Centering Equity, Diversity, and Inclusion in Ethical Decision-Making

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To provide effective and ethical psychological practice, psychologists must proactively integrate cultural context, as well as equity and justice, in the first and all subsequent steps of ethical decision-making. Extant ethical decision-making models provide substantial support to analyze and respond to ethical dilemmas, but often address culture as only one aspect of making good decisions. This article summarizes the strengths of three representative and current models, as well as limitations in terms of equity, diversity, and inclusion. We proposed a new model, the socially responsive ethical decision-making model that integrates culture and self-awareness throughout. This seven-step model focuses on considering culture immediately at the first step of problem definition, seeking out consultation and information from a wide variety of sources to

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improve self-reflection and self-awareness, and evaluation alternative solutions from a culturally curious and culturally humble perspective. We offer vignettes to demonstrate how to apply such a model, in both clinical and research situations. The article concludes with a brief commentary on the value of engaging in socially responsive decision-making when facing an ethical dilemma.

> **Public Significance Statement**
> This article presents a model of socially responsive ethical decision-making, which integrates cultural humility and cultural competence into the ethical decision-making required of health service psychologists. Providing both the steps of the model and application of those steps through two vignettes, this article challenges psychologists to integrate self-reflection, cultural awareness, and socially responsive analysis into each step of responding to an ethical dilemma.

For psychologists to conduct ourselves ethically and in a socially responsive manner, it is imperative that we are inherently grounded in cultural competence and humility; yet, the intersection of ethics and culture has received scant attention. Indeed, when was the last time you attended a training that focused on culturally and socially responsive ethical decision-making? Our guess is that for most readers, the answer to that question is "never." Given the history of the ethics codes in psychology, this is not necessarily surprising. Although the American Psychological Association (APA) adopted its first code of ethics in 1953 (Golann, 1969), consideration of culture was not identified as an aspect of ethical decision-making in the APA *Ethical Principles of Psychologists and Code of Conduct* (subsequently referred to as APA Ethics Code) until the 1992 version (American Psychological Association [APA], 1992).

Over the years, the APA Ethics Code has undergone multiple revisions and several amendments, with the most recent version approved by the APA Council of Representatives in 2016 (APA, 2017). Each revision has attempted to attend to changes in the roles and responsibilities of psychologists within the current and evolving context (Fisher, 2016). These changes, particularly in the more recent revisions, have included an emphasis on culturally responsive practice, yet this continues to be identified by some as an area of significant weakness in the APA Ethics Code (e.g., O'Donohue, 2016).

In 1959, the Canadian Psychological Association (CPA) adopted the APA Ethics Code on a trial basis and continued to adopt the next two revisions (Sinclair, 2020). Eventually, the CPA developed its own ethics code, with the first version published in 1986 (Pope & Vasquez, 2016) and the most recent, the 4th edition, in 2017 (Canadian Psychological Association [CPA], 2017). The code is structured similarly to APA's with a preamble, ethical principles, and ethical standards. However, the CPA code includes guidance in applying the standards in ethical decision-making and encourages psychologists to consult with others when confronted with an ethical dilemma. This guidance includes emphasis on the cultural context of the ethical dilemma and decision-making. For example, the CPA guidelines explicitly state that the identification of ethical issues should include consideration of "the cultural, social, historical, economic, institutional, legal or political context, or other circumstances in which the ethical problem arose" (CPA, 2017, p. 5). Although such an emphasis has not historically been part of the APA Ethics Code (e.g., Garcia & The Society of Indian Psychologists

[SIP], 2014; O'Donohue, 2016), a joint initiative of the APA Ethics Committee and the Ethnic Psychological Associations is developing a process to incorporate concepts of culture and diversity more intentionally and fully into future APA Ethics Code (APA Ethics Office, 2021). At the time of submission, this work was ongoing.

The development of the proposed socially responsive model of ethical decision-making was the result of the Council of Chairs of Training Councils (CCTC) 2020 planned conference that was held virtually in 2021 due to the COVID-19 pandemic. The ethics and professionalism workgroup was profoundly aware of the civil unrest and protests across the United States (and the world) in response to several social injustice events happening simultaneously across the country. Although extant ethical decision-making models have proven to be helpful to many trainees and practicing psychologists, the workgroup also concluded there was something missing in the models. Specifically, it appeared that social and cultural biases were an "add-on," usually found at the end of decision-making models, or in only one step of a model. We concluded that a socially responsive model would infuse and incorporate issues of diversity, equity, and inclusion throughout each step. The proposed model is the result of ideas that identified how this integration and infusion would benefit those who are faced with ethical decisions in their professional practice of health service psychology (Table 1).

Models of Ethical Decision-Making

Intended to specify standards of care and be enforceable rules for psychologists' professional behavior, both the CPA and the APA Standards are relatively broad in nature (APA, 2017; CPA, 2017). As such, there are many dilemmas encountered by psychologists for which a standard does not readily apply. Additionally, psychologists may find themselves struggling to reconcile conflicts between ethical standards and/or between standards and law or organizational policy (Knapp et al., 2015). In these gray and sometimes very complex situations, an ethical decision-making model can aid in providing guidance toward appropriate action (Cottone, 2012; Knapp et al., 2017). Within health service psychology, there are several ethical decision-making models, many of which are anchored in the principle (Kitchener, 1984), virtue (Meara et al., 1996), or relational (Hill et al., 1995) theories of ethics. In health service psychology training, practice-derived models (Cottone, 2012) that draw from multiple theories are included in most

Table 1

Comparison of Ethical Decision-Making Models

Knapp et al. (2015)	Pope et al. (2021)	Welfel (2016)	Socially responsive
Identify the ethical dilemma	State issue as clearly as possible	Develop ethical sensitivity and awareness	Identify the issue with a wide and diverse lens
Generate solutions with colleagues and networks	Anticipate who will be affected by the situation	Consider facts, stakeholders, and context before defining issue	Engage in self-reflection that includes own biases and judgments, as well as potentially racist beliefs and practices
Analyze and evaluation potential solutions	Identify the client	Examine ethical standards	Consult with ethical standards and laws, including ethnic minority psychology guidelines and commentaries
Select and implement solution	Assess competence fit	Examine laws and regulations	Consult with diverse peers and colleagues
Evaluate the solution	Review formal ethics codes and standards	Examine the professional ethics literature	Develop multiple options or pathways
	Review legal standards	Apply principles and virtues	Develop and implement an action plan
	Review research and theory	Seek consultation	Reflect on both process and outcome, involving diverse colleagues
	Consider whether personal feelings, bias, or self-interest will influence decision	Independent deliberation	
	Consider whether social, cultural, religious, or related factors affect the situation	Make and implement decision, document each step	
	Consider consultation	Reflect on the process and decision	
	Develop alternative courses of action		
	Think through alternative courses of action		
	Try to adopt the perspective of each affected person		
	Decide what to do, review, take action		
	Document process and assess results		
	Assume personal responsibility for consequences		
	Consider implications for preparation, planning and prevention		

textbooks, sometimes resulting in theoretical inconsistencies (Cottone, 2012). Most of these models have been proposed to address dilemmas that arise within the context of therapeutic relationships, rather than the entire range of psychological service delivery, such as supervision, research, or consultation. Nonetheless, the models can assist psychologists in determining a course of action when confronted with an ethical dilemma in the course of their work.

A large number of ethical decision-making models have been developed for psychologists and other mental health professionals—38 according to one recent study (Johnson et al., 2022)—all of which have strengths and limitations. For this review, three practice-derived models (Cottone, 2012) of ethical decision-making were selected because they are representative of textbook models widely utilized in HSP training programs: Knapp et al. (2015), Pope and Vasquez (2016), Pope et al. (2021), and Welfel (2016). These three models also include components that are commonly used or adopted by other authors (Fisher, 2016). In addition, all have been updated

and revised within the last 10 years. Below, all three are analyzed for inclusion of culturally and socially responsive decision-making. This serves as a starting point for the development of our proposed model.

Knapp Five-Step Model

Knapp et al. (2015) proposed the use of a five-step ethical decision-making process for professionals who provide psychotherapy. First, psychologists identify and clarify the ethical dilemma they are facing, through the consideration of relevant overarching ethical principles. Second, solutions are generated by listening to and talking with social networks, including clients, and consulting with other professionals. Such consultation can serve to reduce emotional interference and cognitive distortions that can hinder effective ethical decision-making. Step 3 of the Knapp et al. model requires the analysis and evaluation of potential solutions to the dilemma. Considerations in this step include the justification of

one ethical principle over another, the chances of success, and minimization of harm, among others. Once alternatives have been analyzed, the psychologist chooses an action and implements it, and then finally, the professional evaluates the solution. The authors note that the model is a dynamic one in that additional dilemmas may result from a chosen course of action and/or new information may change the interpretation of the situation. As such, psychologists may return to previous steps in the decision-making process and come to a different decision.

Pope 17-Step Model

Pope et al. (2021) and Pope and Vasquez (2016) model was developed specifically for counseling psychologists, emphasizing ethics in the context of psychotherapy and counseling. The model aligns with the CPA Standards and the 10 ethical decision-making steps outlined within the CPA Ethics Code. Pope et al. (2021) include an additional seven steps for a total of 17, though not all steps are applicable to every ethical dilemma, and the authors note that some steps may need to be adapted. Decision-making begins by ensuring a clear understanding of the situation by stating it as directly and unambiguously as possible. Subsequently, consideration is given to the potential multiple stakeholders (including family, coworkers, and others) who may be affected by the decision, as well as to who the client(s) is. The next steps includes examination of the psychologist's needed competence to address the situation, and the consideration of ethical standards, legal requirements, research, and theory.

Steps 8 and 9 are the only ones that explicitly require consideration of diversity and equity issues, though the authors emphasize the importance of cultural competence as an ethical obligation through numerous examples in their 2021 text. Step 8 requires reflection regarding one's personal feelings, biases, and self-interest and engaging in "relentless honesty" (p. 91) in personal check-ins, while Step 9 emphasizes potential social, cultural, and religious factors that may be relevant. Consideration of obtaining consultation is the focus of Step 10. In Steps 11–13, the psychologist considers relevant courses of action and the potential impact and consequences of those, as well as the perspectives of those who will be affected. The final four steps of the Pope et al. (2021) model involve implementing, documenting, and evaluating a course of action, as well as taking responsibility for the decision.

Welfel's 10-Step Model

Similar to Pope and colleagues, Welfel's (2016) model of ethical decision-making focuses primarily on counseling contexts. According to this 10-step model, ethical decision-making must begin with a sensitivity to potential ethical dilemmas, development of a strong sense of ethical awareness, and consultation with available resources. The professional then considers the facts, stakeholders, and sociocultural context before moving into defining the central ethical issues or problems that need to be resolved. Once those fundamental issues are specified, ethical standards, laws, and regulations, as well as the professional ethics literature are examined for potential guidance. Welfel's sixth step involves the application of the underlying fundamental ethical principles and virtues, including nonmaleficence, respect for autonomy, beneficence, justice, and fidelity. Consultation with trusted professional colleagues not only

can provide insight and a fresh view of things but can also reduce the anxiety and distress associated with the ethical decision-making process. Following independent deliberation, a decision is made and then implemented and documented. Finally, the professional engages in reflection of the process and the decision. This allows for increased ethical sensitivity and professional growth.

Identifying Strengths, Limitations and Exclusions in Ethical Decision Models

We contend that cultural and diversity considerations must be centered at the beginning and throughout all aspects of the entire process of ethical decision-making. More strongly, we agree with Speight and Cadaret (2018) who argue that embedding culture and diversity is imperative to ethical practice. These authors recognize that

> cultural differences may lead to differences in values and differences in motivations for decisions from clients. Therefore, awareness of how one's biases, stereotypes and experiences shape reactions can be helpful to ensuring that clinicians are not inadvertently making judgments that do not respect culture, language, and values. (p. 315)

With that perspective, we reviewed the extant models of ethical decision-making on the contributions they make to socially responsive ethical decision-making as well as the extent to which culture and diversity are embedded throughout the models.

Positive Contribution of the Current Ethical Decision-Making Models

Ethical decision-making models promote recognition that ethical dilemmas are a normal part of working in clinical situations (Evans et al., 2012). Engaging in the multiple steps involved may help to slow the decision-making process down, which can help to minimize stress and pressure, factors that may lead to less effective ethical decisions (Hinkeldey & Spokane, 1985; Selart & Johansen, 2011). Improved decision-making can emerge from the increased critical thinking that is inherent in ethical decision-making models (Fisher et al., 2007).

Another primary strength of these three decision-making models is the expectation that the ethical dilemma will be identified. A careful look at the "dilemma" often results in helping to articulate whether the situation is actually an ethical dilemma. There are many situations that involve making difficult choices between two or more options, yet they do not rise to an ethical dilemma. In such situations, an ethical decision-making model is not warranted.

Typically, ethical decision-making models encourage consulting with others as a way to develop multiple opportunities to consider a variety of options to address or resolve the dilemma. Because ethical dilemmas are often intricate with many facets to them, ethical decision-making models reinforce the importance of considering dilemmas from multiple perspectives. For example, Knapp et al. (2015) model necessitates an analysis and evaluation of feasible solutions to the dilemma. This step also includes the evaluation and justification of one ethical principle over another, the likelihood of a positive outcome, and the maximization of doing no harm. The hope here is that peers and colleagues who have differing values and opinions will add their recommendations and guidance in a way that

supports analysis and evaluation. This also sets the foundation for coming up with many or all options. The decision-making models do not say or specify how many people should be consulted, yet they seem to imply that several peers and colleagues should be included in order to arrive at the decision. However, there is little information related to the intentional inclusion of cultural considerations into the decision-making or that persons who are culturally diverse be included as consultants.

Knowledge of federal and state or provincial statutes, in addition to ethical standards, is an essential element across models. Since jurisdictions often vary, it is incumbent on decision makers to know, consider, and apply these components in the process of coming to a decision. However, there is some evidence that psychologists struggle in this area. For example, a survey of psychologists from four U.S. states indicated that most (76%) had misinformation about their state laws regarding dangerous clients; at the same time, these psychologists reported confidence "that they understood the duty to protect in their own state" (Pabian et al., 2009, p. 8). Such findings highlight how important these steps are in ethical decision-making models and practice.

All three models reviewed in this article have a final step of evaluating and reflecting on the course of action. Although not explicitly stated, this step might include a supervisor, peer, instructor, colleague, or others, given effectiveness would seem to benefit from review with a variety of persons. This step is completed after acting on the ethical decision chosen and can serve as a learning opportunity to reflect on what might have gone well, and what could have been improved, and is therefore an important step for growth.

Limitations or Omissions in the Current Decision-Making Models

One area that is lacking in current models of ethical decision-making is the role of diversity, inclusion, and equity throughout the process (i.e., in every step). Speight and Cadaret (2018) stated that

> effective service to racial and ethical communities requires clinicians to have cultural knowledge to be aware of their own biases, privileges, assumptions, and positionality to apply their skill set appropriately to meet clients' needs, and to utilize advocacy skills to challenge policies, procedures, and barriers to the clients' well-being. (p. 317)

Given that ethical decision-making is part of effective practice, this quote suggests that culture and diversity cannot be disconnected from any individual decision-making action, given that the decision-maker brings their "biases, privileges, assumptions, and positionality" to each situation. Without such awareness, we are vulnerable to the pitfall of bias (Jones, 1991; Watts et al., 2020) and cognitive errors (Medeiros et al., 2014) when confronted with ethical dilemmas.

Due to such biases, we may provide better and more ethical service if we seek out people and information sources that challenge our opinions. In an interesting study of auditors in France, the researchers found that participants selected different colleagues to consult depending on the nature of the ethical question (Hazgui & Brivot, 2020). Although we were not able to find any similar evidence examining consultation relationships in psychology, it is reasonable to assume that the motivation of the

psychologist may influence who they seek out as a consultant. In an article that offers a model for using peer consultation in ethical decision-making, Gottlieb et al. (2013) noted that consultants also have biases that need to be acknowledged and the authors provide substantial guidance on how to select a peer consultant appropriate to the ethical situation.

Feminist ethics theorists (e.g., Brabeck, 2000; Norlock, 2019), also expressing concern about bias, describe similar limitations of ethical decision-making models. Feminist ethical approaches are organized around five central themes: (a) recognizing that women and their experiences have moral significance, (b) subjective knowledge can illuminate and inform moral issues, (c) inclusion of those who have been left out, (d) analysis of power dynamics inherent in all contexts, and (e) taking action directed at social justice (Brabeck, 2000). By actively including those who have been left out of ethics and ethical discussion, feminist ethicists illustrate the gaps in cultural inclusiveness inherent in many ethical decision-making models. Further, the emphasis on power dynamics and social justice in feminist ethics is a clear call to attend to issues of equity when considering ethical decisions.

Recent theory and research suggests that the multicultural orientation (MCO) model (Davis et al., 2018), which emphasizes cultural humility, cultural curiosity, and cultural comfort, may be as relevant for ethical decisions as it is for psychotherapy and therapeutic relationships. The MCO model advocates for cultural humility rather than cultural competence underscoring the fact that it is impossible to know the information related to all cultures and identities. Since culture is complex, it necessitates that we be curious and attend to cultural opportunities presented by clients, supervisees, and trainees, in order to understand their values and cultural worldview. One way to increase our knowledge of any problem is to ask the person(s) who is the focus of our ethical decision questions to help broaden and deepen the process and provide a more nuanced understanding of the problem. Such an action acknowledges that situations that appear similar on the surface may be experienced very differently. We can also infuse cultural humility and curiosity into each step of our decision-making process. In other words, it is important to be open to the complexities and dynamic nature of identities and the ways identities influence how we see others. Finally, the model asserts that psychologists need to have cultural comfort, or a sense of ease and calmness regarding conversations about cultural content and their own cultural identity, in order to engage in conversations in an open and nondefensive fashion. For those persons who are not comfortable with cultural conversations, it is essential that steps are taken to learn, discuss, and explore avenues to gain comfort. Together cultural humility, cultural opportunities and the curiosity to explore them, and cultural comfort can support a model of ethical decision-making that emphasizes diversity, equity and inclusion and centers social responsiveness.

Proposed Socially Responsive Model of Ethical Decision-Making

Psychologists need a decision-making model that will assist them in making decisions that incorporate and center the perspectives of those who have historically been ignored, or not adequately represented, in previous ethical decision-making models. The model needs to be intentional about addressing equity, diversity, and

inclusion by seeking to incorporate what has previously been minimized or overlooked. This includes greater consideration of all stakeholder identities and ways that those identities are relevant to addressing the dilemma, enhanced understanding of individual and group biases that may serve to obscure being socially just, and/or ways that culture and diversity could redefine a dilemma once included in the decision-making process. Drawing from the multicultural orientation framework (Davis et al., 2018), we also contend that cultural humility, cultural comfort, and cultural curiosity, along with self-examination, are integral to the development of an ethical professional identity. Specifically, we assert that psychologists have an ethical obligation to take steps to undo internalized racism, implicit and explicit bias, and other sources of complicity with discriminatory practices and policies. It is important to note that socially responsive ethical decision-making is a critical part of the evolution of health service psychology to become more socially responsive in general. Therefore, the use of this model needs to be accompanied by training and supervision in culturally informed theory, practice, and research, and not in isolation from other socially responsive training and practice. The following steps and considerations are our recommendations for an ethical decision-making model that is socially responsive and centered in equity, diversity, and inclusion.

Step 1: Identify the Issue With a Wide and Diverse Lens

Psychologists attend to the individual, family, group, system, and community that will be impacted by the ethical dilemma that is present or emerging. Consider from the first moment the cultural and sociopolitical factors that may have led to the dilemma, may be shaping the behaviors of those involved in the dilemma, and may continue to resonate in the lives of stakeholders after a decision is made. Psychologists adopt a stance of cultural humility (Davis et al., 2018), by increasing self-awareness of limitations imposed by their own cultural worldview and seeking to understand others with respect and a lack of assumed superiority. They recognize that research and evidence supporting their decision-making process may be influenced by cultural worldviews that excluded marginalized perspectives. They recognize their own position and the social power that comes with, and assume that the initial assessment of the issue could be influenced by biases and worldview related to their social position. They check internally and with others, on any tendency to minimize or exaggerate concerns. As described by the Society of Indian Psychologists (Garcia & SIP, 2014), this includes an understanding that "correct ethical behavior depends upon the framework of the culture of the community in which the psychologist is operating" (p. 14).

Step 2: Engage in Self-Reflection That Includes a Self-Evaluation of Your Own Biases, Judgments, and Potentially Racist Beliefs and Practices

Ethical sensitivity and cultural sensitivity are partners in this self-exploration. The psychologist is expected to develop cultural comfort (Davis et al., 2018), which includes feelings of calmness, openness, and relaxation with others from diverse backgrounds. Honest self-awareness is necessary in order to be aware of their own attitudes and emotional reactions toward cultural groups, as well as

to recognize the social locations and positions of relative power held by them and the others who are impacted by the ethical decisions being considered. Understanding attitudes and reactions, as well as their own cultural identity, acculturation, and role socialization, are essential steps in ethical sensitivity and self-reflection.

Step 3: Consult With Ethical Standard, Laws, and Cultural Resources

In addition to understanding professional codes and jurisdictional expectations, psychologists should study carefully the cultural commentaries on ethical standards. These documents, written by the Association of Black Psychologists (ABPsi, 2019), National Latinx Psychological Association (NLPA, 2018), and the Society of Indian Psychologists (Garcia & SIP, 2014), include critical inclusive and culturally centered content. Each of these documents highlights the need to critically analyze the current APA Ethics Code from a culturally informed lens. The SIP Commentary anchors their critique in a set of values shared across Indigenous communities (Garcia & SIP, 2014), the ABPsi Ethical Standards provide a conceptual foundation anchored in a "reaffirmation of African Centered Philosophy (p. 7)," and the NLPA Ethical Guidelines identifies a foundation that emphasizes the relational and collective nature of Latinx culture and psychology (NLPA, 2018). In their review, psychologists should consider the extent to which existing laws reflect, or fail to reflect, equity and social justice principles.

Step 4: Consult With Diverse Peers and Colleagues

Psychologists should be able to identify and collaborate with colleagues who hold viewpoints and personal identities different from their own. Psychologists should actively seek out individuals with a diversity of experiences and opinions, in order to illuminate their own areas of lesser knowledge and potential bias and choose to consult with supervisors and professionals who have pertinent multicultural expertise (Garcia et al., 2003). In order to best utilize this valuable resource, consider identifying two or three colleagues in advance, and develop a relationship that supports receiving and giving critical feedback in diversity, equity, inclusion, and social responsiveness.

Step 5: Develop Multiple Options or Pathways

Based on the cultural values of the client, student, supervisee, or research participant directly involved in the ethical decision, ensure that the courses of action being considered reflect the cultural worldview of the stakeholders involved (Garcia et al., 2003). Reviewing the potential actions with culturally diverse colleagues can facilitate this. As pathways are identified, compare them to the principles included in the cultural commentaries and Codes of Ethics developed by ABPsi, NLPA, and SIP, as well as the feedback from consultations. For example, a primary consideration of the ABPsi Ethical Standards of Black Psychologists (ABPsi, 2019) is whether there is an opportunity to preserve order and a well-functioning society, consistent with the principle of Ma'at. Adhering to Ma'at supports a just decision-making process that contributes to social harmony and justice. In contrast, an unjust or immoral action can contribute to Isfet, or disorder. This orientation elevates ethical decision-making to a practice of higher moral consciousness

and moves it beyond the avoidance of negative consequences (ABPsi, 2019). A psychologist relying on the principle of Ma'at may consider how their actions will result in the most good and the most harmony for all of the people involved directly in the dilemma, as well as the larger community.

Step 6: Develop and Implement an Action Plan

When making a consequential decision, psychologists review the plan with a diverse group of informed others and continue to be open to feedback and the need to adjust plans if oversights are identified. Psychologists strive to be as transparent as possible with the parties involved in and affected by the actions, and strive to be a collaborator, rather than solely the decision agent. In this effort, it is again critical for psychologists to acknowledge their own social role and relative power, and actively seek to be humble, as well as transparent. In addition, psychologists consider that the involved parties are part of a larger community and recognize that their decision has an impact on that community, as well. This recognition highlights that the power and the responsibility for such an action is ultimately that of the psychologist, and psychologists therefore engage in self-evaluation and consultation to learn to manage that power appropriately.

Step 7: Reflect on Both Your Decision and the Process You Engaged in

Psychologists examine the extent to which the needs of all stakeholders, including themselves, were considered in each step of the process. Reflecting upon and evaluating the plan and outcomes should also include the involvement of peers with a range of worldviews. This can facilitate the identification of measures and data sources that include both universal and culture-specific variables for the evaluation (Garcia et al., 2003). Psychologists consider whether the steps in their decision-making incorporated a wide and diverse lens, involved multiple perspectives, and included multiple pathways or options. From this evaluation, psychologists identify ways in which future similar ethical dilemmas might be avoided. By linking the current process to potential future dilemmas, psychologists can increase their ethical sensitivity and ability to identify ethical concerns early.

The proposed socially responsive model of ethical decision-making includes many factors present in the decision-making models previously reviewed, and the difference is as much one of emphasis as it is content. Inherent in each step of the model is explicit attention to the social context, multiple worldviews, and the need to be socially responsive. This is achieved primarily by engaging in self-awareness and self-examination, engaging with an intentionally broad and diverse set of consultants and resources, and recognizing that the very essence of a potential ethical dilemma is shaped by the community in which it is occurring.

Application of Model to Vignettes

In order to illustrate the application of socially responsive ethics, in which culture and social context are central aspects of ethical decision-making, the following two vignettes are provided. The vignettes were written to include multiple ethical questions and within the context of real-life circumstances. As you read the vignette, imagine that you are the psychologist involved and consider what you would need to learn and evaluate in order to respond in a socially responsive manner. Situations such as those illustrated here are complex and multidimensional, often including multiple ethical issues. Although space does not allow a full discussion of every ethical question that could emerge from such circumstances, several key issues and their impact on the involved parties are identified. In the first vignette, the model is illustrated by describing the actions and conversations that a psychologist might have in coming to a decision. The second vignette is explored through a series of questions that the reader can use to identify their own options for responding.

Elena

You have been working with Elena in therapy for the last 3 months, focusing primarily on issues of depression, anxiety, and family stress. Although there are myriad contributors to Elena's depression and anxiety, one of her primary concerns has been the welfare of her 15-year-old son, Cody. He is currently living in a state group home for adolescents following a 30-day stay in juvenile detention after being arrested for possession of stolen property, controlled substances, and paraphernalia. Prior to the age of 14, Cody had never been in any trouble. Elena has been having a very difficult time negotiating both the legal and adolescent probation system that is taking up a large part of her time and energy.

Today, Elena comes into the session extremely upset. Cody's case manager called and said the state wants to "extend custody" of Cody and keep him at the group home, even though Elena expected him to be discharged. The case manager told her their decision was based on a recently completed psychological evaluation, in which the psychologist concluded that Cody was antisocial, would be too difficult to manage at home, and recommended continuation.

Elena hands you the report from the psychological evaluation. It is a brief report, organized around the Millon Adolescent Clinical Inventory (MACI) and you note that the history is only three sentences long. The report merely states that Cody is a single child who usually lives with his biological mother (Elena) that his father no longer lives with him, that he is currently living in a group home and wants to return to his mother's home. There is no mention of Cody's history of a substance use disorder, the recent death of his half-brother with whom he shares a biological father, or his ethnic identity. Elena identifies as Latina, and you know that Cody's father was Indigenous and White, as was Cody's brother who was recently killed in an accident. You jump to the end of the report and see that the psychologist has provided a diagnosis of cannabis use disorder, oppositional defiant disorder, and antisocial personality. This is followed by the sentence "Family reunification not recommended; retention in group facility recommended."

Elena asks tearfully,

> Can you help me with this? This does not sound like my Cody at all. He has always been a sweet boy, never in trouble until last year. I cannot believe they might not let him come home. Please help me.

Decision-Making Process

Identify the Issue With a Wide and Diverse Lens

You consider that Elena is your client, and this report is not directly related to her treatment, and so it could be a legitimate

ethical response to decline to take any action. However, you also recognize that Elena and her son are being impacted by this high-stakes assessment report, along with their extended family and the community who are still grieving the loss of Cody's brother. Finally, the community of young men of color, who are overrepresented in both the juvenile justice and the state foster care system, are relevant to the issue at hand. With these perspectives in mind, you think about your obligation to minimize harm and demonstrate respect and dignity for all people. You recognize that you may be moving past your own boundaries of competence—cultural, professional expertise, and emotional—and that moves you into Step 2.

Engage in Self-Reflection That Includes Self-Evaluation of Your Own Biases, Judgments, and Potentially Racist Beliefs and Practices

You can identify that your primary allegiance at this point is to Elena, and you recognize that this might be impacting your reaction to the report you have just read. The impulse to assist her is very strong, and you assess the extent to which you might be falling into a "savior" role. You also recognize that you have subconsciously made some assumptions about Elena's ability to advocate for Cody, based on the power of the state and her social identity as a woman of color. You also evaluate your own level of familiarity with the MACI and question whether you are jumping to conclusions about the report based on Elena's response. You decide that you need to educate yourself about all of these factors, and so you engage with consultants and the literature in the next steps.

Consult With Ethical Standards and Laws

You review the APA Ethical Principles and Code of Conduct. You immediately recognize that you are concerned that nonmalefi-cence, justice, and respect for people's rights and dignity might be threatened in this situation. You read Section 9: Assessment and identify several questions but the most significant is under 9.06 interpreting assessment results:

> When interpreting assessment results, including automated interpreta-tions, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other char-acteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations.

You then read the commentary on the APA Ethics Code by the Society of Indian Psychologists and the National Latina/o Psycho-logical Ethical Guidelines. You are particularly struck by the comment "any Ethics Code relevant in Indian country should consider the community as an entity in addition to individuals" (Garcia & SIP, 2014, p. 14).

Consult With Peers and Supervisors

Based on the information you have gathered so far, you identify a peer who routinely does assessments and evaluations with youth and share the copy of the report Elena provided you, after removing all identifying information. Your colleague points out that not only is there no cultural content included in the history, but there is no discussion of the impact of culture on the results, not even the standard cautionary statements recommended by the publisher of the MACI. Your colleague suggests that there is such a paucity of information that you may want to inquire about whether an inter-view was conducted with Cody or any of his family members. You also speak with a colleague you trust to help you examine the underlying biases in your thought process. You have asked to consult with this colleague because you trust their judgment and know they have cultural expertise and humility. Further, you know they are willing to confront you on your own cultural and social justice limitations, as the two of you have engaged in challenging conversations in the past. You discuss your concerns about trying to be the "savior" in the situation and whether you are under-estimating Cody's or Elena's ability to advocate for themselves. You also discuss whether you are being swayed by Elena's descrip-tion of Cody as "a sweet boy," and if you should consider that caution about him coming home is warranted. Your colleague challenges you appropriately in your assumptions, pointing out areas in which you haven't considered cultural factors sufficiently and ways in which they see your biases playing a role. After this discussion, you reach out to Elena and confirm that no family interviews were conducted by the psychologist. She also tells you that Cody does not remember meeting the psychologist. Given this information, you feel prepared to develop a plan.

Develop Multiple Options or Pathways

Based on the information you have gathered, you believe that the assessment conducted by the other psychologist may not be an accurate or just representation of Cody and could have deleterious effects on him, Elena, his family, and eventually other youth in the juvenile justice system. You have identified several ethical concerns about this assessment. The initial lack of cultural context remains a primary concern, as well as the information you have discovered about the failure to interview people close to Cody, failure to integrate limitations recommended by the assessment publisher, and reliance on a single instrument to make significantly impactful treatment decisions. You also know that there is a shortage of psychologists willing to work in the state juvenile system and having fewer professionals available could be harmful to many other young people. You decide that your options for action include as follows: (a) taking no action and letting Elena know that your primary responsibility is to her emotional well-being rather than pursuing this matter further, (b) referring Elena to another psychologist who can do another evaluation of Cody, (c) reporting the other psychologist to their employer for negligence, d) contacting the other psychologist and letting them know they should change the recommendations for Cody, (e) contacting the other psychologist and asking for a meeting about the concerns that have emerged in your research, (f) reporting the psychologist to the state psychology board, or (g) some combina-tion of the above.

Develop and Implement an Action Plan

You discuss these options with the colleagues you reached out to in Step 4. Ultimately, you opt for engaging in the option of discussing your concerns with the other psychologist, because you believe it is important to educate them about the impact of the

reports being written and you believe culture is being considered insufficiently to meet the standards of each of the ethics documents you reviewed. You share this information with Elena, who is disappointed that you have not been able to change the report and recommend that Cody come home. You then discuss with her the option of getting a second evaluation for Cody, but she cannot afford a self-pay assessment. You explain to her that making changes to the current report is not something you can ethically do, and that the fact that you have not worked with Cody makes it impossible to make any additional recommendations. This precipitates additional conversation to repair and restore your therapeutic relationship with Elena. You meet with the psychologist and ask them about the process that went into evaluating Cody. The psychologist first reveals that they had not met with Cody personally but relied on a computer-generated report and notes from Cody's caseworker. It becomes apparent that this psychologist has not considered Cody's trauma history related to the loss of his brother, has not integrated culture into their work, and also has not considered the impact their assessments have on the population of young men of color, who make up the majority of their caseload. After a very challenging and at times emotional conversation, during which you present the ethical errors that you have identified, you ask for a plan from the other psychologist to alter their assessment practice. The two of you agree that the evaluating psychologist will hire a consultant who can advise them on cultural implications in their evaluations, complete continuing education training in assessment, and develop an accountability plan that results in you feeling confident the other psychologists' evaluations will improve. You also note that you are engaging in this conversation in order to be consistent with the APA and CPA ethical standards, and that you will report them in the future if there is not a change in behavior. You opted to not report the psychologist at this time primarily because the shortage of psychologists willing to work with the state could unintentionally harm other youth in the juvenile justice system. Given that both the shortage of psychologists and the current procedures of this particular psychologist are harmful, you determined that educating the psychologist and holding them accountable for future behavior would eventually do the most good and do the most to minimize harm for Cody and others.

Reflection

You spend time after the meeting considering whether other outcomes would have met Elena's or Cody's needs. The psychologist has agreed to go back and interview Cody and Elena, and revise the report as needed, but that may not result in Cody being approved to go home. You recognize that this would be a painful outcome and could impact your therapeutic work with Elena, and also recognize that your expertise with assessment is not sufficient to argue that the findings themselves were inaccurate. Instead, your actions should result in changed behavior by the state-employed psychologist, resulting in more accurate and culturally informed assessment for all of their clients. The unknown outcomes of the situation give you pause, and you believe ultimately that by keeping your focus on a socially responsive process, you minimized harm and hopefully contributed to a just and respectful change that could positively impact the entire community.

Jonathan

Your supervisee, Jonathan, was very active in the local Black Lives Matters protests in the summer of 2020. This was the first time Jonathan had been actively engaged in such protests, and he reports feeling "transformed" by the energy and passion of the crowds. Jonathan is currently working with several clients who are Black and is planning on conducting a psychotherapy group to address the impacts that the Black Lives Matter movement has on Black men.

Jonathan is a White cisgender male and has been an outspoken advocate and ally for many groups that he identifies as marginalized. He is an active member of the gay–straight alliance on campus, has completed training in courageous conversations at multicultural events, and regularly engages when he sees people being treated unfairly. You have no doubt that his passion for this psychotherapy group is sincere, but you have mixed feelings about him running a group as a White man without a Black coleader. In your conversations with him, Jonathan is very excited to run this group and expresses that he "can relate because he has done the work to understand." As his supervisor, you are concerned that he does not seem curious to learn about his group members as individuals, and at times does not show the humility that will be needed to learn more about the cultural and diverse identities of the group members. He is in the planning stage of this group and has several Black male clients that he hopes to add to his group.

Decision-Making Questions

Identify the Issue With a Wide Lens

Who is likely to be affected by Jonathan's decision to run a group without considering a coleader who is a person of color? Is cultural competence an ethical issue in the situation?

Engage in Self-Reflection

As the supervisor, what am I feeling about this proposed group? Is my reaction based on my own cultural discomfort with the topic, with my supervisee, or with some combination? Why, or why not, would I be feeling discomfort? What work do I need to do in order to identify the sources of this unease? How do my own cultural identities inform my thoughts or feelings?

Consult With Ethical Standards and Laws

If the APA Ethics Code does not address this issue, is it referenced in other ethics codes, such as the Ethical Standards of Black Psychologists (Association of Black Psychologists, 2019)? What can I learn from existing research regulations and standards? In addition to the Association of Black Psychologists (2019), what guidance is available from other ethnic minority psychology associations that addresses the meaning and impact of therapy with participants from minority groups?

Consult With Peers and Supervisors

Who do I trust to challenge me with differing opinions about group leader competence? Who might I approach in the Black community to help me explore the questions I have, without placing

an undue burden on their time and energy? Who do I trust to be truthful with me or have confidence in to call me out on my biases and prejudices?

Develop Multiple Options or Pathways

How can I identify a response that will both be a learning experience for Jonathan and support the most ethical action moving forward? Are there ways for me to encourage Jonathan to move ahead with this group that can ensure respect, justice and advocacy (NLPA, 2018)? If we cannot identify any, what is the impact on Jonathan and how will we navigate that?

Develop and Implement an Action Plan

How can I engage with Jonathan in this decision-making process so that he is part of the action plan moving forward? What does he need to learn about respect for the rights of others, justice, and other ethical principles in order for this to be a meaningful discussion, regardless of whether the decision is to move ahead with the psychotherapy group?

Reflect on Both Your Decision and the Process You Engaged in

To what extent did I focus on the well-being of Jonathan as I considered these questions? To what extent did I center the needs and potential impact on the Black community? How did my own uncertainty and discomfort both contribute to and interfere with the decision-making process? How can I process this with Jonathan in a way that helps him develop enhanced sensitivity and foresight regarding ethics in therapy?

Implications of Using This Model

Incorporating social justice concerns is a vital addition to the revision of all ethics codes and this decision-making model places an emphasis on social responsibility that has long been needed. The major change in this model is the emphasis at the outset, and throughout the entire process, that a just ethical decision is centered in the process. It is a novel ethical decision-making framework as it is focused on social responsiveness and its importance of being infused from the start of the decision-making process; it calls for a proactive rather than a reactive approach to equity and inclusion.

As the vignettes demonstrate, the socially responsive model assumes that the actions of the psychologist will impact the larger community, perhaps as much as the individuals and families directly involved in ethical dilemmas. This has important implications for psychologists to become increasingly aware of the social and cultural context in which clients' lives are embedded. To truly engage in socially just and socially responsive work, psychologists are asked to recognize that we are all connected (NLPA, 2018), and that we are therefore accountable to others as we contemplate impactful ethical decisions.

As this article was developed, the APA Ethics Code was being revised. Currently, the proposed standards include new sections, including: human and civil rights; interrelatedness of people, systems, and the environment; and scientific-mindedness. It is very likely that the revised APA ethics will include expectations that reflect much greater attention to diversity, equity, inclusion, and social responsiveness. Anticipating the ethical questions that are likely to emerge from this greater emphasis, the socially responsive model of ethical decision-making will provide a useful tool as psychologists apply both the current and future ethical standards.

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