Psychology and Ethics: Strengthening Diverse Relationships Across Psychology

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Learning Objectives

To strengthen ethical commitment and the competence required to:

- Provide appropriate assessment and treatment and to conduct research involving children and youth of diverse cultural, sexual, gender and religious identities.
- Apply the APA Ethical Principles and Code of Conduct to specific ethical dilemmas encountered in psychological science and practice across diverse populations.

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Working with Diverse Populations: The Moral Imperative

- "No one should have their future, their health, or their well-being compromised for reasons of class, gender, national origin, physical and psychological abilities, religion, or sexual orientation" (Mays, 2000, p. 236).
- "A monocultural psychology is not simply less accurate or generalizable, but positively distortive and oppressive" (Fowers & Davidov, 2006, p. 581).

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Ethical Commitment and Self-Reflection

A desire to improve the human condition because it is the right thing to do

"Openness to Others" the core virtue for working with diverse populations

- *Flexibility* to respond to rapid cultural diversification and fluid definitions of culture, ethnicity, race, gender, sexual orientation, religion.
- *Self reflection* on one's own social privilege and biases that may impede good science and practice
- *Courage* to recognize and counter the influences of institutionalized oppression in the profession of psychology

(Fowers & Davidov, 2006; Fisher, 2017; Gallardo, Johnson, Parham, & Carter, 2009).

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Standard 2.01b: Competence

- Where scientific or professional knowledge in the discipline of psychology establishes that an

- an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research,

- Psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.

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APA Ethical Principles

Fidelity & Responsibility: Knowledge relevant to the mental health needs of diverse populations is the foundation on which we can fulfill our other ethical responsibilities.

Beneficence & Non-maleficence: To do good and avoid harm requires services fitted to the diverse values and needs of clients and research participants and the commitment to recognize and counter personal and professional bias.

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Case 1: Raphael

Referral

- Raphael Acosta, has been referred to Dr. Jones for therapy. He has gotten into a series of combative arguments with his coach and fights with members of his high school soccer team.

- According to his parents, Raphel has been suspended from the team and the school is threatening possible school suspension if his behavior does not improve.

Client presentation

- Raphael tells Dr. Jones that he has been repeatedly called an illegal immigrant and other denigrating terms for people of Mexican descent during team workouts.

- The coach discriminates against him by constantly benching him. He only becomes argumentative to address the football players' slurs and the coach's unfairness of his assignments

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How can Dr. Jones avoid under- or overestimating cultural factors in the assessment and treatment plan?

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Multicultural Competence: Knowledge of the Discipline

Dr. Jones must be or become familiar with scientific and professional knowledge on:

- How ethnic discrimination in general and for those of Mexican descent is manifested in educational and sports settings.
- How such discrimination impacts behavior and the mental health of ethnic minority adolescents
- Culturally informed behavioral and cognitive factors that distinguish between normative and maladaptive responses to ethnic discrimination
- Which treatments for conduct related disorders have been found to be culturally appropriate for youth of Mexican descent

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Multicultural Relational Competence

- Has Dr. Jones identified Raphael as a "Mexican male" in ways that reflect her own biases and not how Raphael sees himself?
- Has Dr. Jones made efforts to distinguish Raphael's behaviors indicative of pathology from those reflecting a natural response to sports team related discrimination?
- Has Dr. Jones explored whether she and Raphael have different developmentally and culturally derived expectations for the goals of psychotherapy?
- Has she discussed with Raphael the realities of discrimination in school sports and provided him with behavioral tools to address such injustices?

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APA Ethics Code Standard 2.04

- Psychologists' work is based on established scientific and professional knowledge of the discipline.

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Empirically Validated Treatments and Social Justice

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Empirically Validated Treatments (EVT)

- Integration of the best scientific knowledge with clinical expertise in determining the applicability of research findings to individual cases (APA, 2006)

- Cultural adaptation models increase the fit of EVT to the target population by integrating cultural factors into practices while maintaining treatment integrity (Barrera et al, 2012)

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How should investigators conduct EVTs in ways that facilitate clinical decisions regarding the cultural appropriateness of the treatment?

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Evaluating the Cultural Validity of an EVT for Raphael

- Did the sample include a sufficient number of youth of Latinx heritage to separately analyze treatment responses?
- Did the study avoid "ethnic gloss" and report patterns of responses of Latinx youth from different cultural backgrounds, e.g. Mexico, Puerto Rico, Dominican Republic, Colombia?
- Is evidence reported to enable Dr. Jones to conclude that the EVT would be effective or harmful for Mexican male adolescents?
- If not, did the investigators discuss the extent and limits of generalizability for this population?
- Did the theory guiding the EVT locate the origin of and solution to conduct disorder solely within the cognitive and emotional misconceptions of the client -- *Without consideration of the influence of ethnic discrimination on behavior and mental health*
- **Might such a conceptualization be harmful to Raphael if treatment effectiveness is conceptualized as conforming to systems of inequality (Rogers-Sirin, 2017)**

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Timing of EVT Cultural Adaptations

- Is there empirical evidence supporting a modification in technique based on cultural factors?
- Were youth of Latinx descent, and Mexican youth specifically, included in the sample? If not, was sufficient information provided in the published research to help Dr. Jones know how the sample was similar or different to Raphael's cultural identity?
- Did the research test whether cultural adaptations should be made only as additions to core EVT components?
- Did the research assess whether modifications be planned at the beginning of treatment or after the EVT has been tried?
- Did the research report discuss the risks and benefits of modifications or of trial and error adaptations during the treatment process?

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Bernal & Adamas (2017)

Addressing Family Gender and Cultural Values in Clinical Child and Adolescent Psychology

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Case 2: Irina

- Irina, a 13-year-old girl of Persian cultural heritage, was brought to a NYC hospital emergency room following a subway assault. The hospital staff suspected sexual assault, but Irina and her parents refused a rape test.
- During their initial meeting with Dr. Matthews, the parents requested that any possible sexual aspects of the assault should not be discussed with Irina.
- They told Dr. Matthews that if Irina was a victim of sexual violence she would be stigmatized and ineligible to marry men in their closely knit ethnic community.
- When asked in private, Irina also requested that sexual issues not be discussed, but did not give a reason.

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How will Dr. Matthews avoid a treatment decision based on either:

- Moral Absolutism: *Treatment must be solely aligned with universal values of women's rights (Eurocentric, Judeo-Christian) -- the possible sexual assault must be addressed in therapy*
- Moral Relativism: *Treatment must be solely aligned with values on women's rights defined by the client's culture -- the possible sexual assault must not be addressed in therapy*

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Moral Realism

Treatment should be guided by values of

- **Humaneness**: Compassion and consideration of others suffering
- **Humanity**: Recognition of the equal worth and autonomy of all persons
- **Diversity**: How these values are expressed and achieved require understanding of a person's cultural identity and lived experience

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Should Dr. Matthews take on this case?

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APA Ethical Principle

Respect for People's Rights and Dignity:

Psychologists protect the rights of individuals to privacy, confidentiality, and self-determination recognizing individual and group differences in ways that respect the dignity and worth of all people

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APA Ethical Principle

- ***Integrity***. Psychologists establish relationships of trust by communicating honestly and acknowledging and correcting misimpressions that may arise from diversity in lived experience.

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Understanding Values and Expectations

- What cultural values are influencing Irina's and parents' concerns?
- Are these concerns about sexual issues solely based on cultural values?
- Is Irina's reluctance to discuss sexual issues a reflection of her own cultural values, concerns regarding her parents' reactions, or clinical factors associated with trauma?
- Does Dr. Matthews, Irina and her parents have different expectations for treatment goals influenced by cultural conceptions of psychotherapy?
- Can these different expectations be harmonized?

Irina's Treatment Needs

- Can treatment be effective if exploration of possible sexual trauma is ruled out?
- Are there culturally relevant factors indicating Irina might be harmed from treatment exploring aspects of possible sexual trauma?
- Can Dr. Matthews explore the possibility of sexual assault through culturally compassionate, respectful and effective care?
- Can Dr. Matthews obtain the competencies necessary to avoid dismissing Irina's commitment to her cultural values while helping her explore diversity of opinion in her immediate or larger cultural community?
- If sexual assault emerges as an issue in therapy, is Dr. Matthews competent to provide Irina with the skills to navigate the reactions of her family and community?
- What cultural skills are needed to engage Irina and parents in honest discussion of Dr. Matthew's obligation to explore, if clinically relevant, the sexual aspects of the assault?

Ethical Reflection: Helm's 6 Stages of White Racial Identity: Implications for Research

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APA Principle

- ***Justice:*** Psychologists provide fair and appropriate access to research and take precautions to ensure that their potential biases, the boundaries of their competence and the limitations of their expertise do not lead to or condone unjust practices.

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Helm's (1993) Stages of White Racial Identity: Implications for Research & Practice in Psychology

1. **Contact**: A "Color-blind" attitude that selects measures based on the assumption that populations do not differ in personal, social and contextual factors influencing mental health → *results can inadvertently justify and sustain systemic racist practices by ignoring oppressive influences contributing to racial health disparities*

2. **Disintegration**: Beginning of an awareness of white privilege and white institutional power → exclusion of ethnic minorities in research justified by the absence of culturally valid assessment instruments → *such exclusion denies ethnic/racial minorities of data essential for the development of culturally appropriate evidence based treatments*

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Helm's (1993) Stages of White Racial Identity: Implications for Research & Practice in Psychology

3. **Reintegration**: Increasing discomfort in recognizing racism and the privileged status of the white science establishment → studies focus on minority deficits and comparison with a "White" standard of mental health → *by ignoring minority people's strengths and resilience in response to institutionalized racism the research can support negative racial stereotypes*

4. **Pseudo-independence**: To explain racial disparities, measures of acculturation to white "American" values, language and cultural preferences are utilized as indicators of psychological adjustment → *racial health disparities explained as cultural disadvantage rather than systemic inequities or oppression*

Helm's (1993) Stages of White Racial Identity: Implications for Research & Practice in Psychology

5. **Immersion-emersion**: The science establishment acknowledges the influence of white culture and historical and contemporary racism on psychological wellbeing → *studies begin to include measures of discrimination, but do not include assessment of minority perspectives on their own social realities*

6. **Autonomy**: The science establishment accepts that they have professionally benefited from racism and recognize theoretical and methodological racial biases within the field → *they avoid imposing their own cultural assumptions on the selection of measures or coding of qualitative data and incorporate the voices of ethnic minority scholars and communities into research design and interpretation*

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Multicultural Competence and Psychological Assessment

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Case 3: Bakti

- Dr. Stein, a neuropsychologist, received a request to evaluate Bakti, a 10 year old Mandarin speaking boy who had recently immigrated from China, for possible Intellectual and Developmental Disabilities.

- Dr. Stein could not find any neuropsychological measures for IDD that had been translated or validated in Mandarin.

- Dr. Stein did not speak Mandarin. However, there was a registered nurse, Ms. Yang, at the hospital who did speak Mandarin.

Should Dr. Stein Agree to Evaluate Bakti?

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Standard 2.01d: Competence and Underserved Populations

- When psychologists are asked to provide services to individuals whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary
- Those with closely related prior training/ experience may provide such services to ensure such services are not denied
- If they take a reasonable effort to obtain the competence required

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Applying Standard 2.02d

Culturally tailored services are not available to Bakti and Dr. Stein has closely related competencies in neuropsychological evaluation--*but Dr. Stein must take steps to familiarize himself with culturally relevant knowledge that might help inform an evaluation*

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Standard 9.02b: Are Culturally Appropriate Assessment Instruments Available?

- Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested.
- When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.
- Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issue.

Applying Standard 9.02b

- Backti's language competence requires administering the test in Mandarin and Dr. Stein has conducted a search indicating there are no Mandarin translations of relevant tests — *but the validity/reliability limitations of the assessment must be included in Dr. Stein's report*
- In selecting instruments, Dr. Stein should not assume that "culture free tests" are generalizable to children of all cultures
- Deciding whether Bakti should be placed in a bilingual school setting may require some tests administered in English

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2.05 Delegation of Work to Others

Psychologists who use the services of…interpreters

- Avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity
- Authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and
- See that such persons perform these services competently

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Applying Standard 2.05

A translator is essential -- Dr. Stein must ensure that Ms. Yang is:

- Competent in Mandarin and understands psychological concepts critical to adequately translating the tests
- Familiar with HIPPA confidentiality rules
- Does not have any relationships or conflicts of interest with the Mandarin speaking community that would limit her objectivity.

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Guidelines for Psychological Practice and Research with Sexual and Gender Minority (SGM) Youth

Http://www.apa.org/pi/lgbt/resources/guidelines.aspx

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Check Your Knowledge & Biases

- Sexual attraction to same sex persons and gender identity distinct from sex assigned at birth are not indicative of a mental health disorder and can be healthy and self affirming
- Gender dysphoria is a state of distress caused by the difference between one's gender identity and the gender assigned at birth
- Sexual orientation identity can be stable or fluid
- Gender identity is a continuum that can include individuals who identify as gender non-binary

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Understanding Barriers to Treatment and Research Among SGM Youth

- Family, peer, school, and community rejection, stigmatization, discrimination, bullying, and isolation (in rural, religious and other communities) pose mental health risks for SGM persons
- Fear of being outed to parents and fear of practitioner and investigator bias may lead to hesitancy to reveal SGM identity during therapy or to participate in research on SGM mental health
- HIPAA which permits guardian access to a minor's health records and IRBs that require guardian permission for adolescent risk studies are significant barriers to treatment and research
- Practitioners and investigators must obtain knowledge and skills to protect the privacy rights of SGM youth and develop relationships of trust

APA Guidelines for psychological practice with transgender and gender nonconforming people, 2015
APA Practice Guidelines for LGB Clients, 2012
Fisher & Mustanski, 2014; Fisher, Fried, Puri et al, 2018; Fisher, Fried, Desmond et al, 2018; Fisher, Puri et al, 2018

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Ethical Competence for SGM Services

- Be attentive to how sexual orientation and gender identity intersects with other cultural identities of SGM clients
- Be aware of the impact on mental health of discrimination and barriers to health care and the harmful effects of conversion therapies on clients' mental health
- Be aware of bias in personal attitudes and in knowledge of the discipline that may affect the quality of care provided SGM clients.
- Avoid confusing one's own SGM advocacy with clients mental health needs
- Do not assume that disclosure to families or others is optimal for all clients
- Do not under-value spiritual needs of SGM youth who have experienced religious rejection and acquire skills to help them separate spirituality from religion and explore diversity of opinion in their faith community

http://www.apa.org/news/press/releases/2015/10/conversion-therapy.aspx

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Affirming Therapy for Transgender and Gender Non-Binary Children and Adolescents

- Focus on identity development and exploration that allows the child freedom of self-discovery within a context of acceptance and support
- Use treatments to attain the best possible level of psychological functioning rather than any specific gender identity, gender expression or sexual orientation
- Provide children and parents with accurate information on the development of sexual orientation and gender identity and expression
- Understand developmental needs of gender questioning TGNB adolescents including potential stressors associated with onset of puberty
- Be familiar with benefits and risks of gender affirming medical treatments
- Identify and work to ameliorate sources of distress including when appropriate recommending school and community interventions to increase emotional support and reduce possibility of harms

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http://store.samhsa.gov/product/SMA15-4928 http://www.apa.org/about/policy/sexual-orientation.aspx

The Role of Religion in Psychotherapy

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Case 4: Amos

- Amos, an 18 year old Mormon from Salt Lake City has just started college in NYC. He identified Dr. Gail Main as a potential therapist by cross listing psychologists with members of the Mormon Church in NYC.

- In their initial interview he describes his anxiety living in the dorm with openly gay students. He has never known anyone who is gay and because the Church forbids "homosexual acts" he is afraid to go to the men's room or be alone in an elevator with some students because he is afraid they will make sexual advances towards him and try to "turn him gay."

- He tells Dr. Main that he chose her as a therapist, because he knows they attend the same church in Manhattan and as a fellow Mormon she will help him protect himself from "sinning."

Ethical Challenges

- Understanding and responding therapeutically to the role of religion in Amos' presenting problem
- Understanding and responding therapeutically to underlying psychological mechanisms of externalized and internalized heterosexism
- Recognizing and avoiding harmful perceived or actual multiple relationships

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Competence Working with Religious Clients

- Dr. Main should not assume her Mormon affiliation is sufficient competence to understand the clinical implications of Amos' religious/spiritual beliefs
- She needs to be familiar with scientific and professional knowledge of the discipline on the clinical relevance of faith for mental health, psychopathology, and recovery
- She should not confuse Amos' religious values with a clinical diagnosis nor under-value Amos' spiritual needs

3.05 Multiple Relationships

- 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

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Judging the Ethicality of Multiple Roles

- Does Amos' misperceptions of Dr. Mains role functions impair the effectiveness of treatment?
- Are there personal religious biases that may impair Dr. Main's objectivity or therapeutic effectiveness?
- Can Dr. Main avoid promoting her own faith beliefs?
- When appropriate can Dr. Main use spiritual language consistent with Amos' faith beliefs to foster mental health without blending religious and therapeutic roles?
- Is she prepared, with Amos' permission, to collaborate with clergy if it appears as if misconceptions regarding religious teachings may be affecting his mental health

Multiple Relationships in Embedded Communities

Dr. Main and Amos are members of the same Church

- As early as possible Dr. Main should discuss the nature and importance of role boundaries and affirm the professional nature of the relationship
- If there will be regular outside contact (e.g. such as attendance at Church services) work together to plan how to handle such encounters in a manner that empowers Amos and reduces the possibility of confusion and hurt feelings
- Such discussions should include how to address potential questions from other church members and a plan for "check-ins" during sessions
- When an encounter occurs, revisit with Amos the previous discussion about the therapeutic importance of boundaries and process any discomfort or concerns
- Dr. Main should monitor her own ability to maintain objectivity and the effectiveness of these strategies on Amos' continued treatment progress

(Fried 2015)

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Doing Good Well

- The influence on mental health of culture, sexual orientation and gender identity is dynamic and impacted by an ever-changing sociopolitical landscape.

- Ethical commitment requires engaging in research and professional action that provides diverse populations with the tools for self-determination and equal access to the contributions of our discipline.

- Doing good well requires an openness to others, self-reflection and lifelong learning that enables psychologists to make ethical decisions that respect the values and merit the trust of those with whom we work.

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Questions/further discussion

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