

# The Ethical Practice of Psychotherapy: Clearly Within Our Reach

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This introductory article to the special section on ethics in psychotherapy highlights the challenges and ethical dilemmas psychotherapists regularly face throughout their careers, and the limits of the American Psychological Association Ethics Code in offering clear guidance for how specifically to respond to each of these situations. Reasons for the Ethics Code's naturally occurring limitations are shared. The role of ethical decision-making, the use of multiple sources of guidance, and the role of consultation with colleagues to augment and support the psychotherapist's professional judgment are illustrated. Representative ethics challenges in a range of areas of practice are described, with particular attention given to tele-mental health and social media, interprofessional practice and collaboration with medical professionals, and self-care and the promotion of wellness. Key recommendations are shared to promote ethical conduct and to resolve commonly occurring ethical dilemmas in each of these areas of psychotherapy practice. Each of the six articles that follow in this special section on ethics in psychotherapy are introduced, and their main points are summarized.

### *Clinical Impact Statement*

**Question:** How can psychotherapists practice ethically when ethics codes are only of limited utility in providing guidance for the myriad ethical dilemmas and challenging situations psychotherapists regularly face? **Findings:** Recommendations for ethical practice in three emerging aspects of psychotherapy practice (tele-psychology, interprofessional practice, and self-care) are provided and six articles that address additional aspects of psychotherapy practice are introduced. **Meaning:** By applying ethical decision-making models and by being informed about evolving practice standards in new areas of practice, psychotherapists may practice ethically to serve their clients' best interests. **Next Steps:** Psychotherapists should continually educate themselves about new areas of practice and evolving practice standards to prepare themselves to practice ethically as the practice of psychotherapy continues to change.

*Keywords:* ethics, dilemmas, decision-making, psychotherapy, practice

Thoughts about the topic of ethics in psychotherapy can stimulate a wide range of reactions. For some psychotherapists, these reactions may include feelings of anxiety or fear associated with images of ethics complaints, licensing board hearings, or malpractice lawsuits. Other psychotherapists may not even give this topic passing thought, perhaps not viewing it of any direct relevance to them, possibly due to perceiving themselves as good or moral individuals who therefore of course are ethical. Others may have the overly simplistic perspective of "just follow the ethics code."


Yet, the ethical practice of psychotherapy is complex and multifaceted. This is true as well for psychotherapy research, the supervision of psychotherapy by trainees, and all other professional roles in which psychotherapists may serve. Psychotherapists engage in complex and challenging work in a wide range of practice settings, with a diverse range of clients/patients with highly individualized treatment needs, histories, and circum-

stances, using a plethora of possible treatment techniques and strategies. Each possible combination of these factors can yield a range of complexities, often presenting psychotherapists with challenges and situations that may not have been anticipated and that tax the psychotherapist's ability to choose the correct or most appropriate course of action. In such circumstances, ethical dilemmas (situations in which no right or correct course of action is readily apparent and where multiple factors may influence or impact one's decision on how to proceed) are common. Knowing how to respond to these challenges and dilemmas is of paramount importance for psychotherapists so that we may fulfill our overarching obligations to our clients and all others we serve in our professional roles.

### Foundational Aspects of Ethics

These obligations are seeing in the underlying values, or virtues, on which all codes of ethics are based. As articulated by [Beauchamp and Childress \(2012\)](#), these values include the following:

- **Beneficence:** the obligation to provide benefit to those we interact with in our professional roles.

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- Nonmaleficence: the obligation to prevent or avoid exploitation of and harm to those we serve.
- Fidelity: the need to fulfill each of our professional obligations in our professional roles (often articulated in the informed consent agreement).
- Autonomy: the obligation to work to promote our clients' independent functioning of us over the course of treatment and to not engage in behaviors that will promote their dependence on us.
- Justice: the need to promote fair and equal access to our professional services, ensuring that the professional services we provide are consistent with prevailing professional practice standards, and not singling out any particular individuals for better or worse care than in general is provided to others.

To this list, [Barnett \(2008\)](#) has added self-care as an essential obligation, for without appropriately attending to our own functioning and wellness, over time our ability to effectively implement the other five values of our profession may be jeopardized.

Each of these underlying values is clearly reflected in the General Principles of the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* ([American Psychological Association \[APA\], 2017](#)) as well as in the ethics codes of each of the mental health professions. Yet, the Ethics Code makes clear that these guiding General Principles are "aspirational in nature" (p. 3) in contrast to the enforceable Ethical Standards that follow. How one applies the General Principles may vary, and each psychotherapist has discretion in this regard. It is therefore likely and reasonable to assume that one should seek more specific guidance from the enforceable Ethical Standards in the Ethics Code.

### Limitations of Ethics Codes

It may be tempting to assume that familiarity with the profession's code of ethics is sufficient for ensuring ethical practice. There are multiple difficulties with this assumption:

- 1) No ethics code can provide sufficient information to address every possible ethical dilemma and challenge one may face over the course of their career. The APA Ethics Code ([APA, 2017](#)) makes clear in its Introduction and Applicability section that "The Ethics Code is intended to provide guidance . . ." and that "In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code. . . ." (pp. 2–3) along with other available sources of guidance and information. Further, the use of the words *reasonably*, *appropriate*, and *potentially* are included throughout the Ethics Code to allow psychologists to consider and utilize their own professional judgment when considering how to apply the ethics code, to enable the Ethics Code to be applied broadly to a wide range of circumstances and situations, "and to guard against a rigid set of rules that might be quickly outdated" (p. 2).
- 2) Ethics codes are revised and updated periodically, acknowledging their possible obsolescence over time and the need to continually refine and update them to ensure their ongoing relevance. Changes in the nature and practice of psychotherapy to include new roles, practice settings, and professional services being offered; changes in our knowledge and understanding based on newly available research findings; and changes in societal standards and expectations each may necessitate the need for an updating of the profession's ethics code periodically over time.
- 3) Although some of the standards in the Ethics Code do provide clear and specific behavioral guidance, many of the standards may be seen as overly broad and difficult to apply to the often complex and diverse sets of decisions psychotherapists are required to make. For example, it may prove difficult to find clear guidance on just what actions to take or avoid taking to Avoid Harm (Standard 3.04), to Maintain Competence (Standard 2.03), or when and how to engage in Multiple Relationships (Standard 3.05) with clients and others. Although psychotherapists should engage in ongoing efforts to avoid harm to clients and all others with whom they work, to maintain the competence needed to provide effective treatment, and to only engage in appropriate and nonexploitative multiple relationships, how to make these specific decisions may prove challenging because the Ethics Code provides no formula for making these decisions.
- 4) Psychotherapists may experience conflicts in our obligations and between competing ethical principles or between multiple individuals. The Ethics Code provides no guidance on how to determine which principle takes priority over another when a conflict between the goals of multiple principles is evident or whose needs are paramount when providing professional services to multiple individuals. Yet, as [Fisher \(2009\)](#) made clear, psychotherapists often must weigh different and competing obligations to multiple individuals (or individuals and agencies or organizations), asking "To whom do I owe which obligations?" and then determining the most appropriate course of action.

Thus, although familiarity with the Ethics Code is of great importance for promoting the ethical practice of psychotherapy, this clearly is not sufficient. In addition, the Ethics Code sets minimal standards that one must not fall below, what [Knapp, VandeCreek, and Fingerhut \(2017\)](#) term the *ethical floor*. A more appropriate approach to follow, termed *positive or aspirational ethics*, focuses us on doing the best we can at all times for our clients and all others to whom we have professional obligations ([Handelsman, Knapp, & Gottlieb, 2009](#)). Beyond the Ethics Code there are numerous other sources of information and guidance that must also be considered in our efforts to achieve these aspirational goals. These include relevant laws, regulations, institutional policies, practice guidelines, and professional literature. Taken together, the Ethics Code and these other sources of guidance can be most instructive when facing clear cut situations (the dos and do nots of professional practice). But, when faced with ethical complexities and challenging dilemmas (ethical gray areas), psychotherapists

need additional guidance and support. As Knapp, VandeCreek, and Fingerhut report, “ethical dilemmas can be stressful for psychologists who sincerely want to do the right thing but can find no clear-cut answer in the APA Ethics Code” (p. 14). These authors recommend the use of an ethical decision-making model “when the ethical obligations of psychologists are unclear or when overarching ethical principles appear to conflict” (p. 15).

### Ethical Decision-Making

Assistance in fulfilling our ethical obligations when faced with dilemmas and complex situations is available from a range of ethical decision-making models that are readily available. Some are more broad and general (Cottone & Tarvydas, 2007; Knapp et al., 2017), whereas others have been designed to assist psychotherapists to address the ethical dilemmas associated with specific situations and circumstances to include when addressing spirituality and religion in psychotherapy (Barnett & Johnson, 2011) and when making decisions about boundaries and multiple relationships (Younggren & Gottlieb, 2004).

In their review of available ethical decision-making models, Anderson and Handelsman (2010) found the following nearly universal basic components to these models:

- Identify the problem;
- develop and analyze alternatives using relevant codes, guidelines, laws, regulations, and policies;
- consult with other professionals;
- choose, implement, and evaluate the decision (p. 90).

When faced with ethical dilemmas, psychotherapists will be well-served if they select and utilize an ethical decision-making model (see Cottone & Claus, 2000 for a review of these models and additional resources in Table 1) to assist in the process of thoughtfully thinking through these challenging situations and determining the most appropriate way to apply one’s professional judgment. The step of consulting with experienced and expert colleagues is of particular importance, not just for assistance in working through an ethical dilemma but even to help determine if an ethical dilemma is present. For example, one may be unsure if a dilemma is present when it is actually a legal requirement, or a psychotherapist may think that a certain course of action is appropriate when consideration of overlooked issues may result in discovering a more appropriate course of action.

Expert colleagues can provide important and needed information in these situations. In addition, even when a dilemma is evident, colleagues can assist the psychotherapist to think through the nuances of the situation more fully, and colleagues will hopefully provide the psychotherapist with a new or different perspective on the matter. Colleagues can provide alternative ways of viewing a situation and broaden one’s thinking on it. Although a

colleague’s input cannot supersede the Ethics Code, laws, regulations, and the like, it hopefully can assist psychotherapists to apply these sources of guidance, along with one’s own values, beliefs, and judgment, in a manner that is most consistent with an aspirational approach to our ethical obligations to our clients.

### The Changing Face of Psychotherapy

As has been mentioned earlier, changes in the practice of psychotherapy, in our knowledge base, and in societal standards and expectations, each require an updating of the profession’s ethics code. They also necessitate that psychotherapists update their knowledge and skills on an ongoing basis to ensure continued professional competence. Further, as the nature of psychotherapy practice continues to evolve, psychotherapists are presented with a never-ending series of new challenges and dilemmas. Even with very positive areas of growth and change in our profession that hold great potential to benefit psychotherapy clients, each change can bring with it new ethics challenges and dilemmas that we will need to work to understand and to address in the most appropriate manner possible. The authors of the articles in the special section on ethics in psychotherapy that follows provide important guidance on such areas of practice for psychotherapists. Three additional examples of recent and ongoing changes to psychotherapy that impact psychotherapists and clients alike are now briefly addressed in this introductory article. These are tele-mental health and social media, interprofessional practice and collaboration with medical professionals, and self-care and the promotion of wellness by psychotherapists.

### Tele-Mental Health and Social Media

The integration of the use of various technologies into clinical practice can be of great value for many prospective psychotherapy clients. Tele-mental health utilizing video conferencing software can enable individuals to receive much needed treatment that they might not otherwise be able to access. Examples include those who live in remote areas, those in areas where specialized treatment services are not available, and those who are homebound whether it be due to physical limitations, mental health issues such as agoraphobia, or lack of access to transportation.

Tele-mental health may be used as the sole means of interacting with clients, or it may be utilized to augment in-person treatment when clients are unable to attend in-person psychotherapy sessions for a range of reasons. These may include times of inclement weather as well as clients’ business travel, vacations, or lack of transportation. In addition, a range of technologies may be used for communicating with clients for both administrative and clinical purposes. In addition to video conferencing, psychotherapists may

Table 1

#### *Ethical Decision-Making Resources*

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Markkula Center for Applied Ethics at Santa Clara University. Available at <https://www.scu.edu/ethics/ethics-resources/>  
<https://kspope.com/ethics/index.php>  
<https://societyforpsychotherapy.org/competence-ethical-practice-and-going-it-alone/>  
<https://societyforpsychotherapy.org/being-ethical-psychotherapist-5-steps/>  
<https://societyforpsychotherapy.org/one-dozen-important-actions-to-take-now-to-practice-ethically-and-competently/>  
<https://societyforpsychotherapy.org/slowing-it-down/>

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communicate with clients by telephone, through text messaging, by e-mail, and even via a variety of social media platforms and apps.

A range of ethics challenges and dilemmas may arise when interacting with clients through tele-mental health or via social media. Although a significant and growing body of research findings demonstrate the overall efficacy of tele-mental health for the treatment of a range of presenting problems with a variety of individuals (Backhaus et al., 2012), how does a psychotherapist determine when it is or is not appropriate? Are there clients for whom tele-mental health would be inappropriate or insufficient in meeting these clients' clinical needs, does the particular technology being considered (e.g., telephone, e-mail, text messaging, or video conferencing) make a difference, and does it make a difference if the use of the technology being considered is the sole means of contact with the client/patient or if it is being used to fill in between in-person sessions? How do psychotherapists make such decisions? For example, should a prospective client in a remote, rural area who experiences depression and suicidal ideation be treated via video conferencing by a psychotherapist who is hundreds if not thousands of miles away? Would the lack of specialized treatment resources in the prospective client's local area impact this decision? Would the extent of suicidal ideation impact the decision? What are other factors to consider?

Psychotherapists may also experience dilemmas concerning their competence to practice tele-mental health. This can include both their clinical competence and technological competence. How much competence is enough to utilize various technologies, and would this vary depending on individual clients' situations and clinical needs? How much training is needed in the various technologies being used, and how much knowledge about and expertise with computer security does the psychotherapist need to possess? Guidance on how to make these and related decisions is sorely needed.

One very positive aspect of tele-mental health is its global reach and the ability to provide needed psychotherapy to individuals who might not otherwise be able to access it. But, this far reach of the Internet means that psychotherapists may contact or be contacted by prospective clients in any part of the world. This can raise a wide range of diversity issues to include language barriers, significant cultural differences, and others. When do these differences make it inappropriate for a particular psychotherapist to provide psychotherapy to a prospective client? Should the prospective client's ability to access psychotherapy in their local area be considered in making this decision? Should stigma and taboos relevant to mental health issues and treatment be considered? How much cultural competence is enough to provide treatment to an individual of a diverse background?

Many individuals around the world participate in various social media platforms in their daily lives (Baier, 2019). These may be effective ways to share about their lives, keep in touch with family and friends, and maintain social relationships across distances. This certainly may occur in many psychotherapists' personal lives. But, is it advisable or appropriate to participate in social media with one's clients? Does it matter who initiates this, the client or the psychotherapist? Should the nature of the client's presenting problems or the dynamics of the treatment relationship impact this decision? What are the possible implications of accepting (or of rejecting) a clients' "friend request"? How might confidentiality

concerns, boundary and multiple relationship issues to include self-disclosure, and client expectations each impact one's decision?

At present, the APA Ethics Code (APA, 2017) provides only minimal guidance on ethics issues relevant to the practice of tele-mental health. It does make clear that the Ethics Code applies to all professional services, roles, and functions of psychologists and that "This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions" (p. 2). Thus, beyond making clear that the Ethics Code applies to the provision of psychotherapy services via tele-mental health, it actually provides no specific guidance. This is most unfortunate, in that the practice of tele-mental health is rapidly growing, and psychotherapists are in need of clear guidance on how to most appropriately conduct themselves in this new and continually evolving practice domain.

The APA is presently engaged in a major revision of its Ethics Code. This is a timely opportunity for the Ethics Code Revision Task Force to ensure that the Ethics Code catches up with the current practice of psychotherapy. Interestingly, the American Counseling Association updated its code of ethics in 2014 and added a comprehensive new section, Standard H: Distance Counseling, Technology, and Social Media (American Counseling Association, 2014). This standard provides clear expectations and guidance on issues such as knowledge and legal considerations, informed consent and security, the distance counseling relationship, and records and web maintenance. It is hoped that the Ethics Code Revision Task Force will consider this standard and utilize it as a place to start in its deliberations, perhaps even adding to it to address dilemmas and challenges that now arise in response to changes in the nature and practice of tele-mental health since the American Counseling Association updated its ethics code.

Other sources of potential guidance are also available to assist psychotherapists to provide tele-mental health services ethically. The APA has developed telepsychology practice guidelines (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013). Although these are not enforceable like ethics code standards, guidelines are expert consensus statements on best practices. They can be a very useful source of guidance in one's decision-making. Other professional associations have promulgated tele-mental health guidelines as well (Table 2), and each may be a potential source of guidance in this area of practice as are the resources included in Table 2 as well.

Key recommendations are as follows:

- At a minimum, psychotherapists should apply all relevant ethics code standards, being cognizant of relevant laws (to include the Health Insurance Portability and Accountability Act), regulations, and guidelines.
- Remain current on the available research literature on the effectiveness of each form of tele-mental health for the treatment of various mental health concerns.
- Become technologically competent in the use of each relevant technology and the safeguards necessary to protect each client's confidentiality, to include the use of encryption, Health Insurance Portability and Accountability Act-compliant software, and up-to-date virus, malware, and firewall protections.
- Keep each prospective client's best interests in mind when deciding if tele-mental health is the most appropriate



Table 2  
*Tele-Mental Health and Social Media Resources*

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American Psychological Association. (2012). *Guidelines for the practice of telepsychology*. Retrieved from [http://apacustomout.apa.org/commentcentral/commentcentralPDF/Site26\\_Telepsychology%20Guidelines%20Draft\\_July2012\\_posted.pdf](http://apacustomout.apa.org/commentcentral/commentcentralPDF/Site26_Telepsychology%20Guidelines%20Draft_July2012_posted.pdf)

American Telemedicine Association. (2013). *Practice guidelines for video-based online mental health services*. Retrieved from [https://www.americantelemed.org/resource\\_categories/practice-guidelines/](https://www.americantelemed.org/resource_categories/practice-guidelines/)

Australian Psychological Society. (2011). *Guidelines for providing psychological services and products using the internet and telecommunication technologies*. Retrieved from <http://aaswsocialmedia.wikispaces.com/file/view/EG-Internet.pdf>

Department of Defense. (2015). *Military one source social media guide. Military Community and Family Policy, Office of Military Community Outreach*. Retrieved from <http://militaryonesource.mil>

Ohio Psychological Association. (2010). *Telepsychology guidelines*. Retrieved from <http://www.ohpsych.org/psychologists/files/2011/06/OPATelepsychologyGuidelines41710.pdf>

Kolmes, K. (2010). *Social media policy*. Accessed from <http://drkkolmes.com/for-clinicians/social-media-policy/>

Sample Forms and Contracts. The Trust. Informed consent for telepsychology; Electronic communication policy. Available at <https://parma.trustinsurance.com/Resource-Center/Document-Library>

Recent articles and resources available at <https://kspope.com/telepsychology.php>

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means for meeting their treatment needs, taking a realistic approach to this by considering the options and alternatives that are reasonably available and considering the potential risks and benefits of each.

- Assess each prospective client's/patient's treatment needs fully, to include the potential role of various diversity factors to include culture and language, among others.
- Treat all online relationships with clients, to include accepting friend requests and other social media interactions, as similar to in-person multiple relationships with clients. Consider how a secondary online relationship with a client/patient might impact or alter the treatment relationship.
- Address your use of technologies in the informed consent process, and review your social media policy (see Table 2 for a sample social media policy) with clients at the outset of treatment.
- Become knowledgeable of relevant resources in each client's local community, to be accessed if the client experiences an emergency or crisis during the course of online treatment.
- When considering integrating the use of apps into clients'/patients' treatment, first educate yourself about the empirical support for the app, download it and try it out yourself, and be sure its use is appropriate for your client/patient.

### Interprofessional Practice and Collaboration With Medical Professionals

Many psychotherapists now participate on multidisciplinary treatment teams, acknowledging the need to collaborate with other health professionals to provide optimal treatment to clients/patients. Multidisciplinary treatment, also known as interprofessional practice, acknowledges the need for, and benefits of, the coordinated contributions of health professionals from a range of disciplines. Psychotherapists may be members of treatment teams in hospitals, medical centers, or other multidisciplinary treatment facilities where an integrated care model exists. Alternatively, psychotherapists in independent practice and in other practice settings will collaborate with treating professionals from other professions in their efforts to ensure that clients/patients receive the best treatment possible (Campo, Bridge, & Fontanella, 2015).

Interprofessional care is utilized with increasing frequency to provide optimal care to clients/patients. A variety of integrated care models have been developed to address a wide range of treatment needs in clinical practice (Shahidullah, Carlson, Haggerty, & Lancaster, 2018). Although some guidance for its practice is found in the World Health Organization's guidelines on integrated collaborative health care (World Health Organization, 2010), discussion of and guidance on the ethical issues and challenges that may arise in interprofessional care settings are quite limited. Unfortunately, the APA (2017) Ethics Code is virtually silent on this issue, merely stating in Ethics Standard 3.09, Cooperation With Other Professionals, that "When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately" (p. 6).

Manspeaker, Donoso Brown, Wallace, DiBartola, and Morgan (2017) addressed some of the challenges inherent in interprofessional practice. These include professionals coming from different professional cultures, communication challenges, hierarchical issues and power dynamics, understanding and valuing each profession's unique potential contributions to client/patient care, having similar or overlapping roles and responsibilities, knowing the limits of one's role, and being able to resolve ethics conflicts and disagreements. Shahidullah, Hostutler, and Forman (2019) also addressed some of the areas of practice in which ethical dilemmas may arise that are associated with collaborative treatment between professionals from different disciplines. These include differing ethics codes and standards and differing expectations on ethics issues such as informed consent, confidentiality, boundaries and multiple relationships, and agreement on professional roles and responsibilities. Members of different professions may have divergent views on each of these issues, at times creating dilemmas for psychotherapists who want to be good team players on the interdisciplinary treatment team, yet who also want to practice ethically and to provide the best treatment possible to their clients/patients. Power dynamics between various professions and different expectations regarding each professional's role can make this especially challenging.

Clearly, this is an area of practice where just following the Ethics Code will not be sufficient for knowing how to prevent and address ethical dilemmas that are likely to arise in these practice

settings. Participation in interprofessional education will help prepare trainees for effective interprofessional practice and may help members of different professions to better understand the values, roles, and responsibilities of each profession, but this may not have been available to many of today's practicing psychotherapists. Knowledge of the professional literature on the topic (McDaniel et al., 2014), consultation with experienced colleagues, and use of a decision-making model will all be helpful, but many psychotherapists may be ill-prepared for some of the dilemmas that await them in interprofessional practice settings.

Key recommendations are as follows:

- When possible, seek out and participate in interprofessional education activities, encouraging colleagues to do so as well. See Table 3 for resources on interprofessional education and practice.
- Learn about the potential roles, likely competencies, and potential contributions of members of other health professions with whom you are likely to interact. Work to share information about your competencies, expertise, and potential contributions to the work of the treatment team.
- From the outset, promote open discussions of the roles of each team member, to include responsibilities regarding client/patient care.
- Discuss the decision-making process anticipated and what your and the rest of the team's roles will be in this.
- Seek an understanding of expectations for how team members will communicate with each other, to include timeliness expectations and format.
- Clarify responsibilities for carrying out the informed consent process, documentation and record keeping, billing and financial arrangements, authority for ordering tests and seeking consultation, and other aspects of the treatment process.
- Even if encouraged or pressured to do so by other members of the treatment team or health professionals with whom you collaborate, never go beyond your scope of practice as described in your licensing law and accompanying regulations. Know when and how to set limits with other professionals in keeping with your ethical obligations.

### Self-Care and the Promotion of Wellness

As has been mentioned, self-care and the promotion of the psychotherapist's effective functioning is addressed in the underlying values of the mental health professions. Their central role in our effective functioning and in meeting our professional obligations to our clients/patients is reflected in General Principle A: Beneficence and Nonmaleficence (APA, 2017), which states, "Psychologists strive to be aware of the possible effect of their

own physical and mental health on their ability to help those with whom they work" (p. 3). More specific guidance is found in Ethical Standard 2.06, Personal Problems and Conflicts, which requires that psychologists monitor their functioning and when problems exist to "take appropriate measures" (p. 5) to ensure that clients'/patients' best interests are served.

An extensive literature on the importance of the ongoing practice of self-care to prevent burnout and to promote optimal professional functioning is readily available, and the ongoing practice of self-care is accepted as an essential competency for effective professional practice (Hatcher et al., 2013). Although there may be wide agreement on the importance of self-care to ensure ongoing professional competence, how to apply this concept is less clear. The Ethics Code has a significant emphasis on self-monitoring and taking corrective action when needed. Unfortunately, like all other individuals, psychotherapists are deeply flawed in our ability to accurately self-assess our competence, wellness, and effective functioning (Dunning, Heath, & Suls, 2004). And, the greater the decrease in our functioning, the greater our difficulty in accurately self-assessing (Kruger & Dunning, 1999).

The Ethics Code takes a very individualized approach to self-care, focusing on the need to self-monitor and self-assess. Each psychologist is responsible for their own competence. We each are allowed to exercise our professional judgment in deciding which professional services to provide, how to provide them, and if we possess the necessary competence to do so effectively. Yet, our flawed self-assessment abilities appears to highlight a flaw in the Ethics Code's standards. As Johnson, Barnett, Elman, Forrest, and Kaslow (2013) articulated, there is a need for a communitarian approach to the pursuit of ethical practice. Psychotherapists need each other to practice ethically. The question is not if self-care is important, but rather how can one effectively know when their professional competence and functioning are at risk or degraded and how should one best address this?

Johnson and colleagues (2013) recommended that each psychotherapist participate in competence constellations: groups of colleagues who support and look out for each other. These authors recommend an approach of mutual support that reduces professional isolation, that increases self-awareness, and that does not rely solely on flawed self-monitoring. In fact, these authors recommend a significant revision of Ethical Standard 2.03, Maintaining Competence, and Ethical Standard 2.06, Personal Problems and Conflicts. They recommend wording changes to mandate a peer-oriented approach to ethics such that psychologists would be required to maintain active engagement with colleagues, to seek ongoing feedback from colleagues about our functioning, and to participate reciprocally in these relationships also providing feedback and support to our colleagues.

Table 3

#### *Interprofessional Practice and Collaboration With Medical Professionals Resources*

National Center for Interprofessional Practice and Education. Available at: <https://nexusipe.org/informing/about-ipe>

Interprofessional Education Collaborative. Available at <https://www.ipecollaborative.org/>

*Journal of Interprofessional Education and Practice*. Available at: <https://www.journals.elsevier.com/journal-of-interprofessional-education-and-practice>

*Journal of Research in Interprofessional Practice and Education*. Available at: <https://www.jripe.org/index.php/journal>

*Journal of Interprofessional Care*. Available at: <https://www.tandfonline.com/toc/ijic20/current>

Although following Johnson et al.'s (2013) guidance should be helpful to all psychotherapists, there still remain many ethical dilemmas and challenges associated with self-care that each of us will need to navigate. For example, how much self-care is sufficient and which self-care activities should a psychotherapist choose? Even for those psychotherapists who engage in a comprehensive ongoing program of self-care, this may still prove insufficient when significant difficulties arise. All psychotherapists experience stress in their lives that results in feelings of distress. Challenges and demands in our professional and personal lives can each impact our effective functioning. But, how much distress is too much? When should a psychotherapist seek professional assistance, reduce their client load, or take a break from practice? How are these decisions made? Clearly, there is a difference between having one bad night's sleep due to having financial stressors on one's mind and being deeply depressed and not eating or sleeping well for weeks on end. But, where does one draw the line and need to seek consultation from colleagues, alter one's work schedule, schedule additional breaks, add more leisure time activities, enter psychotherapy, take a leave of absence, withdraw from practice, or take other actions in response to one's problems with professional competence? Although revisions to the APA Ethics Code will hopefully provide more clear guidance on these issues and obligations, as has been articulated, it will never provide all the answers needed. Thus, Johnson et al.'s recommendations should be given serious consideration. Additional self-care resources for psychotherapists are included in Table 4.

Key recommendations are as follows:

- See the ongoing practice of self-care as an essential activity for all psychotherapists and as an ethical obligation. Do not see it as superfluous, selfish, or irrelevant to you.
- Always see yourself as vulnerable to the deleterious effects of life's stressors and in need of taking seriously their potential impact on your competence and clinical effectiveness.
- Take a preventative approach to self-care, the promotion of wellness, and the prevention of burnout that you engage in consistently over time. Do not wait for symptoms to develop and build to signal a need for corrective action.
- Avoid professional isolation. Seek out and participate in a peer support/consultation group and actively pursue the development and active use of your competence constellation. Openly share about your work, life, challenges, and stressors, and actively engage in reciprocally caring and supportive relationships with these colleagues.
- Be realistic about your goals, work load, financial expectations, and personal needs (e.g., sleep, relationships, and leisure time activities). Strive for balance in your professional work and between your professional and personal

lives. Learn to set limits and say "no" when necessary to promote your effective professional functioning.

- Remain cognizant of how stressors and demands from your professional and personal lives interact with and impact each other.
- Be careful about maladaptive coping strategies such as self-medication with various substances and working harder and harder to get through stressful or challenging times.
- Do not rely on your own self-assessments and judgment to make important decisions about when intervention is needed and what type may be needed in response to difficulties you are experiencing. Share openly and honestly with your competence constellation; trust and rely on their appraisal of your needs and how best to address them.

It is hoped that readers of this brief article are finding themselves energized by the information and viewpoints shared and will feel more hopeful and better prepared to address the ethical dilemmas and challenges that will arise in their professional work. This article serves as an introduction to the special section on ethics in psychotherapy that follows. These articles were submitted to this journal in response to a call for articles that address ethics in psychotherapy, broadly defined, "to expand our thinking on ethics and ethical practice in a thought-provoking manner" and to "provide the latest thinking and research on ethics, ethical decision-making, and ethical practice" . . . "to guide" psychotherapy professionals "in their varied professional roles." It is hoped that the six articles that follow will be seen as achieving these goals. Each article provides insightful and thoughtful guidance to psychotherapists in areas of professional practice that have not previously received sufficient attention and that present psychotherapists with a range of valuable insights, guidance, and information. This is especially important as the issues addressed in these articles are not adequately addressed in the APA Ethics Code (APA, 2017), and thus, the guidance provided by these authors is most welcome. The articles that follow will illustrate how commonly occurring ethical dilemmas and challenges require a very thoughtful approach to addressing them and that just following the ethics code or simply being a good person will leave the psychotherapist ill-prepared for responding to them in a manner consistent with the ethics ideals of our profession. Although these articles are not intended to be prescriptive or dogmatic, they address these complex circumstances in a manner that does "expand our thinking on ethics and ethical practice in a thought-provoking manner" and that assists each of us to better and more confidently respond to and address the dilemmas they so thoughtfully discuss.

In the first article, *Psychotherapists in Danger: The Ethics of Responding to Client Threats, Stalking, and Harassment*, the au-

Table 4  
*Self-Care, Burnout Prevention, and the Promotion of Wellness Resources*

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*Self-care resources for clinicians.* Available at: <https://kspope.com/ethics/self-care.php>  
*Fallacies and pitfalls in psychology.* Available at: <https://kspope.com/fallacies/index.php>  
*Distress, therapist burnout, self-care, and the promotion of wellness for psychotherapists and trainees: Issues, implications, and recommendations.* Available at: <https://societyforpsychotherapy.org/distress-therapist-burnout-self-care-promotion-wellness-psychotherapists-trainees-issues-implications-recommendations/>  
*Creative counselor self-care.* Available at: [https://www.counseling.org/docs/default-source/vistas/creative-counselor-self-care.pdf?sfvrsn=ccc24a2c\\_4](https://www.counseling.org/docs/default-source/vistas/creative-counselor-self-care.pdf?sfvrsn=ccc24a2c_4)

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thors Jennifer Erickson Cornish, Randy Smith, John Holmberg, Thomas Dunn, and Linda Siderius address the ethics issues and challenged relevant to this all-too-common occurrence for which most psychotherapists are not adequately prepared (Erickson Cornish, Smith, Holmberg, Dunn, & Siderius, 2019). As these authors illustrate, when psychotherapists are subjected to threats, stalking, and harassment by clients or former clients, the need to protect oneself while not violating confidentiality obligations to the client creates a significant ethical dilemma. The authors review the relevant literature and share vignettes that illustrate key issues with which psychotherapists must grapple. This includes challenges that occur both in-person and in the increasingly relevant online environment. Each vignette is considered from ethical, clinical, and legal perspectives with attention given to the relevant principles and standards of the APA Ethics Code. Importantly, these authors emphasize the great importance of ongoing self-care for psychotherapists who find themselves in these situations and how this is essential for enabling psychotherapists to be able to respond ethically to these very challenging and emotionally demanding situations. In addition to providing detailed recommendations and guidance for individual psychotherapists, these authors offer recommendations for the profession to include changes to the APA Ethics Code that might be considered in the ongoing revision of the Ethics Code to ensure that the Ethics Code provides more clear and helpful guidance for psychotherapists who may experience the ethical dilemmas associated with these very challenging situations.

The next article, *Ethical Considerations for Addressing Distorted Beliefs in Psychotherapy* by William Conlin and Cassandra Boness, addresses a widely occurring challenge in the psychotherapy process that has thus far received very limited attention in the literature (Conlin & Boness, 2019). As these authors point out, clients may often express distorted beliefs that are inconsistent with established scientific findings. Although these may occur with great regularity, especially with clients having exposure to so many opinions and sources of information online, when these distorted beliefs threaten the client's treatment or even their or others' safety, ethical dilemmas arise. Utilizing a vignette to illustrate points being made and addressing the relevant section of the APA Ethics Code, these authors illustrate the challenges and dilemmas that may arise in these situations. They offer clear guidance on how to address these dilemmas with clients, providing a very helpful decision-making model based on 13 important questions that psychotherapists should ask themselves and consider. Of particular importance is the attention given to the role the psychotherapist's own beliefs and reactions to the client may play. Although many clients may express a range of distorted beliefs, not all of them will be addressed in the same manner. Conlin and Boness provide a useful model to assist psychotherapists in deciding if they should directly address these beliefs with clients, and if so, just how this should best be done so that the client's clinical needs are optimally addressed while respecting the client and upholding relevant ethics principles and standards.

The third article in this special section on ethics in psychotherapy, *Ethical Implications of Routine Outcomes Monitoring for Patients, Psychotherapists, and Mental Health Care Systems*, by Heather Muir, Alice Coyne, Nicholas Morrison, James Boswell, and Michael Constantino, addresses routine outcomes monitoring (ROM) from both clinical and ethics perspectives (Muir, Coyne, Morrison, Boswell, & Constantino, 2019). These authors make a

convincing argument for the need to conduct ROM of psychotherapy clients' responses to treatment in order to fulfill our ethical obligations to our clients. As has been discussed, psychotherapists utilize their clinical judgment when making important decisions regarding their interactions with clients. Yet, as these authors illustrate, infusing decision-making with ROM-informed analytics significantly improves decision-making and enables psychotherapists to utilize these results to make timely adjustments to the treatment they are providing. This process enables psychotherapists to better serve their clients and to increase the chances of achieving improved treatment outcomes. These authors provide data from their review of the relevant literature to make the case that all psychotherapists should be utilizing ROM with their clients in order to fulfill their ethical obligations to them. In their thoughtful discussion of these data, these authors present a rationale for a new standard for psychotherapy practice that all psychotherapists should aspire to achieve. Further, recommendations are provided for individual psychotherapists, those who educate and train psychotherapists, and mental health systems in the hope that the adoption of the authors' recommendations by each of these will further advance our profession and the quality and effectiveness of all psychotherapy services.

In the fourth article, *Burnout as an Ethical Issue in Psychotherapy*, the authors Gabrielle Katia Simionato, Susan Simpson, and Corinne Reid describe the risks for the development of burnout, factors that contribute to it, and its common effects on psychotherapists (Simionato, Simpson, & Reid, 2019). They clearly articulate the consequences of clinician burnout for psychotherapists and their clients alike. This is addressed as an ethics issue, with particular attention focused on how burnout can adversely impact the clinician's clinical competence. The authors propose a multifaceted strengths-based model for the prevention of burnout that should be utilized on both the individual and systemic levels. They also provide key recommendations for further research on this important issue and highlight the importance of innovative workplace design and ongoing policy development to further reduce the risk of the development of burnout.

The fifth article, *Psychotherapy in the #MeToo Era: Ethical Issues*, by Randy Smith, John Holmberg, and Jennifer Erickson Cornish, provides a very timely examination of ethics issues, challenges, dilemmas, and obligations for psychotherapists (Smith, Holmberg, & Erickson Cornish, 2019). Three vignettes are provided that help illustrate these issues and challenges to include therapeutic apologies and reconciliations, psychotherapist values and advocacy, and men and #MeToo. Ethical, legal, and clinical issues are thoughtfully addressed, and recommendations are provided for addressing these very timely and often challenging issues and concerns. This article certainly accomplishes the goal of expanding thinking on ethics and ethical practice in a thought-provoking manner. Because psychotherapists increasingly find ourselves addressing sexual assault and harassment issues with our clients, the guidance provided in this article will be of great relevance and value.

The sixth and final article in this special section on ethics in psychotherapy, *A Social Justice Framework for Ethical Psychotherapy Research*, by Jill Paquin, Karen Tao, and Stephanie Budge, makes a significant contribution to the nascent literature on social justice perspectives applied to conducting psychotherapy research (Paquin, Tao, & Budge, 2019). As these authors illustrate,



adherence to ethics code standards, laws, and regulations does not necessarily guarantee acting a socially or politically just manner. These authors add to community, feminist, positive, and multicultural psychology perspectives to propose a social justice framework for conceptualizing, planning, and conducting psychotherapy research. Challenges associated with pursuing such an approach are explained, and recommendations are provided for addressing them in a thoughtful and proactive manner.

Taken together, these six articles provide readers with a wide range of guidance on how to more effectively meet our ethical obligations to our clients and all those whom we serve in our professional roles. They very clearly illustrate why inattention to ethics issues and attempts to “just follow the Ethics Code” are not sufficient. Each article provides valuable insights, a thoughtful discussion of ethics issues, challenges, and dilemmas; they provide useful and practical recommendations that any psychotherapist can integrate into their day-to-day practice. Although these articles cannot hope to address every possible ethics issue and dilemma that may arise over the course of one’s career, they do provide valuable information, insights, and recommendations that may be applied to a wide range of situations. It is hoped that by applying the guidance offered in these articles, readers will feel better prepared for the ethics challenges and dilemmas that will confront them and will be able to more confidently take the steps necessary to provide the highest possible quality of psychotherapy services possible. By doing so, the future of ethics in psychotherapy is indeed bright.

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### **Call for Manuscripts: Economic Insecurity and Deep Poverty** A Special Issue of *Journal of Psychotherapy Integration*

Submission Deadline: February 1, 2020

In recognition of APA's 2019 [Deep Poverty Initiative](https://www.apa.org/about/governance/president/deep-poverty-initiative) (<https://www.apa.org/about/governance/president/deep-poverty-initiative>) the *Journal of Psychotherapy Integration* seeks manuscripts that elucidate new or emerging evidence-based approaches to empowering people in deep poverty. Indicators of behavioral, mental, and physical health have long demonstrated significant associations with poverty. Deep poverty, specifically, refers to those subsiding on an annual household income that falls below 50% of the poverty line. Economic insecurity characterizes those at risk of sudden economic loss that propels them into poverty. Deep poverty and economic insecurity are international issues, including in traditional first world countries. As such, manuscripts from around the globe are strongly encouraged. International collaborations by authors from different countries may offer unique insights and are also encouraged.

We are particularly interested in papers that infuse psychological science into integrative psychotherapy approaches in addressing issues of:

- Stigma;
- Access to care;
- Attrition from services;
- Or health/mental health disparities known to be associated with deep poverty.

Papers that examine effects of workforce diversity on psychotherapy outcomes are also encouraged.

Manuscripts should be prepared consistent with appropriate ethical guidelines. Please read the [Instructions for Authors](https://www.apa.org/pubs/journals/int/?tab=4) (<https://www.apa.org/pubs/journals/int/?tab=4>) for more information on manuscript preparation requirements for this journal. Please note in your cover letter that you are submitting for consideration of publication in the special issue on Economic Insecurity and Deep Poverty.

All manuscripts should be submitted electronically by **February 1, 2020** through the [Manuscript Submission Portal](https://www.editorialmanager.com/pti/default.aspx) (<https://www.editorialmanager.com/pti/default.aspx>). For questions and consultations, please contact the Editor at: [Jennifer.Callahan@unt.edu](mailto:Jennifer.Callahan@unt.edu)