

Toward More Complex Ethical Models: Unfinished Business

This book has focused on identifying ethical issues in the practice of consulting psychology with three types of clients: individuals, groups, and organizations. We have aimed to demonstrate that the concept of individual, group, and organizational levels is a useful heuristic when considering the work activities of consulting psychologists, but the levels are not rigid boundaries separating consulting psychologists' work activities and the ethical issues likely to arise when working at each level. The American Psychological Association (APA; 2017) *Ethical Principles of Psychologists and Code of Conduct* (hereinafter referred to as the Ethics Code)—and, by implication, many other psychologists' ethics codes—has been mostly developed in the context of the delivery of individual level psychological services and not consulting services, where clients might be individuals, groups, or entire organizations. References to organization and group clients were added in the 2002 revision of the Ethics Code, and a new standard (Standard 3.11,

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Psychological Services Delivered to or Through Organizations) was added, but little was done to assure that the issues associated with groups and organizations as client really applied, or were sufficiently developed, to address the complexities of such work.

This chapter makes the case that consulting psychology helps us identify some of the limits of the existing ethics standards used by psychologists. We argue that existing models of psychological ethics have not taken adequate account of the group and organizational levels at which psychological services are delivered, much less the ethical issues associated with the delivery of psychological services when groups and organizations *are* the clients. We further argue that consulting psychologists must look to alternative models and must start the process of considering ethics, or at least parts of it, anew if we are to develop robust guidelines for practice in this area.

HISTORY MATTERS

It is useful to remember that the APA, founded in 1892 with 31 (male) members and G. Stanley Hall as its first president, had no ethics code for the first 50 years of its existence. This was partly influenced by the fact that the early APA reflected mostly the concerns of scientists and researchers.

Practice issues were not the concern of the early leaders of the APA. But as applied work developed, it did not find a particularly welcoming home in the APA; it was not until 1919 that a section on clinical psychology was formed. Because of a perceived lack of support from APA, applied, nonclinical psychologists created their own organization, the American Association of Applied Psychology (AAAP), in 1937. (*The Journal of Applied Psychology*, one of the premiere journals in industrial–organizational psychology, was founded in 1912 and from the outset was well-respected for its science.) In 1945 the AAAP merged with the APA, and a formal division of Industrial and Business Psychology was created (Koppes, n.d.).

The initial efforts to create a professional ethics code contrasted greatly with today's code. The first APA ethics code (adopted in 1953) consisted of a 170-page document filled with case materials provided by then-members

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of the APA (D. Smith, 2003). Over the years it has gone through several iterations, but none of them took into consideration the practice of psychology in organizations. The 2002 version of the Ethics Code did add a number of references to “organizations” and “consulting,” but most of these additions (with the exception of Standard 3.11) were minor terminology additions rather than a reflection of the ethical issues that face psychologists practicing in organizational or consulting contexts.

Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and Standard 1.03, Conflicts Between Ethics and Organizational Demands, were later amended in 2010 (APA, 2010b); Standard 3.04b, Avoiding Harm, was added in 2017 (APA, n.d.) to address complaints that the Ethics Code did not adequately address the ethical responsibilities of psychologists working in national security contexts. We discuss these complaints and the surrounding ethical issues in the next section. The point here is not to resolve these issues but rather to identify them as aspects of the Ethics Code that are more ambiguous than would be desirable, particularly those related to the work of consulting psychologists in organizational contexts.

CASE ILLUSTRATION: THE AMERICAN PSYCHOLOGICAL ASSOCIATION’S INDEPENDENT REVIEW REPORT

In 2005, the APA convened the APA Presidential Task Force on Psychological Ethics and National Security (hereafter referred to as the “PENS Task Force”) to consider whether the APA Ethics Code provided adequate guidance for psychologists working with interrogations and other information-gathering activities related to national security.¹ The PENS Task Force eventually published a report concluding that the Ethics Code did sufficiently address such activities (APA, 2005). James Risen subsequently published a book in 2014 entitled *Pay Any Price: Greed, Power, and Endless War* in which

¹Both authors of this book served in APA governance leadership roles during the time of the IR Report. Stewart Cooper currently serves on APA’s Board of Directors. All opinions expressed in this chapter and book are the personal views of the authors and may or may not reflect the views or policy of APA.

he alleged that there had been collusion between the CIA and the APA to facilitate changes in the 2002 revision of APA's Ethics Code to allow participation by psychologists in the use of torture and so-called enhanced interrogation techniques.

In 2014, APA's Board of Directors contracted for an independent review to determine

whether there is any factual support for the assertion that APA engaged in activity that would constitute collusion with the Bush administration to promote, support or facilitate the use of 'enhanced' interrogation techniques by the United States in the war on terror. (APA, 2014, para. 3)

The review culminated in a report prepared by David Hoffman and colleagues of the law firm of Sidley Austin LLP, titled the *Report to the Special Committee of the Board of Directors of the American Psychological Association: Independent Review Relating to the APA Ethics Guidelines, National Security Interrogations, and Torture* (hereinafter referred to as the Independent Review Report or the IR Report; Hoffman et al., 2015). Hoffman's investigation was allowed unfettered access to APA's emails, and he completed interviews with a large number of psychologists, as well as APA staff and governance members,² who had been involved in a number of activities that related to APA policy and its Ethics Code. The report included the following list of findings of organizational problems:

- APA staff and governance involved in the composition of the PENS Task Force and its decision making had potential conflicts of interest that should have been more fully disclosed;
- the then-APA ethics director had acted in ways to delay and to protect from action ethics complaints that had been made about several of those alleged to have been involved in inappropriate interrogations and torture;

²APA employees include both psychologists (whom we refer to as *psychologist-staff members*) and non-psychologists. We also use the term *APA governance members* to refer to psychologists who are not employees but who hold elected or appointed nonstaff (voluntary) positions in APA, such as being members of the Board of Directors, the Council of Representatives, and various others boards and committees.

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- some senior psychologist-staff in APA had failed to properly oversee some of those who were involved in the issues covered in the report, raising questions about the adequacy of supervision of their subordinates' work;
- some senior members of APA governance had acted in ways that were overly aggressive and arguably manipulative in trying to garner support for their points of views;
- the APA Board of Directors had bypassed the normal procedure of going through APA's Council of Representatives by adopting the PENS report as policy using "emergency action" provisions; and
- many of these actions were designed to curry favor with the Department of Defense (DoD) so that they would support various programs in which APA was involved.

Of note, the Independent Review Report also contradicted some of the allegations that had been made. Hoffman wrote, "With regard to the revisions of the Ethics Code . . . we found that the meaningful changes occurred prior to 9/11 and were not influenced by an effort to help the government's interrogation efforts" (Hoffman et al., 2015, p. 10). In addition, Hoffman concluded that, contrary to critics' claims, there was "no evidence of significant CIA interactions regarding PENS" (Hoffman et al., 2015, p. 47).

The purpose of bringing up this highly complicated set of events (the revised report issued by Hoffman was more than 500 single-spaced pages) is not to debate whether every detail in the IR Report was gotten right but rather to consider the extent to which the APA Ethics Code was an adequate vehicle by which to address such matters and if not, how would it need to be changed. What the IR Report described were complicated intra- and inter-organizational actions in which certain staff members (some of whom were psychologists) or governance officials of the APA were allegedly engaged. The Ethics Code (2017) states (in the section "Introduction and Applicability") that the code's applicability was limited to their roles as psychologists:

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of

trainees; public service; policy development; social intervention; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code. (APA, 2017)

Suppose now that a similar set of behaviors attributed to APA psychologist-staff members in the IR Report were carried out by psychologists while working in a nonpsychological employment organization. Would the activities, if performed by psychologists, have been considered to have been part of their psychological roles? If not, since the APA Ethics Code distinguishes “purely private” behavior, on what basis would ethical action be undertaken? For example, there are a number of psychologist-managers who have risen to high-level positions as university, hospital, mental health, or corporate administrators. Arguably (unless their terms of employment specifically required adherence to the Ethics Code), they were not functioning as psychologists and not bound by psychologists’ ethics and rules when serving as senior leaders. Although the Ethics Code asserts that “administration” is encompassed in psychologists’ activities, this term begs for clarification. Are these “professional roles” simply because they are performed by psychologists? Should these psychologists be required to obey the APA Ethics Code when functioning as managers of major organizations (universities, foundations, for-profit organizations) especially since the APA Code was not designed with such roles in mind? Put another way, could such psychologists be charged with ethical violations based on their activities in these roles? We believe that clarification is needed.

Interestingly, the Canadian Psychological Association (CPA) frames the issue a little differently:

Relationship of the *Code* to Personal Behaviour

This *Code* is intended to guide and regulate only those activities a psychologist engages in by virtue of being a psychologist. There is no intention to guide or regulate a psychologist’s activities outside of this context, although an individual psychologist might make a personal decision to

be guided by the *Code's* principles and values outside of this context. Personal behaviour becomes a concern of the discipline only if it is of such a nature that it undermines public trust in the discipline as a whole or if it raises questions about the psychologist's ability to carry out appropriately his/her responsibilities as a psychologist. (CPA, 2017, p. 7)

This approach seems to provide a bit more leeway for enforcement groups (e.g., professional associations, licensing boards) to potentially act even when the behavior would "undermine public trust in the discipline." Even this addition is not well elaborated and might raise legal challenges if used in enforcement. For example, if a psychologist were convicted of vehicular homicide while under the influence of drugs, and the occupation of the psychologist were prominently featured in the news reports, the impact on public trust is reasonably clear to all. On the other hand, suppose a psychologist were involved in a personal business lawsuit that resulted in unfavorable press that included the psychologist's occupation. A licensing board or psychological association taking action in such circumstances might be on less firm footing if it concluded that taking punitive action would "undermine trust" in psychology.

In addition, the CPA Code helpfully addresses what should happen when areas not explicitly covered by the CPA Code arise.

In judging whether unacceptable conduct has occurred, many jurisdictions refer to a code of conduct. Some complaints, however, are about conduct that is not addressed directly in a code of conduct. The Code provides an ethical framework for determining whether the complaint is of enough concern, either at the level of the individual psychologist or at the level of the profession as a whole, to warrant corrective action (e.g., discipline of the individual psychologist, general educational activities for members, or incorporation into the code of conduct). In determining corrective action for an individual psychologist, one of the judgments the adjudicating body needs to make is whether an individual conscientiously engaged in an ethical decision-making process and acted in good faith, or whether there was a negligent or willful disregard of ethical principles. The articulation of the ethical decision-making process contained in this Code provides guidance for making such judgements. (CPA, 2000, p. 6)

THE ETHICAL PRACTICE OF CONSULTING PSYCHOLOGY

After the IR Report was published, several senior APA staff members retired, resigned, or otherwise left the organization (APA, 2015). Presumably, the psychologists among those who left the organization would not have been subject to the Ethics Code for the described behavior if it related to “purely private” administrative roles, but even that assessment is ambiguous when the administrative roles in question were in a psychology organization and the behavior potentially affected the entire field of psychology.

But what about the ethical responsibilities of those psychologist who served in volunteer roles in the governance of the APA members who were identified in the IR Report as having behaved inappropriately? For example, some of those involved in the creation of the PENS Report were described as having behaved in ways that were at least arguably inconsistent with the ethical behavior requirements of the APA Ethics Code. Given that all were psychologists and all were involved in the work of the APA, wouldn't there have been an ethical basis for action? Although it might be argued that such behavior was part of their “professional behavior as psychologists,” those named were volunteers and not per se functioning as psychologists. Or was this “purely private conduct” by psychologists and therefore not subject to the Ethics Code?

On the one hand, ethics tribunals and licensing boards understandably do not want to become adjudicators of complaints of psychologists who have become administrators, particularly when they are no longer just supervising psychologists on psychological work. On the other hand, not making clearer when psychologists' “professional roles” begin and end is, we argue, best not left as ambiguous as it now is in the current Ethics Code.

ORGANIZATIONAL ETHICS OR THE BEHAVIOR OF PSYCHOLOGISTS IN ORGANIZATIONS?

We believe there remains ambiguity about when psychologists' ethics codes apply to work in organizational contexts when there is, or is not, a specifically psychological service being delivered. Imagine a psychologist who is

a senior leader in a consulting firm who supervises psychologists and nonpsychologists. The position involves overseeing consulting services, the budget function, and marketing. Is the work “psychological” simply because it is being performed by a psychologist? What if a psychologist were director of human resources who used her training in psychology only when supervising the personnel selection functions but otherwise did not?

What about psychologists who behave inappropriately while serving in volunteer positions for a professional association of psychologists? Would the professional association be expected to take action based on its guidelines for misconduct or would there be a basis for ethical action? Does the Ethics Code apply to such situations? Would it matter if the professional organization were the very one that promulgated the code and adjudicates ethics complaints? What if the organization were the APA Insurance Trust or the Association of State and Provincial Psychology Boards?

We argue that the Ethics Code should explicitly address whether or not psychologists’ volunteer activities are covered when engaging in particular roles. We have an opinion as to whether they should or should not be. For example, we have witnessed what we consider to be unprofessional behavior on the part of psychologists when serving in governance roles of professional psychology organizations, behaviors that include using arguably abusive language and attempts to control others by being insulting and characterizing individuals (also psychologists) by their assumed levels of intelligence and bullying that would not be allowed in most work settings. Why then would such behaviors be ethically acceptable when they occur in an organization of psychologists?

We also argue that psychologists functioning as administrators in psychological organizations should be more clearly specified as to which aspects of their roles are covered by the Ethics Code and which are not. Not every nuance can be identified and addressed, but the findings documented in the IR Report about psychologists in staff positions at the APA provide strong evidence that the Ethics Code should not lack ambiguity as to its applicability. And it is the Ethics Code itself, not someone’s interpretation of it, that should be the basis for action in our opinion.

LIMITATIONS OF THE ETHICS CODE FOR CONSULTING ROLES

In this chapter, we have focused mostly on the applicability of the Ethics Code to ethical issues raised by the IR Report as an example of how organizational and psychological ethics can intertwine. It is worth mentioning that consulting issues did arise in the IR Report (Hoffman et al., 2015, pp. 59–60, 156, 158, 181, 209, 220, etc.). A variety of situations were mentioned in which individual psychologists were described as functioning in consulting roles and in ways judged by the IR Report's authors to have been problematic. Was such behavior covered under the Ethics Code?

We would argue that to the extent the consultation referenced in the IR Report constituted the provision of psychological services, it should unambiguously be covered by the Ethics Code. Indeed, the psychologists would presumably not have been consulting other than on the basis of their psychological knowledge and expertise. Yet, in the voluminous commentary and discussions that have publicly appeared in the period following issuance of the report, little mention has been made about the role of those consulting psychologists.

UNRESOLVED QUESTIONS

As we have noted throughout this book, the ethical standards of the APA include much that is relevant for the practice of consulting psychology. The addition of the terms *organizational clients* and *organizations* to the APA (2002) Ethics Code helped to make clear that organizational and consulting psychologists were not exceptions to the code. Consider this excerpt from the Preamble:

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. (APA, 2002)

The addition of Standard 3.11 also provided useful guidance in setting up consulting psychology contracts. However, for the practicing

consulting psychologist there remain many ambiguities that need greater clarity if they are to be taken seriously in their practice. In this section, we raise some of these issues by identifying specific questions that we feel need elaboration. It is not our intent to suggest here specific changes to the APA or other professional psychology ethics codes but rather to dig into the details and to explain why the practical application of the Ethics Code to consulting psychology is not always obvious.

What Specifically Are the Ethical Obligations of Consulting Psychologists Under Standard 1.03?

Standard 1.03, Conflicts Between Ethics and Organizational Demands, identifies an obligation of psychologists to deal with conflicts between organizational “demands” and ethical obligations. Yet, consulting and other psychologists may reasonably ask what ethical obligations they have under this standard. For example, for many years the U.S. military did not allow openly lesbian, gay, bisexual, and transgender (LGBT) individuals to serve in the military (see “Key Dates in U.S. Policy on Gay Men and Women in Military Service,” n.d.). An active duty military psychologist in that era asked to assess a soldier to determine whether she is gay and to sign off on a recommendation for a dishonorable discharge based on that finding could be in a situation covered by Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority. Standard 3.01, Unfair Discrimination, prohibits discrimination based on sexual orientation (among other characteristics).

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law. (APA, 2017)

Would a psychologist asked to evaluate a military member when LGBT individuals were banned from the military have had to communicate to the client that he or she disapproves of the policy but is required to conduct assessments because of current Department of Defense (DoD) policy? Because the applicable policy is decided at the presidential levels, does the DoD psychologist have the obligation to make the disagreement

known at the level of her/his specific work or at the level at which the policy is actually made? As written, Standard 1.02 is not well elaborated as to the specific ethical duties and would seem to be naive about the power structures of organizations, particularly large and complex ones.

No ethics code can be expected to cover every contingency, and psychologists must use good judgment in applying the code to real-life situations. But excessive ambiguity does create problems. For example, a change in the 2010 Ethics Code was made to articulate what Standard 1.03 did not allow. Specifically, a sentence was added: “Under no circumstances may this standard be used to justify or defend violating human rights” (APA, 2010a). However, that is a statement of clarification, and one can imagine many more circumstances that would also not be allowed. Those standards that contain inherent ambiguities require either elaboration or policy interpretations about how they apply in various types of situations if they are to be meaningful.

We argue that better guidance is needed in elaborating responsibilities in terms of what constitutes compliance with the ethical mandate of “mak[ing] known their commitment to the Ethics Code” in Standard 1.03 (APA, 2017). Consulting psychologists might benefit from first considering those circumstances in which they would feel obliged to resign from the organization, or take other extreme action, rather than do what they feel would egregiously violate their professional ethical standards. For example, if ordered to fabricate or falsify psychological data, to disclose confidential information in a way that was not mandated by law and was contrary to agreement, or to present false information that would benefit the organization, for many would constitute sufficiently egregious demands for ethical violations to warrant a very strong stance, including possibly resignation from the organization. However, in most ethical dilemmas in consulting work, the parties should not be assumed to be unreasonable, unpersuadable people. Rather than considering Standard 1.03 to apply to discrete, isolated situations, consulting psychologists might do better to think of this obligation as benefitting from an ongoing responsibility to educate organizational clients and clients in organizational contexts on the ethical responsibilities of psychologists, why they exist, and, over time, to build respect and integrity for the roles that psychologists play in the organization.

How Absolute Is the Commitment to Individuals When an Organization Is Also a Client and the One Paying the Bills?

Standard 3.11, Psychological Services Delivered to or Through Organizations, makes clear that when obtaining consent for psychological activities involving multiple parties in organizational contexts, the psychologist must provide information “beforehand” to clients and others about the terms of the engagement (APA, 2017). On the surface this is a very thorough statement of some of the factors that psychologists working “to or through organizations” need to consider. In practice, however, this statement bears some elaboration. The entire standard is about “services delivered to or through organizations” so the psychologist needs to understand whether this means that the organization is itself a client. If so, who in the organization, typically a corporation, is able to consent on behalf of the organization? In most cases the client is not the organization as a whole but rather some designated part of it—a department or division, a branch, or some subpart of it (see Fisher, 2014; Fuqua et al., 2012).

We also note that the term *client*, in this context, is not a defined term in the Ethics Code, nor is there consensus about the definition of *client* in consulting contexts. Kramer and others (Kramer, Kleindorfer, & Colarelli, 1992; Kramer, Kleindorfer, & Colarelli-Beatty, 1994) explored how respondent groups defined the term *client*. In neither study was there consensus about what the term *client* meant. In the second study the three most common characteristics that respondents used to identify the client were

- 1) those who are responsible to solve the problem or see that it gets solved, 2) those who have the authority to implement and/or commit the organization to an agreement, and 3) those who are most affected by the solution that gets implemented. (Kramer et al., 1994, p. 17)

There were differences in responses by type of psychologist and by non-psychologist organization development (OD) professionals. In the context of school psychology (which often involves organizational dimensions), Fisher (2014) noted that “Who is the client?” is the wrong ethical question in approaching such work. Rather, there are usually multiple clients and they may change over time.

In an important article on the topic of client definition in the work of consulting psychologists, Fuqua et al. (2012; see also Newman, Robinson-Kurpius, & Fuqua, 2002) differentiated between *client* and *consultee* and noted a number of issues in actually working in organizational settings to apply Standard 3.11. They noted also that “beforehand” is often not practical in consulting applications, which tend to be more fluid and to take time to determine the relevant parties and their respective roles and the important role of power differentials. After identifying and discussing a number of important issues that considerably complexify the straightforward language of Standard 3.11, they identified 11 issues that are important in defining the client:

1. Who is paying for the services?
2. What roles do the contracting parties play in the organization?
3. What formal and informal authority do the contracting parties hold?
4. How are the contracting parties related to the recipients of the intervention?
5. What procedures will be used to ensure that informed consent is established with all those who will receive direct intervention?
6. What consequences do exist or may come to exist for parties who decline participation?
7. What limits may exist to confidentiality of information produced by the consultation process?
8. What classes of people may be directly or indirectly affected by the intervention who will not be participating in the consultation process?
9. Will the roles and/or structures of the organization create the perception of coercion for any class of participants and, of course, how do we confront the perceived coercion?
10. What kinds of information are required to meet the terms of the contract and who will be expected to provide the information?
11. What roles will the consultant(s) play in managing information resulting from the consultation intervention? (Fuqua et al., 2012, p. 116)

Informed Consent: What Notices Must Be Given to Clients About Exceptions to Confidentiality?

Standard 3.11 notes the requirement that psychologists identify exceptions to confidentiality at the outset of providing services to or through organizations (APA, 2017). Again, on the surface this is certainly a reasonable request. But when clients are organizations or parts thereof and services are also provided to others in the organization, care must be taken to consider exceptions to confidentiality, assuming that confidentiality even applies. Fisher (2016) used the term *conditional confidentiality* to suggest that confidentiality is rarely if ever unconditional.

For example, in health and mental health contexts, psychologists can often reasonably assume that sessions are generally confidential except in unusual situations such as viable threats made against people or mandated reporting of allegations of sexual, elder, or other abuse. Often the communications may be otherwise legally privileged meaning that they are protected from disclosure except for specific, defined exceptions. DeMers and Siegel (2016) cited the Pennsylvania law related to privilege (“Confidential Communications to Psychiatrists or Licensed Psychologists”), which states:

No psychiatrist or person who has been licensed to . . . practice psychology shall be, without the written consent of his client, examined in any civil or criminal matter as to any information acquired in the course of his professional services on behalf of such client. The confidential relations and communications between a psychologist or psychiatrist and his clients shall be on the same basis as those provided or prescribed by law between an attorney and client. (Cited in DeMers & Siegel, 2016, pp. 384–385)

In this case, the statute was written broadly and could in theory apply to the communications of clients in organizational contexts. However, in some jurisdictions, the applicability of privilege is limited to psychologists performing mental health or health-related services with clients. Psychologists working in organizational consulting would do well to identify the confidentiality parameters, and privileges, if any, applying to their work with particular clients.

Confidentiality issues become much more complicated when consulting psychologists are not licensed. Whether consulting and industrial–organizational psychologists should be required to be licensed to perform consulting activities has been a complicated and somewhat divisive issue for many years. Howard and Lowman (1985) were among the first to systematically lay out the issues, and the discussion since then has been divided between proponents of licensure (e.g., Gormanous, 2009; Jelley, Bonaccio, & Chiocchio, 2014; Scontrino, Gormanous, & Blanton, 2010), those holding neutral positions (e.g., Silzer, Erickson, & Cober, 2009; Tippins, 2006), and those actively opposed (Locke, n.d.). Issues in providing appropriate supervision that meets licensing laws has also been an ongoing concern since the clinical models do not usually fit consulting psychology (Blanton, 2014). Although a few states exempt consulting or industrial–organizational psychologists from licensure, most do not and do not have an exemption for working in corporate settings. A major problem for consulting psychologists remains that their practices often cross state and international boundaries, so the rules and laws of multiple jurisdictions must be considered. Additionally, without a license to practice, there would be no defined privilege for confidentiality, and clients would need to be advised about the possibility of disclosures not only for mandated reporting requirements such as viable threats made against specific targets or reportable allegations of abuse but also limitations associated with the possible subpoena of the psychologist or client litigation. That such situations must be taken seriously is suggested by workplace violence statistics which, in the United States alone, include some 2 million complaints a year (which excludes many unreported violence concerns). In 2014 there were 403 workplace homicides in the United States (Occupational Safety and Health Administration, 2014).

What this suggests is that an informed consent agreement that concerns consulting work with individuals (e.g., in coaching) in the context of organizations would need to be a conditional confidentiality with many potential limitations. One hypothetical example of a form identifying limitations to confidentiality (not to be regarded as legal guidance) might include the following language:

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I understand that the purpose of this consultation is [x]. The information contained in the coaching sessions with the consulting psychologist will be treated as confidential except for the requirement to report to your supervisor about your attending the sessions regularly and a brief report on progress made. Information may also be disclosed that, under the laws of [x], are legally mandated to be reported (for example, sexual or elder abuse or threats to harm others may be required to report this information as reported by law). Although your psychologist is licensed in the state of [x] and it is believed that clients' information protected as privileged, this has not yet been tested in the state of [x]. [Alternative version 2 of the last sentence: I understand that, because your psychologist is not licensed in the state of [x], there is no legal privilege by which the psychologist can decline information that is subpoenaed. I understand that I therefore can choose to share, or not to share, sensitive information with the psychologist.]

Psychologists are encouraged to consult legal counsel regarding the content of consent documents. The point of this section is simply to illustrate the kinds of exceptions to confidentiality that might need to be disclosed under conditional confidentiality. It also illustrates the complicated nature of the concepts of conditional confidentiality especially when trying to explain them to a prospective client. Many more complicated contingencies can also be imagined. Gottlieb and Younggren (2009) accurately noted: "No informed consent document can anticipate all the ethical dilemmas regarding boundary management that a practitioner may encounter" (p. 569). Still, there are many legal and other complexities. Consulting psychologists should therefore be cautious and should never blithely promise confidentiality that they may not be able to assure.

Are Multiple Relationships Inevitable in Organizational Consulting Work?

Multiple relationships in organizational consulting are the norm, not the exception (Lowman, 2016b). Knapp, Gottlieb, and Handelsman (2015) noted: "Some multiple relationships are unavoidable—they occur

accidentally” (p. 102). Knapp et al., were especially concerned with the inevitable multiple relationships that arise when working in small towns or cities where there are few psychological providers. Likewise in organizational consulting, multiple relationships may occur in ways that either are unavoidable, coincidental, or unanticipated. For example, a consulting psychologist may report to a manager with whom he also serves on committees or a coaching psychologist may work with an individual client one hour and the next be in a meeting with the client’s boss. Opportunities abound for crossing boundaries, usually not in an ill-intentioned way.

Standard 3.05, Multiple Relationships, provides useful information on this topic. Curiously, this standard defines acceptable multiple relationships not by what they are but by what they are not—ones that “would not unreasonably . . . are not unethical.” Standard 3.05 is not entirely problematic. In one-on-one work the standard as written is probably sufficient for most commonly encountered multiple relationships. But when the consulting psychologists work across levels in the context of organizations where contacts with individuals, groups, and parts of the organization itself are continuous and the potential for role conflict are real, this version of the standard is not adequate. The following excerpt from the standard describes the modal relationship between consulting psychologists and organizations and the people within them:

A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship . . . (APA, 2017)

Consider the case of an internal salaried internal consultant in a medium-sized organization. Suppose the psychologist’s job is housed in the Human Resources (HR) department but the consultant works as a process facilitator with the senior management team, oversees the selection processes used by the organization, and also works with a number of individual coaching clients.

It would be easy for such a psychologist to simply describe himself or herself as an “OD consultant” and in effect claim not to be functioning as

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a psychologist. Many psychologists working in organizations do not even put their psychology degrees or titles of “psychologists” on their business cards or refer to themselves because they find that designation may distance them from those with whom they work in the organization. But they are still trained as psychologists and view their work as psychological and themselves as psychologists (see Silzer, Erickson, & Cober, 2009). However, for this discussion we assume that the psychologist is licensed, the identity is that of a psychologist, and the psychologist’s job title and business cards use the psychology degree and title.

We believe the APA standard on multiple relationships needs elaboration at least for consulting psychologists’ work and possibly for that of others. We think a revised version of it would benefit from considering the particular issues that arise in organizational consulting to better understand the issues that arise in a psychology specialization in which multiple relationships are common. The original Ethics Code was built in part on case material; consideration of a wider range of case examples might have resulted in a more robust code.

For example, here are some situations that may commonly arise in consulting psychology applications. Consulting psychologists may

- work with coaching clients in which services are paid for by the employer and in which there is a reporting obligation to the coaching client’s boss;
- consult individually with members of the group and simultaneously with the group as a whole;
- advise on selection decisions of senior leaders while also coaching the CEO; and
- participate as a consultant in confidential senior executive team meetings while also performing other consulting roles in the organization.

**What Ethical Obligations Do Consulting Psychologists
Have When Consulting Psychology Engagements
Change During a Consulting Engagement?**

Organizations are often rapidly changing institutions (Horney, Pasmore, & O’Shea, 2010). In modern organizations, the so-called VUCA (volatile, uncertain, complex, and ambiguous) world is an everyday reality (Bawany,

2016). Managers come and managers go. A CEO may be golden one day and ousted the next (see, e.g., Fell, 2015; Grynbaum, 2016). When managers new to positions arrive, they often bring with them new agendas, new performance mandates, new assumptions, and the need to act to implement the agenda and goals for which they were hired.

Although ethical standards understandably need to have continuity, they also need to change or to be elaborated as new situations evolve that the standards or aspirational principles were never anticipated to address. As goals and players change, the assumptions need to be revisited either with an eye toward their re-affirmation or to considering needed changes. This is anticipated in Standard 4.02, Discussing the Limits of Confidentiality, Section (b):

- (b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship *and thereafter as new circumstances may warrant.* (APA, 2017; italics added)

Yet neither Standard 3.10, Informed Consent, nor Standard 3.11, Psychological Services Delivered to or Through Organizations, has a similar admonition that recognizes that “new circumstances” may warrant new or revised agreements. We argue that consulting psychologists should have an advance plan to consider how they will respond to changes that arise after initial agreements and terms of engagements are established. Ethical omniscience is not expected or required of psychologists, but the willingness to engage with changes imposed by organizational representatives or others is imperative.

For example, if a manager asks for release of information to her that had, before her arrival, agreed not to be released, the psychologist can (as suggested in Case 1.4) engage the manager about her needs and intents. But if that fails, the psychologist might be ethically obligated to explain the changed situation to those whose data was collected and to determine whether, non-coercively, they would be willing to do so. Other options might also be possible under the changed circumstances. As another example, suppose that a psychologist has learned (from a third party) that an employee being coached will be terminated. The psychologist would need to think in ethical terms about the effect of that information on the coaching relationship,

the need (if any) to renegotiate the relationship and the consequences of making changes without the consent of those affected.

GUIDANCE FOR MANAGING ETHICAL ISSUES NOT COVERED IN THIS BOOK

Inevitably, the practice of psychology involves situations that this book has not described or anticipated. In such circumstances, the ethical practice of consulting psychology involves learning how to think ethically, by which is meant knowing how to take practical situations and consider the relevant ethics code and literature to ask: What is the right thing to do in this situation?

Thinking ethically is a bit like having appropriate social skills. First one must know that situations involve ethics before one is likely to attend to those issues. Psychologists have an obligation to be ethical in all that they do. Therefore, assuring that they keep their “ethical checklist” firmly in mind can help identify the appropriate ways to act in new situations.

By being required to think and act ethically, psychologists may well become among those who serve as the “conscience” of the organization. This may help provide a position in which organizational leaders will listen to ethical concerns and consider them when weighing options or resolving differences in a particular situation. No book can cover or anticipate all ethical contingencies that may occur. It is therefore useful to consult writings that provide practical information on learning to think ethically. One recommended source is Knapp, VandeCreek, and Fingerhut (2017).

The road ahead for consulting psychology ethics is neither linear nor likely to be smooth, as this chapter illustrates. The opportunities, however, are not just to advance the ethics of consulting psychology but also to take psychology ethics beyond the individual level of analysis.