Ethical Considerations for Working with Military Members and Veterans

Center for Deployment Psychology
Uniformed Services University of the Health Sciences

Objectives

- Define ethics
- Discuss the decision making process
- Describe some common ethical challenges facing those working with the military and veterans
- Examine ways the APA Ethics Code may conflict with law and/or policy.
- Practice discussion of decision-making process for civilians working with service members and veterans

Disclaimer

The views expressed are those of the presenters and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.
**Why Ethics?**

We do not act rightly because we have virtue or excellence, but we rather have those because we have acted rightly.

- Aristotle, 384-322 B.C., Greek philosopher and scientist, student to Plato

*Even the most rational approach to ethics is defenseless if there isn’t the will to do what is right.*

- Alexander Solzhenitsyn, Author, winner of the 1970 Nobel Prize for Literature

You WILL be exposed to ethical dilemmas

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**Questions about Ethics**

Values are like fingerprints. Nobody’s are the same, but you leave ’em all over everything you do. — Elvis Presley

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**What are Ethics?**

Merriam Webster’s Dictionary offers the following definitions

Ethics:
1. A treatise on morals. 2. The science of moral duty; broadly, the science of ideal human character. 3. Moral principles, quality, or practice.

Ethical:
1. Of or relating to moral action, motive, or character; also, treating of morals, or ethics. 2. **Conforming to professional standards of conduct.**

But as an action...

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Therapists must integrate their personal ethical and value traditions with psychology’s

Two major variables:
1) maintenance refers to the degree that we retain the ethical and value traditions of our culture of origin
2) contact and participation refers to the degree to which new psychologists adopt the traditions, norms, values of their new professional culture

Principle ethics = obligations to consider when deciding “what to do.”

Virtue ethics = ideals to consider when deciding “who shall I be?”

Principle A: “Psychologists strive to benefit those they serve and take care to avoid harm”

Ethics Standards Are Not Enough

A Psychologist with Virtues and Principles is one who is:
• Motivated to do good
• Possesses vision and discernment
• Emotionally intelligent
• Good self-awareness
• Appreciates and respects community mores in decision-making.

You can easily judge the character of a man by how he treats those who can do nothing for him.
— James D. Miles

Ethics Continued: Profession Specific

• General Principles: are considered aspirational in nature and are intended to be considered when confronting ethical dilemma’s
• Ethical Standards: are purposely written broadly to apply to psychologists in varied roles and the particular application of a standard can vary depending on the context
• Ethics must be practical: “every clinician is unique – every client is unique” “ethics that are out of touch with the practicalities of clinical work... are useless”

Never let your sense of morals prevent you from doing what’s right.
— Isaac Asimov
**Dilemma vs. Conflict**

**What is it?**

- **Ethical Dilemma**
  An ethical dilemma is a situation in which conforming to professional standards of conduct creates a need to make a choice between equally unsatisfactory alternatives. This often results from a discrepancy between professional ethics and law or institutional policy.

- **Ethical Conflict**
  For an ethical–legal discrepancy to become a conflict, the provider’s obligations under the law and the provider’s obligations under his or her professional code of ethics must be mutually exclusive.

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**Conflict: DoD Policy and APA Ethics Code**

Psychologists in a military setting face challenges with informed consent:

- Military mission
- Who is the client?
- The impact on the SM’s career

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**Forensic Psychology Ethical Decision Making Model**

1. Identify the problem
2. Consider the significance of the context and setting
3. Identify and utilize ethical and legal resources
4. Consider personal beliefs and values
5. Develop possible solutions to the problem
6. Consider the potential consequences of various solutions
7. Choose and implement a course of action
8. Assess the outcome and implement changes as needed
Gottlieb’s 5 Step Model for Avoiding Dual Relationships

**Step 1.** Assess the current relationship according to three dimensions:

a) Power of provider in the relationship
b) Duration of the existing relationship
c) Termination is clearly defined and definitive

High provider power, long term relationship, and no specified termination is a high risk for harm in a dual relationship.

Gottlieb (1993)

**Step 2.** Look at the contemplated (dual) relationship from the 3 dimensions.

If the 3 dimensions are all high the relationship should be avoided:

- high therapist power;
- long term relationship;
- no clear termination

Gottlieb (1993)

**Step 3.** When the 3 dimensions fall in the mid-range, examine both relationships for incompatible roles.

**Step 4.** Obtain consultation from a colleague.

**Step 5.** Discuss the decision with the consumer/patient.

Dual relationships may be even more complicated for military providers working in the MTF.

Gottlieb (1993)

Considerations for Discussion

I. Boundaries of Competence
II. Informed Consent
III. Disposition Driven Diagnosis
IV. Multiple Relationships
V. Professional’s Own Fitness

American Psychological Association (2010)
I. Boundaries of Competence

• This is a unique population with its own cultural identity – is the therapist aware of this culture?
• Is the therapist trained to treat problems and disorders common to military members and veterans?
• Standard 2.01 (Boundaries of Comp.)
• Standard 2.02 (Emergencies)

American Psychological Association (2010)

Boundaries of Competence

• Military Culture
  – Language
  – Demographics
  – Rank and organizational structure
  – Manners and normative behaviors
  – Beliefs, mission, and values


Increase Military Cultural Competency

I. Make a Self Inventory
II. Adapt Care to Military Culture
III. Attend Military Activities
IV. Increase Off-Post Social Support


Boundaries of Competence: The Marine Case #1

I. Exposure to Military Culture
II. Training on Military Regulations
III. Training Through Observation
II. Informed Consent

Informed Consent: The National Guard Student Case #2

III. Disposition Drives Diagnosis

The National Guard Student Questions for Discussion

- Who are the interested parties in this case? (School? Client? National Guard unit?)
- You are a Social Worker working under state mental health law, but you are aware that the military has different level of expectations and rules of confidentiality regarding the treatment for alcohol use, and you are aware of the military’s need for service members to be “fit for duty.” Does this impact how you think about your work?
Problems with Administratively Driven Diagnoses

Psychologists base the opinions contained in their recommendations, reports, and diagnostic evaluative statements on information and techniques sufficient to substantiate their findings.

APA (2010)

Problems with Administratively Driven Diagnoses

- The “Psychologist as administrative broker” role can have unintended consequences for service members.
- Can perpetuate view of psychologists and mental health diagnosis as imprecise and psychiatric disorders as meaningless or silly.
- It can also can lead to increased stigma for seeking treatment and devaluing of psychological services if Behavioral Health providers are seen as biased brokers of administrative consequences.

Problems with Administratively Driven Diagnoses

We are ethically obligated to provide correct diagnosis no matter how the chips fall...

- Ex: “My wife says she will leave me/I will lose my job if I have to deploy again”.
- “I have to go home right now to save my marriage”.
- “Is it really MDD?”

Hot-Button Diagnoses

- Issues that can create lots of tension between the patient and the military with conflicting goals for each side
- Popular diagnoses that get lots of attention in the media and may be misunderstood or stereotyped in popular culture
Hot-Button Diagnoses

- Substance Abuse
- PTSD
- Suicidal Behavior
- Who is the client
- Implications of diagnoses
- How do you balance the following:
  - Potential secondary gain
  - Extending stigma for others
  - Barriers to care
  - Confidentiality

Disposition Drives Diagnosis: “Off the Record”
Case #3

IV. Multiple Relationships

- Military members can often present opportunities to create dual relationship.
- You must approach them carefully and thoughtfully.

Multiple Relationships

(APA 2002) Multiple Relationships occur when a psychologist:

- Has more than one role with a client
- Has a relationship with a person closely associated with the client
- Is likely to enter into another relationship with the client in the future

American Psychological Association (2010)
Multiple Relationships: Petty Officer 3rd Class Case #4

Questions for Discussion

- What multiple relationships does this provider face?
- What options might you consider
- How would you respond?

V. Professional’s Own Fitness

Personal Problems & Conflicts

APA (2002): Standard 2.06

- Psychologists refrain from (clinical work) when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.
- When impaired, take appropriate measures to obtain professional help, limit or suspend practice.
Professional’s Own Fitness
Personal Problems & Conflicts

• Human professionals in a harsh environment
• Accountable to engage in self-assessment
• Accountable to seek assistance
• Accountable to scrutinize the fitness of colleagues
• Any difficulties here?

Professional’s Own Fitness: Skipping Lunch and Scrambling Case #5

Professional’s Own Fitness Questions for Discussion

• What are variables in the case that may create a dilemma for the provider?
• What are ways to prevent compassion fatigue and secondary trauma stress?
• How do you know when you are impaired or should refrain from practice?
• What can you do when you identify a decline in your functioning?

A Reminder

• Standard 1.02: Conflicts between Ethics and Law, Regulations, or other Governing Authority.

If psychologist’s ethical responsibilities conflict with law, regulations, etc., psychologists make known their commitment to the Ethics Code...If the conflict is irresolvable, psychologists may adhere to the requirements of the law...

Remember to be vigilant of self and other providers to ensure ethical and safe practice.

American Psychological Association (2010)
Summary

- Personal/professional ethics
- Ethical dilemmas encountered by clinicians working with military members and veterans
- How the APA Ethics Code may conflict with DoD regs, law and/or policy
- The decision making process
- Strategies for anticipating and responding to ethical dilemmas

CDP Website: Deploymentpsych.org

Features include:
- Descriptions and schedules of upcoming training events
- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP’s Facebook page and Twitter feed

Online Learning

The following online courses are located on the CDP website at: http://www.deploymentpsych.org/content/online-courses

NOTE: All of these courses can be take for free or for CE Credits for a fee

- Cognitive Processing Therapy (CPT) for PTSD in Veterans and Military Personnel (1.25 CE Credits)
- Prolonged Exposure Therapy for PTSD in Veterans and Military Personnel (1.25 CE Credits)
- Epidemiology of PTSD in Veterans: Working with Service Members and Veterans with PTSD (1.5 CE Credits)
- Provider Resiliency and Self-Care: An Ethical Issue (1 CE Credit)
- Military Cultural Competence (1.25 CE Credits)
- The Impact of Deployment and Combat Stress on Families and Children, Part 1 (2.25 CE Credits)
- The Impact of Deployment and Combat Stress on Families and Children, Part 2 (1.75 CE Credits)
- The Fundamentals of Traumatic Brain Injury (TBI) (1.5 CE Credits)
- Identification, Prevention, & Treatment of Suicidal Behavior in Service Members & Veterans (2.25 CE Credits)
- Depression in Service Members and Veterans (1.25 CE Credits)

All of these courses and several others are contained in the Serving Our Veterans Behavioral Health Certificate program, which also includes 20+ hours of Continuing Education Credits for $350.

Provider Support

CDP’s “Provider Portal” is exclusively for individuals trained by the CDP in evidence-based psychotherapies (e.g., CPT, PE, and CBT-I)

Features include:
- Consultation message boards
- Hosted consultation calls
- Printable fact sheets, manuals, handouts, and other materials
- FAQs and one-on-one interaction with answers from SMEs
- Videos, webinars, and other multimedia training aids

Participants in CDP’s evidence-based training will automatically receive an email instructing them how to activate their user name and access the “Provider Portal” section at Deploymentpsych.org.
How to Contact Us

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