all.

Importance of Human Relationships

Recognize as central.

Integrity

Practice in a trustworthy manner.

Competence

Practice within scope and develop expertise.

Review for more information on above

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(National Association of Social Workers and Association of Social Work Boards, 2013)

National Association of Social Workers: Importance of Human Relationships

Four Bin Approach to Ethics

LEGAL	CLINICAL	ETHICAL	RISK MGMT
Laws	Objectivity	Principles	Increased
Regulations	Boundaries	Guidelines	Decreased
Statutes	Relationship	Codes	Liability

(Behnke, 2014; Ling & Hauck, 2017)

Ethical Decision-Making: Best Practices

Cognitive and Emotional Process:	• Ethical decision-making involves both aspects • Identify/explore: issues, values, principles, & regulations
Comprehensive Discussion:	• Discuss consequences & benefits of potential actions • Explore actions that best achieve fairness, justice, fidelity
Decision-Making Steps:	• Guide decision-making process in ethical dilemmas • Evaluate actions to ensure ethical principle alignment
Addressing Ethical Mistakes:	• Dyad works to ameliorate any negative outcome • Focus on learning from mistakes to prevent recurrence
Reporting Violations if Necessary:	• Report ethical violations to Board when necessary • Adherence & accountability to professional standards

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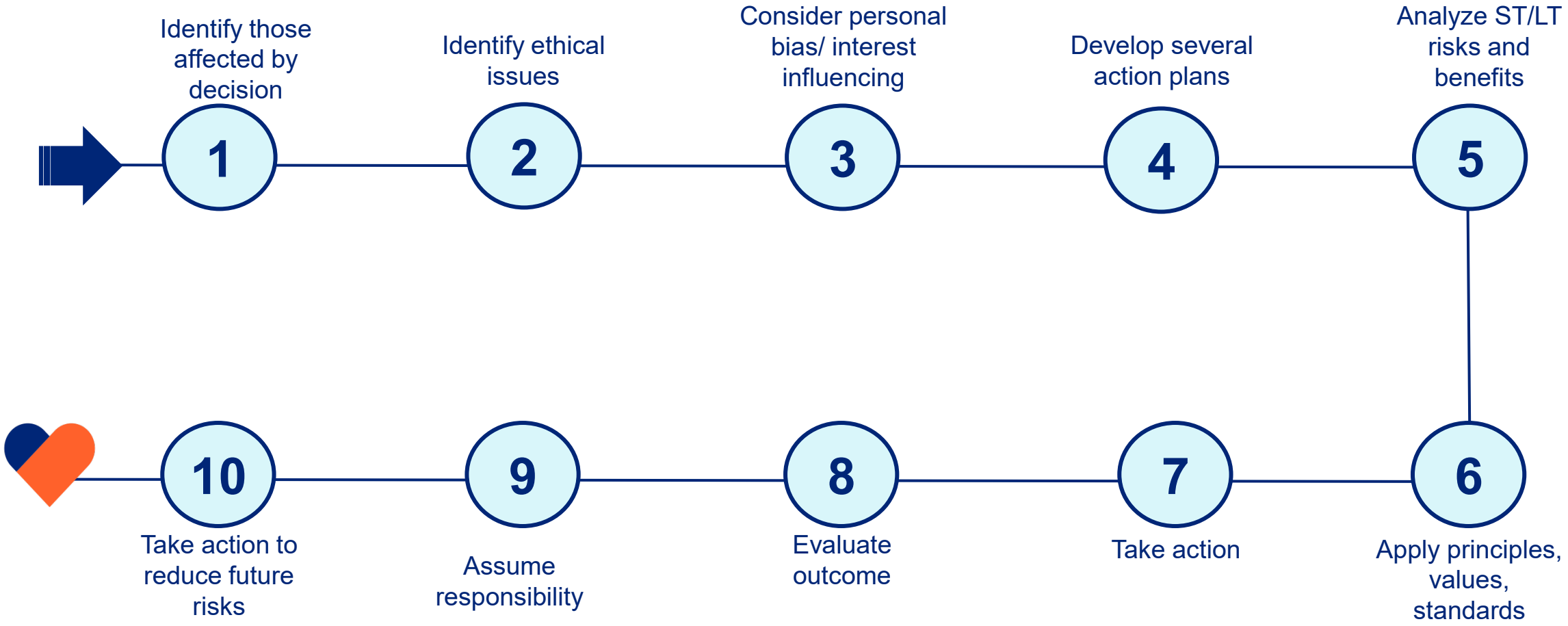
(NASW & ASWB, 2013)

10 Steps for Ethical Decision- Making



(Canadian Code of Ethics for Psychologists, 2000)

Ethics Decision-Making Model

E → **Evaluate** the dilemma

T → **Think** ahead

H → **Help**

I → **Information**

C → **Calculate** Risk

S → **Select** an Action and Document

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(Ling & Hauck, 2017)

Cultural Considerations: Body-Based Ethical Decision-Making

Embodied ethical decision-making (EEDM)

Combination of traditional cognitive approaches with body-based approaches – as ethics is often linked to bodily sensations of right and wrong

Incorporate bodily sensations into ethical decision-making model. Bodily responses in ethical dilemma include a sense of urgency, feeling shaky, tingling, "flutters" in stomach

(Roberts, 2021)

Pairing EEDM with Cognitive Approach

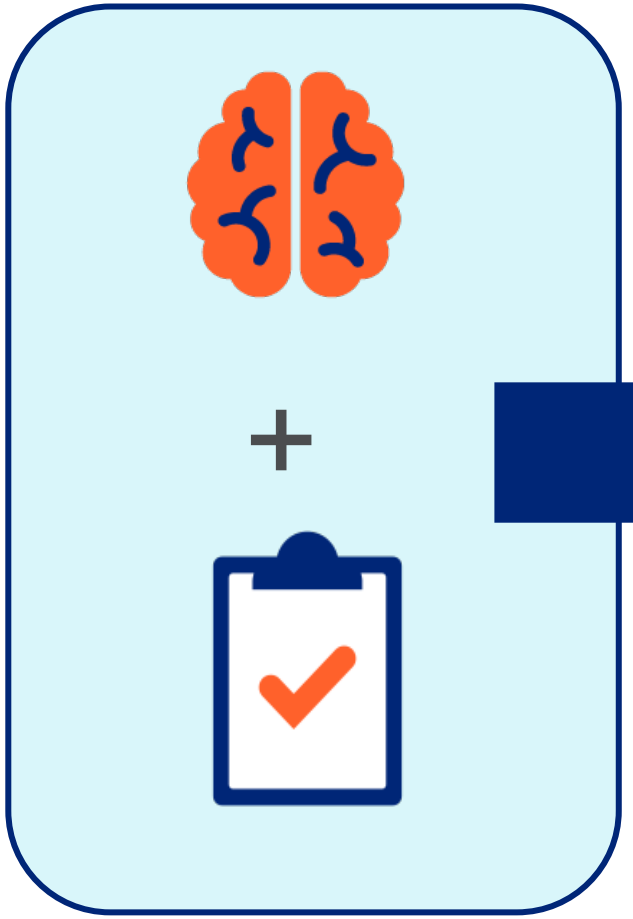

Table 1 Ethical model paired with EEDM steps

Welfel's Ethical Decision-Making Steps	Hervey's EEDM Steps
1. Develop ethical sensitivity	Notice shifts in body; Explore movement in horizontal plane
2. Define the dilemma and options	Recreate movement postures of people involved; move most outrageous options
3. Refer to professional standards	Use of weight in vertical plane
4. Search out ethics scholarship	Move ethical dilemma
5. Apply ethical principles to the situation	Autonomy Create imaginary space & boundaries; move in vertical plane Nonmaleficence Careful & cautious movement using bound flow & lightness Beneficence Shaping, widening, opening with horizontal plane Justice Balancing movements Fidelity Movement with weight Additional: Veracity Spinal movements and free flow
6. Consult with supervisor and respected colleagues	Use of verbal or movement communication to create way of sharing dilemma
7. Deliberate and decide	Move alone; rehearse acting out plans and decisions
8. Inform supervisors, implement and document actions	Use of time in sagittal plane
9. Reflect on the experience	Reflect & evaluate

Adapted from Welfel (2001) and Hervey (2007)

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(Roberts, 2021)

…the dominating approach to teaching ethics has been normative or prescriptive ethics-focusing on how we *should* act in given situations.”

Biasucci & Prentice, 2021, p.1

…traditional ethics education can be detrimental. It can leave students over confidently regarding their ability to act ethically.

Biasucci & Prentice, 2021, p.2

Self-Care as an Ethical Responsibility

Prolonged stress and compassion fatigue can impact decision making.

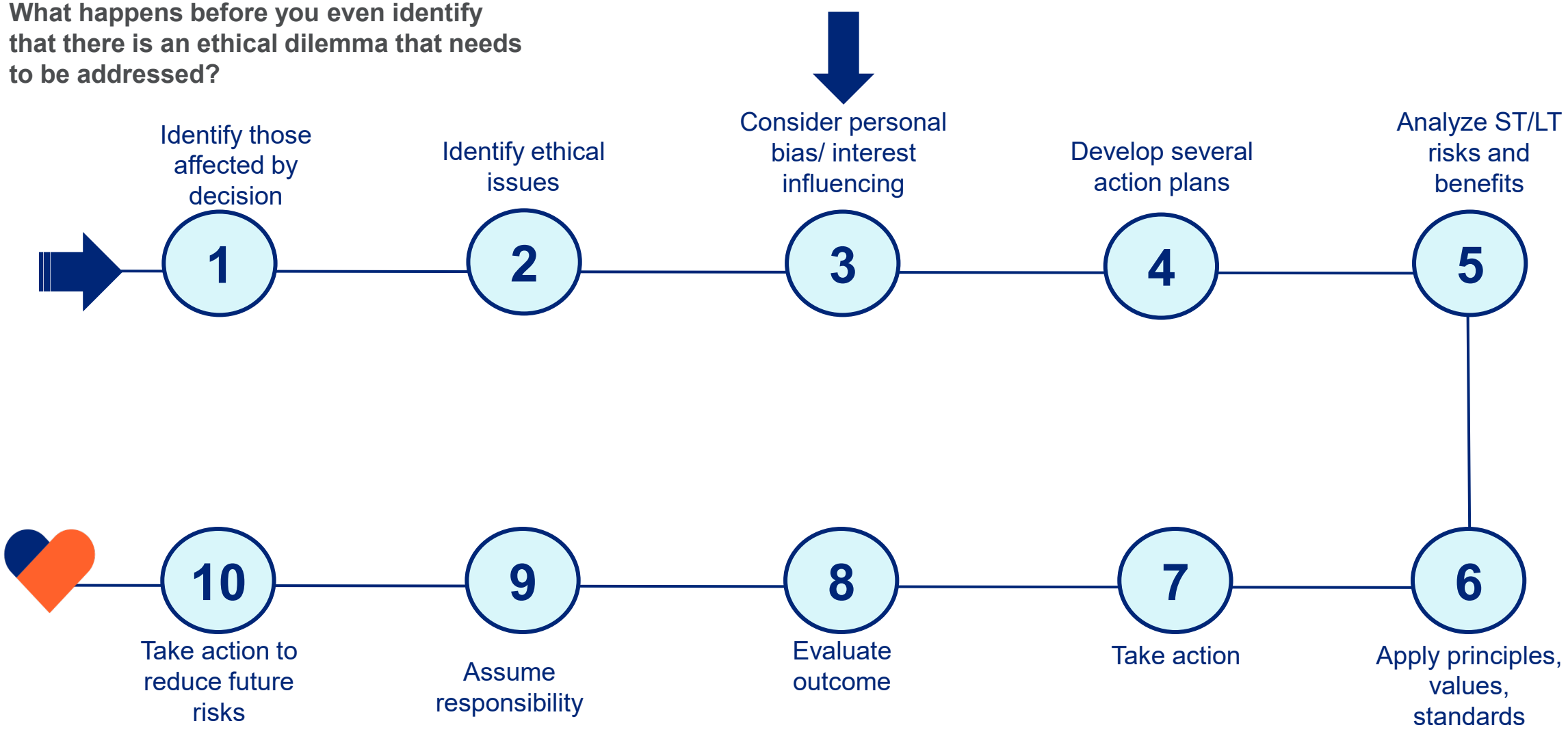
Self-care can impact ethical practice by:

- Enhancing clinical competence
- Supporting professional boundaries
- Promoting consistence in ethical standards
- Encouraging reflective practice
- Foster support systems, resilience building skills, meaning and purpose, flexibility and adaptability

(Franke, 2014)

10 Steps for Ethical Decision- Making

What happens before you even identify that there is an ethical dilemma that needs to be addressed?



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(Canadian Code of Ethics for Psychologists, 2000)

Part II

Intersecting Identities

ADDRESSING Model

- Age and generational influences
- Developmental of other Disability
- Religion and spiritual orientation
- Ethnic and Racial Identity
- Socioeconomic status
- Sexual Orientation
- Indigenous heritage
- National origin
- Gender

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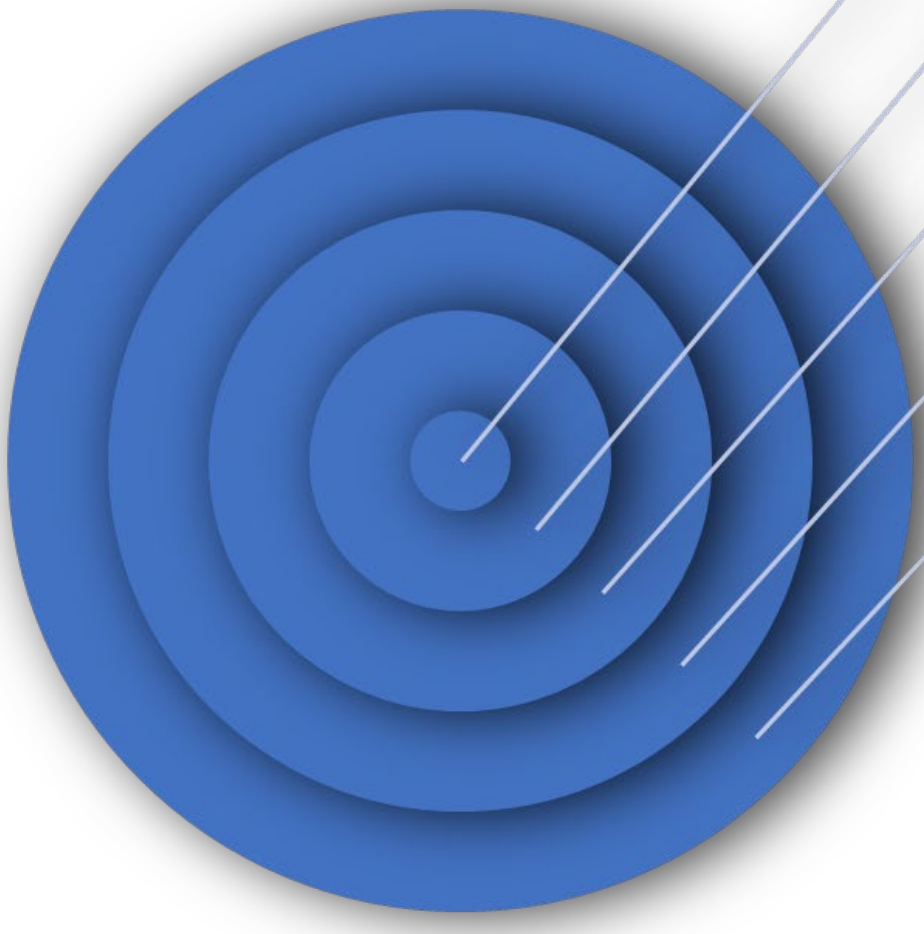
Brofenbrenner's Socialecological Model

Process-Person-Context-Time

Who we are, in our communities, within larger social structures, across the span of time, influences how we make decisions.

What influences thoughts, emotions, beliefs, and behaviors?
Process-Person-Context-Time

Chronosystem
- Effects of the passing of time



Individual

Microsystem
- Family, friends, community

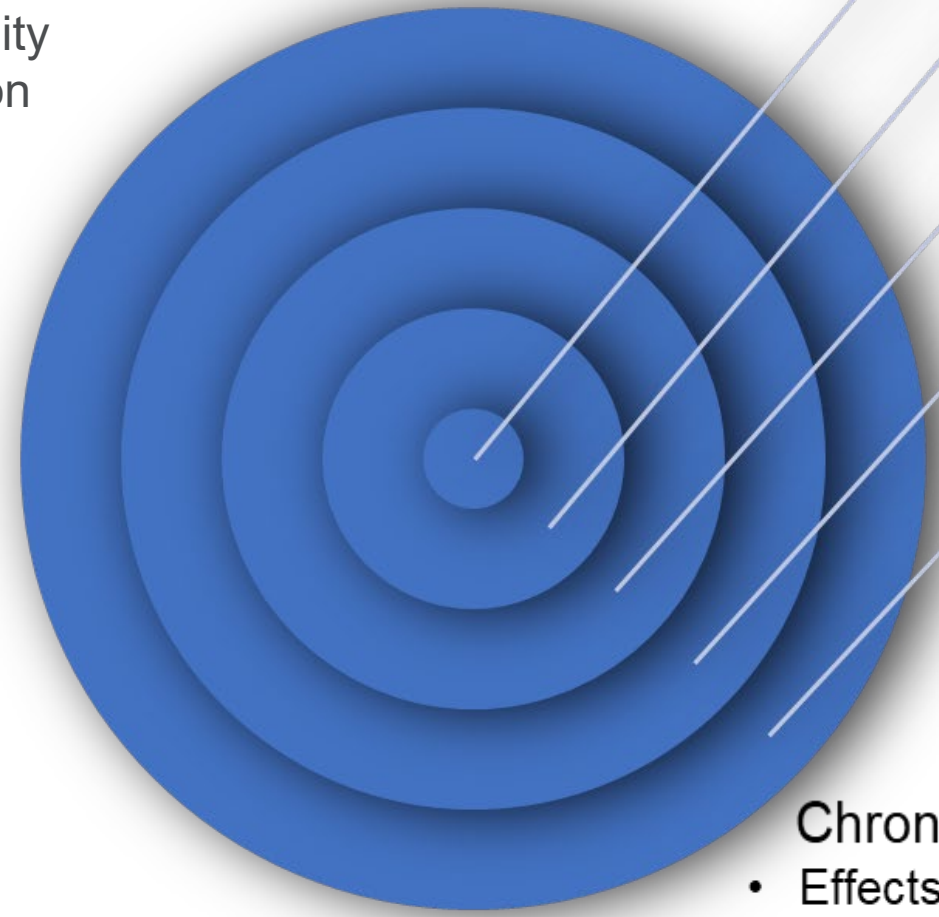
Mesosystem
- Connection of microsystems

Exosystem
- Mass media, school, work, healthcare

Macrosystem
- Societal values, beliefs, traditions

Take 2 Minutes to write down who you are in your... Process-Person-Context-Time

Age and generational influences
Developmental of other Disability
Religion and spiritual orientation
Ethnic and Racial Identity
Socioeconomic status
Sexual Orientation
Indigenous heritage
National origin
Gender



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Exosystem
- Mass media, school, work, healthcare

Macrosystem
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Chronosystem
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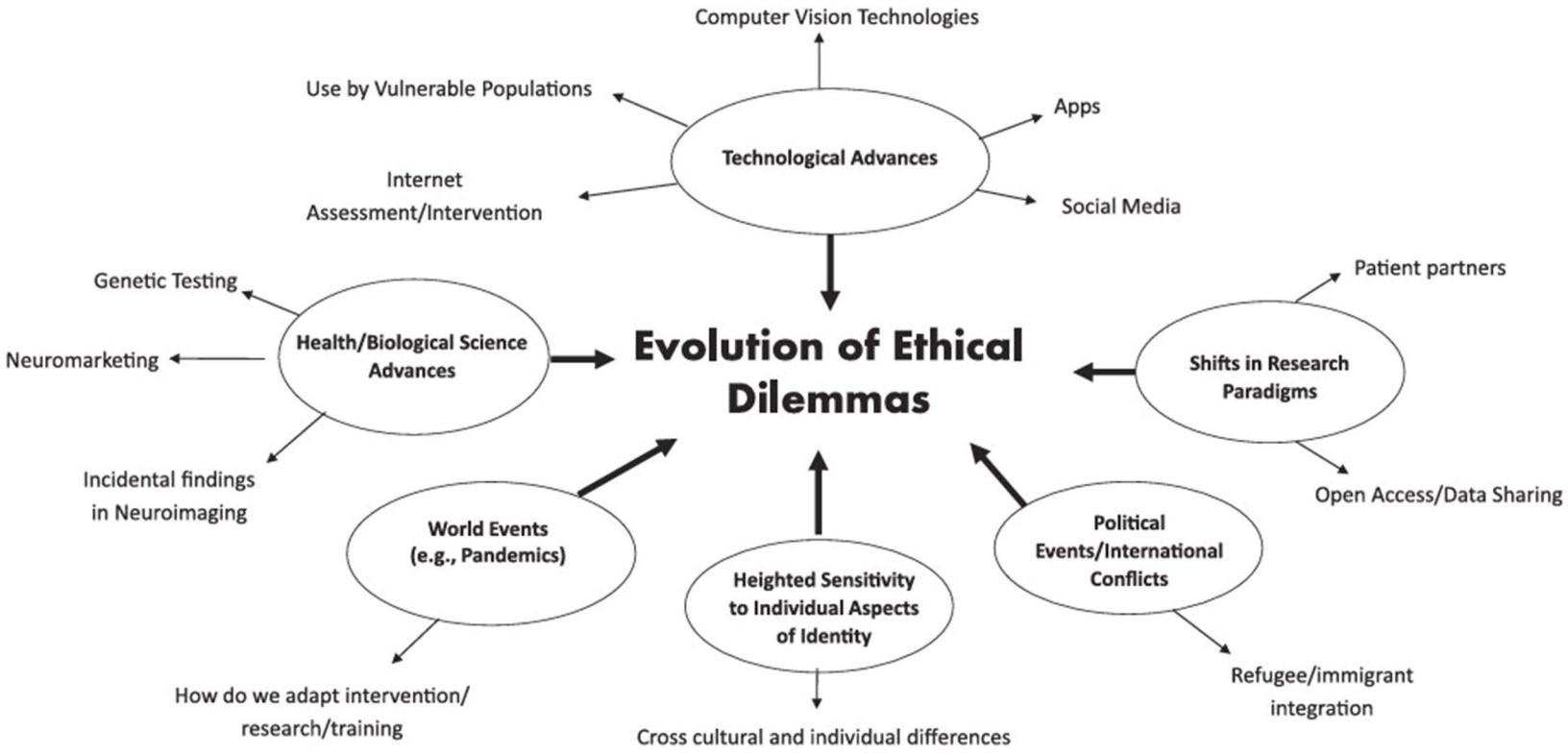
The Evolution of Ethical Dilemmas

Figure 1
Factors That Influence the Evolution of Ethical Dilemmas and Resolutions



HADJISTAVROPOULOS, 2023

Moral Development

Learning how to make ethical decision develops across a lifetime

Kohlberg's Stages of Moral Development

Preconventional Level: *Self Interest and Avoiding Punishment*

1. Obedience and Punishment
2. Self-Interest Orientation

Conventional Level: *Social Norms and Laws*

3. Interpersonal Accord and Conformity
4. Authority and Maintaining Social Order

Postconventional Level: *Universal ethical principles, individual rights, morals transcend social norms.*

5. Social Contract and Individual Rights
6. Universal Ethical Principles

Moral Judgements

Moral Intuitions (System 1)

- Emotional, intuitive, without conscious input
- Rationalization of emotional decisions

System 2 is needed to help us think through our decisions, but easily believes system 1's assumptions

Sentimentalism

- Moral judgements can be based on feelings including disgust

Rationalism

- Moral judgements are the product of careful reasoned judgment, a common misconnection

Values come from our culture

Sacred values/Religious values

Moral socialization: Where we grew up matters

Fairytales vs Middletales

Integration of Psychodynamics and Behavioral Ethics

Fairytales do not properly account for how our identity, social context, biases, heuristics, and moral development influence our ethics, values, and decision making.

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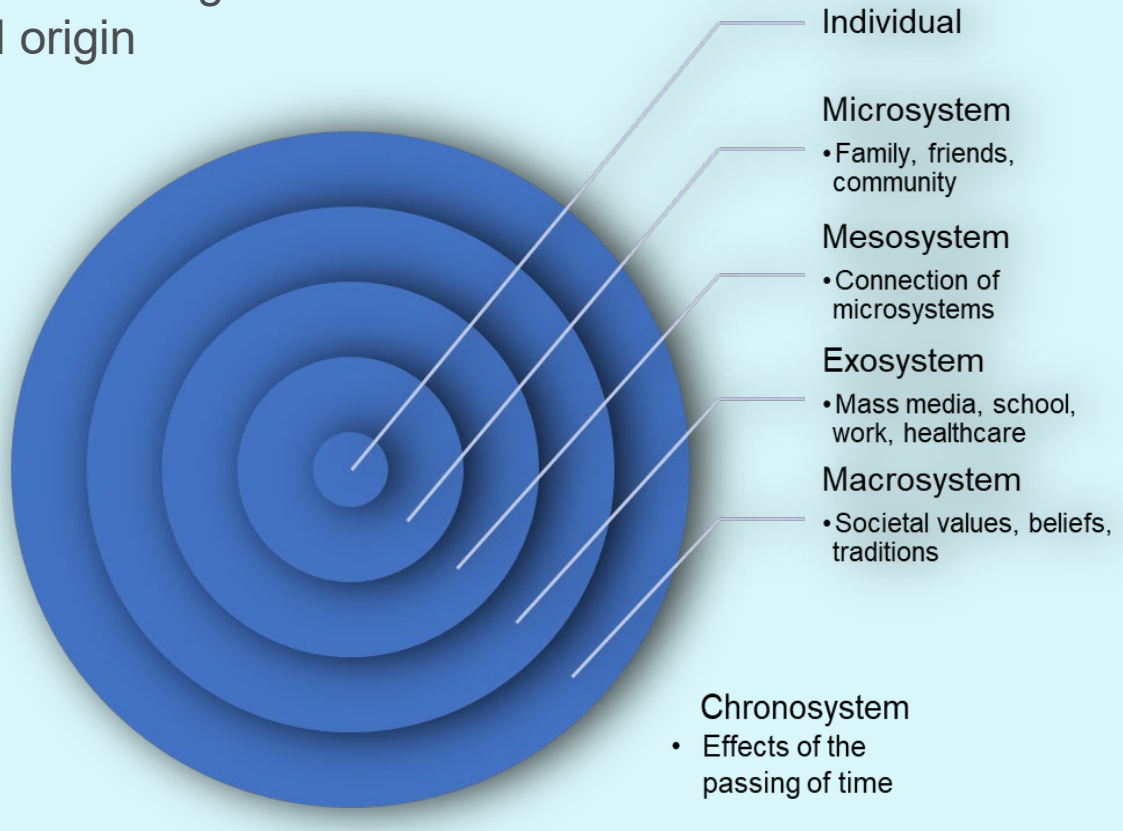
Think of a patient/client you really enjoy working with....

How did they describe and experience their intersecting identities?
Who did they have in their communities?
What resources were available to them?
How did their environment influence their presentation?
How did your intersecting identities respond to theirs?

- Age and generational influences
- Developmental of other Disability
- Religion and spiritual orientation
- Ethnic and Racial Identity
- Socioeconomic status
- Sexual Orientation
- Indigenous heritage
- National origin
- Gender



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Think of a patient/client you do not enjoy working with....

How did they describe and experience their intersecting identities?
Who did they have in their communities?
What resources were available to them?
How did their environment influence their presentation?
How did your intersecting identities respond to theirs?

- Age and generational influences
- Developmental of other Disability
- Religion and spiritual orientation
- Ethnic and Racial Identity
- Socioeconomic status
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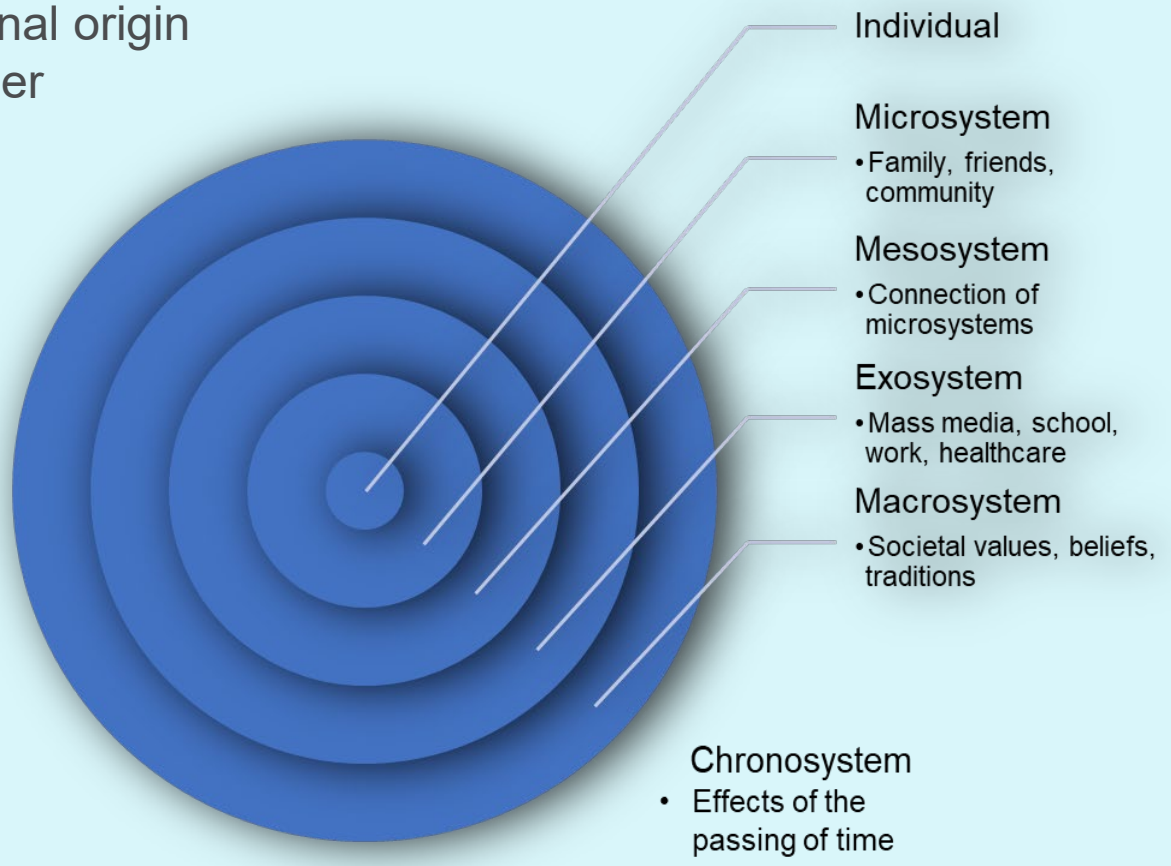

How do your intersecting identities influence how you interact with each of these patients?

Take 5 minutes to make few notes in your training journal

Active Multicultural Diversity

Using the EEDM model promotes the 3Ms:

Movement toward Mutuality:

Participants in the ethical dilemma must be willing to change where possible and appropriate in order to see each other as equal individuals while collaborating to resolve the ethical dilemma.

Mutual empowerment:

Both providers and clients experiencing the feeling of having control and understanding one's own life.

Mutual empathy:

The ability to be impactful and to be impacted in the relationship through seeing and feeling within the experience

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(Roberts, 2021)

Best- Practices for Ethical Consultation

Build a strong working alliance to support navigating ethical dilemmas with colleagues

Draw from own experiences, model nuance/reflection to explore points of conflict/connection

Explore how beliefs impact work & collaborate on ethically-minded approaches

Engage thoughtfully, empathically, sensitively, nondefensively & without accusation

Maintain respect for provider autonomy, disclose areas of discomfort, & discuss difficult issues

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(Ametrano, 2014; Cohen-Filipic, & Flores, 2014)

Beyond Ethical Decision- Making Models

There are approaches that can be used alongside these models to enhance ethical decision further.

What other approaches can you think of?

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(Miller & Springer 2020)

Part III

Behavioral Ethics

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Glance at this photo

Observe your thoughts

What was your immediate reaction to the photo?

Take a moment to write down your reactions in your training journal….

What case conceptualization or interventions came to mind following your noting of your reactions?

Review your writing to see when you transitioned from system1 to system 2

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Thinking in System 1 & System 2

System 1: Do it!
System 2: Maybe we should think about this...
Nahhh...you're probably right....go for it!

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Two characters in the same story

System 1 “operates automatically and quickly, with little or no effort and no sense of voluntary control”

Kahneman (2011). Thinking Fast and Slow. P. 20

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Two characters in the same story

System 2 “allocates attention to the effortful mental activities that demand it, including complex computations”

Kahneman (2011). Thinking Fast and Slow. P. 21

System 1 – Automatic, no effort, no voluntary control

- Detect that one object is more distant than another
- Orient to the source of a sudden sound
- Complete the phrase “bread and…”
- Make a “disgust face” when showed a horrible picture
- Detect hostility in a voice
- Answer 2+2=?
- Read words on large billboards
- Drive a care on an empty road
- Find a strong move in chess (if you are a chess master)
- Understand simple sentences
- Recognize that a “meek and tidy soul with a passion for detail” resembles an occupational stereotype

System 2-
Requires attention and is disrupted when attention is drawn away

- Brace for the starter run in a race
- Focus attention on clowns at a circus
- Focus on the particular voice of a particular person in a crowded and noisy room.
- Look for a woman with white hair
- Search a memory to identify a surprising sound.
- Maintain a faster walking speed than is natural for you
- Monitor appropriateness of your behavior in a social situation
- Tell someone your phone number
- Check the validity of a complex logical argument

Emotions Influence Ethics

Good guilt?

Contempt toward violators of our values

Gratitude can help us act morally

Empathy: Fell with the other person

When we feel disgusted, we assume immorality

Biases

Conformity: Is this what I think? Or what I think the group wants me to think?

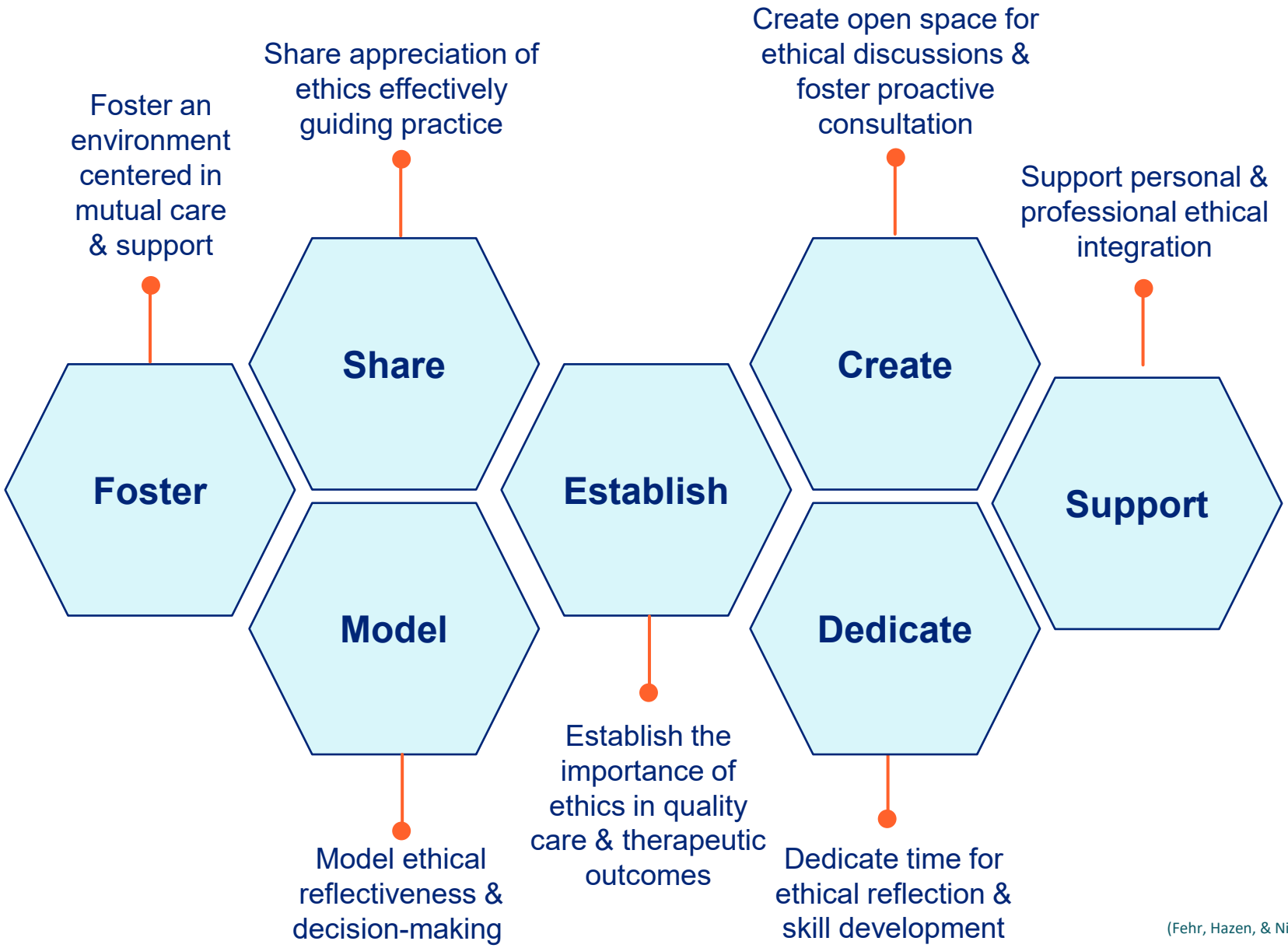
Overconfidence- rules of thumb, shortcuts to thinking

Obedience to Authority

What if we are obedient to corrupt or selfish authority figures?

How do we absolve ourselves from responsibility?

Professional Ethical Acculturation



(Fehr, Hazen, & Nielsen., 2017; Handelsman, Gottlieb, & Knapp, 2005)

Instilling Ethical Responsibility

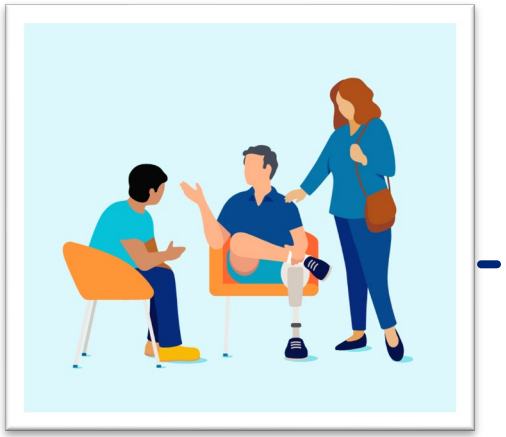
Ensure awareness of potential dilemmas

Ensure ability to identify ethical ways to resolve

Create space to openly explore ethical issues

Be aware of tendency to avoid

Address timely and effectively



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(Fehr, Hazen, & Nielsen, 2017)

Fostering Ethical Decision Making

- Foster supportive collegial relationships for co-workers to bring ethical concerns
- Preemptively review ethical/legal issues that arise in consultation
- Discuss ethical principles, codes, standards regularly
- Provide information on agency-specific policies
- Normalize the occurrence of ethical dilemmas
- Support recognizing subtle & overt ethical dilemmas
- Consider cultural factors related to dilemma

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(Fehr et al., 2017, Roberts, 2021)

Working as a Team to Support Ethical Decision- Making

- Attend regular consultation meetings
- Initiate consultation when necessary
- Building rapport with other providers, multidisciplinary relationships
- Obtain ROI from clients for care coordination
- Honor client's autonomy by sharing benefits/risks of signing ROI and allowing them to make fully informed decision
- Remain open to other providers' practices and ethical obligations
- Use ethical decision-making model when there is a dilemma (ETHICS)
- Use information shared to create plan/goals to benefit client
- Can incorporate other disciplines' perspectives in Ct's treatment plan when appropriate (medication compliance, strategies for remembering to take medication)

Reflections and Questions?

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