

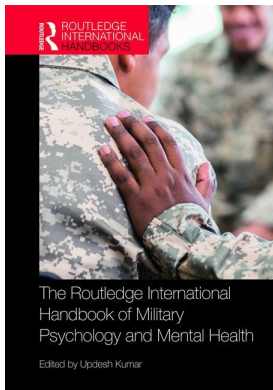
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Updesh Kumar

### **Ethical issues in military psychology**

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## 8

# ETHICAL ISSUES IN MILITARY PSYCHOLOGY

## Promoting international ethical readiness

*Thomas E. Myers and Shane S. Bush*

The field of psychology has a long relationship with the military, and the military was critical in the development of applied/clinical psychology. Psychologists have played key roles during times of war. They developed tests to select recruits and identify their duties, and the work of psychologists in the military ultimately resulted in psychologists becoming involved in the treatment of mental health problems in military personnel (Seligman & Fowler, 2011). Military psychology has been defined as the subdiscipline within psychology that is concerned with the conduct of research and application of psychological principles within a military environment. The roles of a psychologist within the military vary, but Page (1996) stated that the military psychologists' overall function is "to promote the fighting power and combat readiness of individual personnel and the military collective" (p. 383). In the United States, military psychologists, broadly defined, may be (a) military personnel on active duty or in the reserves, (b) contracted civilians who work with the military, (c) civilians who work with veterans, or (d) civilians who work within the Department of Defense. Specific services provided by psychologists within the military may include providing direct clinical care in the form of assessment and treatment, advising military commands, consulting, teaching/training (e.g., psychology interns and residents), and conducting research, among others.

Military psychologists may also have officer responsibilities of a more general nature, such as performing administrative duties for the unit. Given the diversity of roles and activities that psychologists may engage in, there are a wide range of ethical issues that may arise while performing the various activities and in different roles. The goals of the present chapter are to describe the relevant ethical considerations in military psychology and provide clinicians with a structured approach to ethical decision-making. Because the manner in which mental health professionals practice with military personnel differs both within and among countries, an attempt is made to cover issues that are relevant broadly, with the expectation that practitioners will be able to apply general principles to their specific contexts.

## Ethical considerations in military psychology

Psychologists benefit the military and its service members in many ways, ranging from identification of service members who are at risk for, or are experiencing, psychological problems, to enhancing the resilience, strength, and performance of military service members. Psychological and neuropsychological evaluation and treatment of military personnel promote the well-being of service members and enhance military readiness. To do so most effectively, a variety of ethical issues must be considered, and ethical practice must begin with an awareness of the relevant issues.

To understand the specific ethical challenges experienced by military psychologists, it is helpful to understand the broader ethical issues experienced by psychologists more generally. A random sample of members of the American Psychological Association surveyed by Pope and Vetter (1992) revealed the most common ethical dilemmas faced by psychologists within the United States included confidentiality (reported by 18%); blurred, dual, or conflictual relationships (reported by 17%); and payment sources, plans, settings, and methods (reported by 14%). Assessment and competence were reported by 4% and 3% of respondents, respectively.

Regarding the practice of military psychology, Johnson and Landsinger (2017) identified the following ethical issues (not in order of importance) as occurring most frequently or resulting in the most acute ethical conflicts: (a) boundaries of competence, (b) confidentiality, (c) sudden role shifts, (d) multiple relationships, (e) presenting accurate research findings and clinical diagnoses, (f) consultation to detainees or intelligence-gathering operations, and (g) the psychologist's own psychological fitness. Within the subdiscipline of military neuropsychology, Bush and Cuesta (2010) identified the following ethical concerns as common: (a) professional competence, (b) third-party request for services/informed consent, (c) privacy and confidentiality, (d) roles/relationships (dual/multiple), (e) avoiding harm, (f) assessment, (g) conflicts between civilian and military ethical and legal requirements, (h) record keeping, (i) test security/release of raw test data, (j) objectivity, (k) third-party observer requests for services, and (l) psychological services delivered to or through organizations. Bush, Russo, and Cuesta (2012) further identified ethical issues of particular relevance to neuropsychologists working in VA settings, which overlap substantially with the issues previously listed.

### Professional competence

Professional competence serves as the foundation of the general bioethical principles of beneficence and nonmaleficence. Psychologists cannot “do good” (beneficence) or “avoid doing harm” (nonmaleficence) if they are not practicing competently. Practicing competently requires certain knowledge, skills, and experiences (professional and supervised) based on education and training that permit psychologists to practice in a manner consistent with standards of practice. Without possessing adequate competence, it is likely that psychologists' activities will result in harm to others due to inappropriate behaviors, judgments, or recommendations.

In addition to professional competence to perform clinical activities, it is critical that military psychologists possess cultural competence of the context in which services are provided. Military personnel share a system of beliefs and values, as well as experiences, unique language, dress, manners, and behavioral norms (Bush & Cuesta, 2010). It is important for psychologists, particularly civilians working with military personnel, to become familiar with those factors that may affect professional activities in working with the military. Familiarity with the military language, including acronyms, rank, and behavioral norms, is an ethical responsibility, as it is required for the competent provision of psychological services (Bush & Cuesta, 2010).

Further complicating the ethical issue of competence, psychologists often function as the only mental health professional and may be asked to provide services outside their area of competence (Johnson, 2016). The Ethics Code of the American Psychological Association (APA, 2017) recognizes that psychologists may be in the best position (i.e., when no one else could provide needed services) to provide services even when they may lack the proper training and experience in order to ensure that such services not be denied (Ethical Standard 2.02; Providing Services in Emergencies). Such services should be discontinued when the emergency ends or the appropriate services or clinicians become available. While it is not possible for a psychologist to be knowledgeable about every clinical service or condition, it is important for psychologists to recognize those conditions that are known to occur more frequently among military populations (Orme, 2012).

### **Roles, relationships, and obligations**

The specific roles that psychologists are asked to perform in the military vary, and sudden role shifts may occur (Johnson & Landsinger, 2017). As a result, psychologists may be asked to perform duties (e.g., treating clinician and fitness for duty examiner) that may result in the psychologist taking on multiple roles, relationships, and obligations simultaneously. The APA Ethics Code advises against entering into multiple relationships when such relationships could be expected to cause impairment or harm to an individual. The Ethics Code (3.04 Multiple Relationships) specifically states, “A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.” In the case of taking on the role of both treating clinician and objective examiner for the same service member, it is very likely that a psychologist’s objectivity would be impaired.

Perhaps the greatest opportunity for ethical challenges to arise stems from the simultaneous roles held by psychologists in the military (i.e., clinician and commissioned military officer), which results in a unique potential for ethical conflicts. Specifically, military officers have a responsibility to “promote the combat readiness and fighting power of the military and to support the immediate military mission” (Johnson & Landsinger, 2017, p. 105), which may result in conflicts between the interests of the patient (e.g., their personal well-being) and the interests of the referral source (e.g., the military mission). This has been referred to as dual or mixed agency (Carr, 2005; Howe, 2003), whereby conflicts can arise between obligations to different parties. Mixed agency can create problems identifying the client, balancing the interests of relevant parties, and avoiding harm resulting from multiple relationships (Zur & Gonzalez, 2002).

### **Privacy and confidentiality**

Privacy and confidentiality are often considered essential components of the therapeutic relationship between psychologists and their patients. The assurance of confidentiality, with certain limitations explained, is what allows patients to openly express their inner thoughts, feelings, and behaviors that they may otherwise be unwilling to disclose in the absence of a confidential relationship. Because of this fundamental expectation, the APA Ethics Code states that, “Psychologists have a primary obligation and take reasonable precautions to protect confidential information” (4.01, Maintaining Confidentiality), and that “Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made” (4.04, Minimizing Intrusion on Privacy).

Confidentiality was described by Johnson and Landsinger (2017) as, “one of the most persistent and pressing ethical quandaries for military psychologists” (p. 108). The confidential nature of most clinical interactions in a civilian context may not be protected in a military context (Kennedy & Johnson, 2009). In fact, Johnson and Landsinger (2017) noted that Department of Defense (DoD) directives indicate that “a legitimate military authority... may have access to client records on a ‘need to know basis.’ Leave a thin space” Additionally, the DoD’s “privacy directives include exceptions that allow dissemination of private information without the service member’s authorization when necessary for the completion of the military mission (e.g., fitness for duty, illegal activities)” (Bush & Cuesta, 2010, p. 37). It is important to note as well that military psychologists do not maintain control over their patients’ records and so have limited control over confidentiality for this reason. Because of the limits of confidentiality in military settings, it is critical that the limits of confidentiality be discussed with patients as early as possible. Having knowledge of this information before disclosure is part of what makes informed consent truly “informed” and is the best way to prevent ethical conflicts from arising as a result of the limitations of confidentiality.

### **Selection and use of methods and measures**

When considering the selection and use of assessment methods and measures in a military context, psychologists consider the purpose of the evaluation, the evidence base supporting test use with the specific population, and any contextual factors (patient or environment) that could affect the psychologist’s ability to obtain valid data regarding constructs of interest. APA Ethical Standard 2.04 (Bases for Scientific and Professional Judgments) states, “Psychologists’ work is based upon established scientific and professional knowledge of the discipline,” and Standard 9.01 (Bases for Assessments) states that “Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings.”

Given the sometimes unpredictable and uncontrollable environmental factors that can be present during attempts to administer psychological tests, ethical concerns may arise with regard to psychologists’ ability to draw accurate conclusions when standardized administration procedures are not able to be followed (e.g., administering a neuropsychological test to assess the impact of a traumatic brain injury [TBI] when a private room is unavailable and interruptions are present). When such influences are present, psychologists “indicate any significant limitations of their interpretations” (APA Ethical Standard 9.06 Interpreting Assessment Results).

### **Diversity**

Awareness of the importance of diversity has received increased attention in recent years as the diversity of the U.S. population increases. The movement toward increasing the diversity of the military in the United States is exemplified by the Department of Defense (DoD) Diversity and Inclusion Strategic Plan, which outlined the President’s Executive Order 13583 (EO 13583) to promote diversity in the federal workforce (including the military). This document states, “An all-volunteer force must represent the country it defends. We will strengthen our commitment to the values of diversity and inclusivity, and continue to treat each other with dignity and respect. We benefit immensely from the different perspectives, and linguistic and cultural skills of all Americans” (DoD, 2012, p. 4). Although the diversity of both the general U.S. population and the military has been increasing, concerns have been raised with regard to the cultural competence of psychologists to provide services to such diverse populations (Sue, 1998). This focus on diversity

within military psychology mirrors the increased emphasis on the importance of diversity within the field of psychology in general (Atuel & Castro, 2018). The profession increasingly understands that the ability to effectively understand a diverse military or patient population requires an ongoing commitment to improving one's knowledge of the experiences of diverse persons.

Several sections of the APA Ethics Code provide guidance to psychologists on the ethical issues related to diversity. General Principle E (Respect for People's Rights and Dignity), states the following:

“Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.”

The APA has also published a set of guidelines for psychologists who work with ethnically, culturally, and linguistically diverse populations (APA, 2017). Several articles, book chapters, and books have been published that address diversity issues related to psychological and neuropsychological assessment (Brickman, Cabo, & Manly, 2006; Iverson, & Slick, 2003; Mindt Byrd, Saez, & Manly, 2010; Yamada, Atuel, & Weiss, 2013), including lesbian, gay, bisexual, and transgender military personnel (Glotfelter, Georgemiller, & Banderman, 2017) and women warriors (Saitzyk et al., 2017).

### **Detention and interrogation support**

The role of military psychologists in interrogation is controversial. Some military psychologists believe that there is an important role for psychologists in the interrogation process (James & Pulley, 2013). Research has shown that rapport-based techniques during interrogation can provide “valuable and actionable intelligence from detainees without causing harm” (Johnson & Landsinger, 2017, p. 110). Additionally, preventing detainees from accessing appropriate psychological care is an ethical concern. Nevertheless, in October 2015, the APA released a policy statement banning psychologists from national security interrogations (APA, 2015). This policy banned psychologists from working at “detention settings operating in violation of the U.S. Constitution or international law (as deemed by specific U.N. authorities), including the Guantanamo Bay detention facility, unless providing treatment to military personnel or working directly for the detainees or for an independent third party to protect human rights.” Johnson and Landsinger's (2017) review of APA policy on the role of psychologists in detention facilities and interrogation support “has unequivocally: (a) prohibited torture, cruel, inhuman, and degrading treatment; (b) prohibited harsh (“enhanced”) interrogation techniques; (c) prohibited psychologists from mixing roles with detainees or disclosing clinical healthcare records to intelligence entities” (p. 110). The appropriate roles of psychologists in detention centers and interrogation procedures remain a topic of discussion.

### **Maintaining one's own mental fitness**

As is the case for all military personnel, military psychologists may engage in military operations that are physically and psychologically demanding. Military psychologists are susceptible to many of the same stressors as other military personnel, which include separation from loved ones, the threat of injury and loss of life, exposure to harsh living conditions and stressful and traumatic experiences, and actual or perceived mistreatment by seniors or other military personnel. These

challenges can lead to a variety of psychological symptoms, deficiencies in performance, or undesirable behaviors. For military psychologists to be able to serve others effectively, they must first maintain their own mental fitness.

Unfortunately, there is evidence that psychologists may have difficulty in performing self-assessments (Davis, et al., 2006; Karpen, 2018). For this reason, it is important that psychologists consult with colleagues regularly and be aware that they may have difficulty accurately assessing themselves. A failure to ensure their own mental fitness may have adverse effects on psychologists' own performance and thus result in harm to others. Consistent with the general bioethical principles of beneficence and nonmaleficence, military psychologists should try to maintain awareness of their own mental and physical well-being and the potential impact of any personal problems on their professional responsibilities.

### **Positive ethics and the 4 As of ethical practice**

Ethical practice requires an active commitment from clinicians to ensure they possess the knowledge and skills to perform their professional responsibilities. Similar to the way in which clinical knowledge must be constantly assessed and updated, ethical competence must be continuously assessed and updated as well (Bush, 2009). Most ethical standards and legal requirements represent the minimum that psychologists are required to comply with in order to avoid ethical misbehavior. This approach to ethics represents a "floor-based" approach, and is also described as remedial ethics, which is the basis for which psychologists may be disciplined for having violated such standards. In contrast to a reactive approach, in which psychologists who violate standards may have actions taken against them, positive ethics is proactive, and involves pursuit of ethical ideals and the highest standards of one's professional conduct (Knapp, VandeCreek, & Fingerhut, 2017). In positive ethics, clinicians are encouraged to strive toward their highest professional potential.

Bush (2009) outlined four ways in which psychologists can facilitate high standards of ethical practice and prepare for sound ethical decision-making, which were referred to as the 4 A's of ethical practice (Anticipate, Avoid, Address, and Aspire). By *anticipating* the ethical issues that may arise in a given situation, psychologists are typically well positioned to develop sound ethical practices. This in turn puts psychologists in the best position to *avoid* ethical misconduct. That is, by knowing in advance what the issues are, a psychologist will be better able to avoid engaging in unethical behavior. A lack of knowledge of ethical standards and practice is a recipe for engaging in unethical behavior despite a lack of intention to behave unethically. Not all ethical challenges are completely avoidable. However, anticipating what ethical challenges are most likely to arise puts psychologists in the best position to *address* the challenges. It is ideal when ethical issues can be addressed prior to becoming dilemmas, but if they cannot, they should be addressed immediately when they are encountered. Finally, consistent with the concept of positive ethics, clinicians are encouraged to *aspire* toward the highest standards of ethical practice.

### **Evidence-based ethical practice: Identifying and using resources**

Psychology is a scientific discipline. Clinicians rely on empirical evidence in their practice. The APA Ethics Code, first published in 1953, was initially developed using an empirical process that involved identifying the ethical challenges that were experienced by its members (Pope & Vetter, 1992). That is, rather than a committee of experts determining the ethical issues to be addressed, it was the broad membership of the APA that led to the development of the Code. As such, the Code was empirically derived, and the modifications of the code were also based, at least in part, on consideration of the ethical challenges experienced by its members.

Evidence-based practice (EBP) in psychology has been increasingly emphasized in recent years (APA Presidential Task Force on Evidence-Based Practice, 2006; Chelune, 2010). While most psychologists recognize the importance of EBP in guiding assessment and treatment, fewer psychologists seem to approach the ethical decision-making process using such an approach. Bush (2018) emphasized the importance of making ethical decisions using an evidence-based approach, as opposed to an “I think” approach. There are many resources available to military psychologists when considering the evidence base underlying ethical practices and decisions.

Beauchamp and Childress (2013) described the following four core principles of bioethics that underline moral reasoning in health care: respect for autonomy, nonmaleficence, beneficence, and justice. Respect for autonomy refers to the rights of the individual to make their own decisions without undue influence that would reduce the voluntariness of a decision; this principle forms the basis for informed consent. Nonmaleficence, meaning “do no harm,” refers to clinicians’ responsibility to avoid harming their patients or others who receive their services. Beneficence, meaning “do good,” refers to clinicians’ responsibility to promote and defend the rights and welfare of their patients. The principle of justice refers to the rights of patients to receive fair and appropriate treatment based on what is deserved; the concept of “fairness” forms the core of this principle. Justice can be subdivided into distributive justice, which refers to the equitable distribution of healthcare resources, and formal justice, which refers to “equal treatment for those who are equals and unequal treatment for those who are not equals” (Bush, 2009, p. 13). In the context of mental health, the additional principles of fidelity (i.e., the responsibility to be truthful and faithful, keep promises, and maintain loyalty) and general beneficence (i.e., a responsibility to defend and advance the welfare of society at large) have been proposed (Knapp et al., 2017). These bioethical principles underlie the more specific ethical standards and can often be used to arrive at sound ethical decisions when other ethical resources conflict with each other or are silent on a specific matter.

Within the United States, the most widely used resource for consultation related to ethical matters is the American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct (APA Ethics Code; APA, 2017). Psychologists must also abide by the Code of Conduct of the Association of State and Provincial Psychology Boards, which publishes their own Rules of Conduct (ASPPB, 2018). Because one of the most common activities of psychologists involves assessment, psychologists should be familiar with the Standards for Educational and Psychological Testing (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 2014). Because military psychologists frequently work within VA and/or Department of Defense settings, they must consult with VA/DoD regulations with regard to handling ethical issues. Most states have their own organizations, which provide a number of resources for consultation when handling ethical matters. Liability insurance carriers have experts within their company that are available for consultation and guidance. In addition to the APA, there are professional organizations (e.g., American Academy of Clinical Neuropsychology, National Academy of Neuropsychology) that have published guidelines for psychologists to ensure that clinicians remain abreast of the current best practices in the field.

Outside of the United States, professional organizations in many countries also have their own ethics code or adopt the codes of other countries. Leach and Harbin (1997) examined the similarities between the APA Ethics Code (the 1992 version) and the ethical codes used by 23 other countries (representing 19 codes because some countries adopt the codes of other countries). They found that four countries (Canada, Israel, Australia, and South Africa) shared all of the principles in the APA Ethics Code; one country (China) was found to have no overlap in principles. This finding is not surprising given that ethics codes reflect the shared values of professionals, which reflect the larger society. They found that 10 of the APA Ethics Code individual standards “approach a universal standard,” which was defined as greater than 75% overlap among codes. The principles



Disclosures and Maintaining Confidentiality were found to be most consistent across countries, with 100% and 95% consistency for these principles across the ethics codes in different countries, respectively. Importantly, it was also noted that each country analyzed in their study had ethical requirements that were not found to match any of the U.S. standards. Thus, while there is clearly a great deal of overlap in ethical principles among countries, there is also diversity among countries. Thus, consultation with the specific codes and resources within a given country is needed. Military psychologists deployed to other countries benefit from being familiar with both their own ethics code and the code enforced in the country to which they are deployed.

In an effort to come up with universal guidelines that could be utilized by the psychology community across the world, the Universal Declaration of Ethics Principles for Psychologists (Universal Declaration) was developed by the International Union of Psychological Science (IUPsyS) and International Association of Applied Psychology (IAAP). Their goal was “to provide a moral framework and generic set of ethical principles for psychology organizations worldwide” (Ad Hoc Joint Committee, 2008). The Universal Declaration was adopted in 2008 and was designed to describe ethical principles that are based on shared human values (Gauthier, 2008).

The Universal Declaration contains four principles, in addition to the preamble. The preamble states that, “Psychologists are committed to placing the welfare of society and its members above the self-interest of the discipline and its members.” The first principle (Principle I: Respect for the Dignity of Persons and Peoples) is “the most fundamental and universally found ethical principle across geographical and cultural boundaries, and across professional disciplines.” This principle embraces the inherent worth of all human beings, and the value that all humans deserve equal moral consideration. The second principle, “Competent Caring for the Well-Being of Persons and Peoples,” is described as working for the benefit of all people, and “above all, doing no harm.” Thus, this principle is similar to Beneficence and Nonmaleficence. The third principle, “Integrity,” refers to honesty and truthful, open, and accurate communications. The fourth principle, “Professional and Scientific Responsibilities to Society,” includes contributing to the knowledge of human behavior and to persons’ understanding of themselves and others to improve the condition of individuals, families, groups, communities, and society.

The specific resources drawn upon to make evidence-based decisions regarding ethical issues vary from one context to another. For example, references that may be considered by psychologists working within the United States Veterans Administration (VA) psychologists include (a) jurisdictional laws, (b) VA/Department of Defense Regulations, (c) the APA Ethics Code, (c) the Association of State and Provincial Psychology Boards (ASPPB; 2018) *Code of Conduct*, (d) ethics committees and state licensing boards, (e) professional liability insurance carriers or attorneys, (f) scholarly publications and position papers of professional organizations, (g) general bioethical principles, and (h) colleagues or supervisors (Bush, 2018). Regardless of the specific context, several of these resources would be applicable, and those that are specific to the VA context will likely have a counterpart in other contexts. Psychologists benefit from reviewing the available resources based on their specific situation and the nature of the ethical issue or dilemma.

### **A structured approach to ethical decision-making**

A variety of models have been proposed to assist psychologists in the ethical decision-making process. Of the existent models, those proposed by Stephenson and Staal (2007) and Bush and Cuesta (2010) were adapted within a military context, and Bush, Russo, and Cuesta (2012) adapted the model for neuropsychological practice with veterans. Although not an ethical decision-making model per se, Johnson and Landsinger (2017) provided several “brief recommendations for military psychologists designed to reduce or mitigate ethical tensions so that they do not escalate into

ethical conflicts” (p. 112). Their recommendations include the following: (a) establish strong consultative relationships with senior members of the military organizations that solicit your services, (b) remember that your commissioned military status does not override your obligations to the Ethics Code, (c) provide rigorous and ongoing informed consent to all clients, (d) know ethical standards and federal statutes and abide by an ethical decision-making process, (e) appreciate the distinction between mixed-agency tensions and conflicts, (f) assume that every member of the military organization is a potential client, (g) increase your own tolerance for routine boundary crossings, (h) establish and maintain ongoing external consulting relationships, (i) remain attuned and responsive to your own levels of distress and competence, and (j) always ask yourself: In this situation, what is in my client’s best interest? The following model describes the structured approach proposed by Bush and colleagues (Bush & Cuesta, 2010; Bush, Russo, & Cuesta, 2012).

### **Identify and clarify the problem(s)**

Some ethical problems are obvious, and the most appropriate course of action is apparent, while other ethical issues may be much less clear. Identification and clarification of the problem permit psychologists to distinguish between aspects of a problem that represent an ethical dilemma versus those that involve legal requirements or professional preferences. For example, clinicians who choose one assessment measure over another may or may not present an ethical dilemma, but rather a difference of opinion or preference. There are typically multiple assessment measures that are well validated to answer a particular clinical question. In contrast, such differences in assessment choices may represent ethical problems. For example, psychologists who use tests that are obsolete for the purpose at hand are violating ethical standards (Ethical Standard 9.08, Obsolete Tests and Outdated Test Results), and this would not represent a simple difference of opinion or preference.

### **Consider the significance of the context and purpose of the service**

Military psychologists provide services in a variety of contexts, including military theaters, as members of deployed units, on military bases, and within VA hospital settings, among others. The degree of uncontrollable environmental influences will vary greatly across these settings, and thus influence the validity and integrity of the assessment and treatment services provided by psychologists.

The importance of considering the context is also evident in the differences in assessment findings and treatment recommendations across settings. For example, the symptoms of PTSD (e.g., hypervigilance) within an active combat zone may be adaptive, and not necessarily symptomatic of psychopathology (Bryan, 2013), whereas the reporting of such symptoms in a military veteran who returned from combat six months earlier may reflect clinically significant symptoms of PTSD. In this case, a failure to take into account the proper context could result in improper conclusions and treatment recommendations.

### **Consider the obligations owed**

The mixed-agency dilemma is one of the most unique and salient ethical issues experienced by military psychologists, who serve in the role of both psychologist and military officer (Jeffrey, Rankin, & Jeffrey, 1992). These mixed-agency dilemmas result in obligations owed to two or more entities and thus may involve ethical conflicts related to the best interests of the different parties. Within the military, the “client” may be the Department of Defense, the branch of the military in which the psychologist serves, or an entity to which a psychologist is assigned within

the military. As military officers, the psychologist's ultimate duty is to support the military mission and ensure the combat readiness of service members.

Johnson (2013) described the difficulty that may be involved in identifying the primary "client" within military contexts. Psychologists in the military provide services to service members who are typically referred by officers who are senior in rank to a psychologist, and there may be specific referral questions related to the mission at hand. Psychologists often feel obligations owed to the individual being assessed/treated, the referring command, and also those affected by the psychologist's assessment (e.g., other services members involved in the same mission). When it is clear to the psychologist that obligations are owed to multiple parties, psychologists must attempt to clarify this to all parties as early as possible and focus on minimizing harm and maximizing benefits to all parties involved. Because military psychologists' roles with clients may shift with little or no notice, anticipation of assuming multiple roles and obligations is needed (Johnson, 2013).

### **Identify and utilize ethical and legal resources**

The specific ethical and legal resources will vary from one context to another. Some resources provide a foundation for understanding ethical principles and thus provide guidance across a variety of settings (e.g., Beauchamp and Childress's four core principles of bioethics; national and international ethics codes). Other resources that are more context specific should be utilized to provide further guidance for psychologists working in very specific contexts (e.g., military ethical and legal resources, state mental health law, VA regulations, and mental health chain of command, professional practice guidelines and other scholarly publications; books and book chapters). When there are conflicts between ethical and legal resources, or even between ethical resources themselves, consultation with knowledgeable colleagues can be invaluable.

### **Consider personal beliefs and values**

There is evidence for both universal and more culture-specific values and beliefs related to ethical issues. Individual psychologists also have their own personal beliefs and values that influence how they view ethical issues and the ethical decision-making process. When psychologists conduct assessments, they typically attempt to do so in the most objective manner possible and utilize psychological tests that are specifically designed to assess psychological constructs in an objective way that is not possible without the use of such tests (e.g., IQ tests, memory tests). Nevertheless, there is always the potential for psychologists' personal beliefs and values to influence both their conclusions from less standardized assessments (e.g., an unstructured clinical interview) as well as their interpretations of objective assessment measures (e.g., when a score falls in a range that suggests "impairment"). The only way that psychologists can take into account the influence of these personal beliefs and values is to be aware of their existence and potential to influence their clinical activities. Bush (2018) noted that practitioners have a responsibility to assess the extent to which their personal morality is consistent with that of larger society, the profession, and the institutions with which they are involved.

### **Develop possible solutions to the problem**

Multiple possible solutions exist for most ethical challenges. To develop sound ethical solutions, psychologists need to consult with the available resources. The process of developing possible solutions forces psychologists to think through the ethical situation in a manner that is consistent with evidence-based ethical practice.

### **Consider the potential consequences of various solutions**

Based on the solutions generated, clinicians are encouraged to assess the possible positive and negative consequences of each solution. Consequences should be weighted based on the potential impact. For example, there are often positive and negative consequences when facing ethical dilemmas; choosing a course of action in which the positives outweigh the negatives is preferable. The anticipated consequences for all parties involved should be considered.

### **Choose and implement a course of action**

After thoughtful and thorough consideration of the consequences of the possible solutions identified, psychologists may choose and implement the most appropriate course of action.

### **Assess the outcome, implement changes as needed, and document the process**

It is important for psychologists to recognize that the ethical decision-making process does not end once a course of action has been chosen and implemented. Consistent with a positive ethics approach, psychologists should be proactive in assessing the outcomes of their choices and actions. Depending on the outcome, additional action may be warranted. When this is the case, going through the steps of this model will likely assist the psychologist in obtaining a more favorable and ethically desirable outcome. Further, assessment of the outcome permits psychologists to learn from the experience, resulting in additional information to draw upon in the future when faced with ethical challenges. In addition, such knowledge can be shared with students and/or colleagues to assist in others' ethical decision-making.

The final step of this ethical decision-making process is to document the efforts made and the steps taken by the psychologist. Documentation of one's ethical decision-making efforts is important in case a psychologist needs to provide a record of the steps they took to ensure their actions were consistent with ethical requirements. A common phrase known to many healthcare professionals is, "If it wasn't documented, it didn't happen." Thus, documentation is important when the actions of a psychologist must be defended, which can occur when ethical dilemmas result in less than favorable outcomes for some parties involved. Bush (2018) recommended that such documentation follow the ethical decision-making model and includes the details of the specific situation that would likely meet the requirements of most interested parties. Of particular importance is documentation of the resources consulted and the reasoning behind the psychologist's choice and implantation of the action(s) taken (Bush, 2018).

## **Conclusions**

Military personnel make many sacrifices in the service to their country and deserve the highest level of care commensurate with the sacrifices they make. Psychologists have a long history of providing valuable services within the military, and both psychology and the military have benefited from this relationship. Psychological and neuropsychological evaluation and treatment of military personnel has tremendous potential to promote the well-being of service members and enhance military readiness. However, the unique contexts in which military psychologists work present a number of ethical challenges that must be considered for psychological services to be effective. Military psychologists are encouraged to follow an evidence-based, positive ethics approach, and to utilize a systematic and structured ethical decision-making process. Although

many ethical issues and principles are relevant broadly, military psychologists need to consider the issues and apply the principles as they relate to their specific contexts. Regardless of the specific context, by having adequate knowledge of the ethical issues most frequently encountered by military psychologists, utilizing the proper resources, and following an evidence-based, positive ethics approach, psychologists are likely to produce good ethical solutions and outcomes, and thus continue to be of benefit to the military and all those who serve.

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