

Ethics and EMDR Handout

presented by Steven M. Silver, Ph.D.

(Session 221, EMDRIA Annual Conference, 2020)

Disclaimers: The views expressed are those of the presenter and do not necessarily reflect those of the American Psychological Association or the EMDR International Association.

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Francine and I and Ethics

Official: PowerPoint bad for brains

“Researchers at the University of New South Wales in Australia found the brain is limited in the amount of information it can absorb - and presenting the same information in visual and verbal form - like reading from a typical PowerPoint slide - overloads this part of memory and makes absorbing information more difficult.”

Professor Sweller said: “The use of the PowerPoint presentation has been a disaster. It should be ditched.” Nonetheless... Make a mistake long enough and it ceases to be an error and becomes a hallowed tradition.

Presentation Goals

Understand the ethical guidelines used by the EMDR International Association.

Understand the ethical issues shared by EMDR with other psychotherapies.

Understand the ethical issues significant to EMDR.

What are ethics?

“The discipline dealing with what is good and bad and with moral duty and obligation.”
(<http://www.merriam-webster.com/dictionary/ethics>)

“The field of ethics, also called moral philosophy, involves systematizing, defending, and recommending concepts of right and wrong behavior.” (<http://www.iep.utm.edu/e/ethics.htm>)

Key elements of *Ethics*

Concepts of right and wrong can be identified.

Not relative, not varying.

The role of “behavior.”

Ethics, then is...

A set of principles of right conduct.

“Ethics is not, then, simply a function of how we think, but a guide for how we behave.”
(Silver, 2006).

Ethics is *not*...

The law

Morals

Risk avoidance

Where do ethics come from?

Societal norms and values

Other standard-setting agencies (religion, law, etc.)

Biology

Definition: Ethical Dilemma

A difficult moral problem that seems to have no satisfactory solution.

We sometimes define “satisfactory” to be, “When everyone is happy.”

Ethics is a big deal

U.S. institutions undergoing ethical self-examination in the modern era include:

Big Business Mental Health

The Military Medicine

Education High Tech

...High Tech?

Usually worker driven

Google, Amazon, Facebook

Institute of the Future, Tech and Society Solutions Lab

The EthicalOS Toolkit

Two important points

EMDRIA uses ethical codes developed by other organizations

EMDR is young (still) and unique

Ethical Codes

Professional codes of conduct developed by organizations try to provide a minimal, uniform basis for members' behavior.

You don't have to believe in the code, just behave within its boundaries.

If you can't, you should leave the organization.

EMDRIA Code of Conduct

"EMDR International Association (EMDRIA) has adopted a Professional Code of Conduct in order to assure the highest standards of excellence and integrity in EMDR. By adopting this Code, EMDRIA creates guidelines to establish and uphold standards of practice, training, certification, and research. All members of EMDRIA, as a condition of membership, subscribe to the Code of Conduct." -<https://www.emdria.org/about-emdria/emdr-international-association-policies/>

EMDRIA Code of Conduct (Cont.)

"Members of EMDRIA shall observe the professional and ethical standards of their respective clinical professions. If members are not licensed or accountable to a particular discipline's code of ethics, or if their Code of Ethics does not address the concern at hand, then the American Psychological Association (APA) Code of Ethics (APA Code of Ethics, January 1, 2017) shall apply."

Sexual Orientation Change Efforts

"...An individual's sexual orientation and gender identity are not matters of pathology. EMDRIA does not believe LGBTQIA individuals are in need of mental health treatment by

virtue of their sexual orientation and gender identity. ...The use of EMDR therapy in any SOCE program or other similar intervention is inappropriate and outside the norms and values of EMDRIA. EMDRIA prohibits the use of EMDR therapy for this purpose by its Members, Certified Therapists, Approved Consultants, Credit Providers, and Approved Training Providers.”

Diversity and Cultural Competence

“EMDRIA’s diversity perspective includes, but is not limited to, the influence of culture, race/ethnicity, nationality/citizenship, gender/gender identity, sexual/affectional orientation, socio-economic status, religion/spirituality, ability/disability, and/or age.”

“EMDRIA values cultural competence both as an organizational goal and as a core component of effective EMDR therapy.”

“Ethical Principles of Psychologists and Code Of Conduct”

<https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Short. Free. Get a copy!

Good coverage of a large number of areas.

Input provided from the “real world” of ethical dilemmas.

“Real World” Input

As an example:

Pope, K.S., and Vetter, V. A. (1992). Ethical Dilemmas Encountered by Members of the American Psychological Association: A National Survey. *American Psychologist*, 47, 397-411.

Pope & Vetter, 1992

679 psychologist respondents; 1319 were asked.

134 (about 20%) reported no ethical problems.

Responders described 703 “Ethically Troubling Incidents” in 23 categories.

Survey says...

Most difficult areas:

Confidentiality (18%)

Dual relationships (17%)

Problem Categories Ranked

Confidentiality -18%

Blurred, dual, or conflicted relationships -17%

Payment sources, plans, settings, and methods -14%

Academic settings, teaching dilemmas, and concerns about training – 8%

Forensic psychology – 5%

Problem Categories ranked (cont.)

4% - Research, Conduct of Colleagues, Sexual issues, Assessment

3% - Questionable or harmful interventions, Competence

2% - Ethics (and related) codes and committees, School psychology, Publishing, Helping the financially stricken, Supervision, Advertising and (mis)representation

1% - Industrial-organizational psychology, Medical issues, Termination, Ethnicity, Treatment records, Miscellaneous

Quick comment: Confidentiality (18%)

Most likely area for *intentional* violation (Pope & Bajt, 1988).

Common *unintentional* violated area (Pope, Tabachnick, & Keith-Spiegel, 1987).

Where does the information go and how is it protected?

Quick comment: Blurred, Dual, or Conflictual Relationships (17%)

Problems when serving as both therapist and supervisor.

What *is* “a dual relationship or conflict of interest”?

Quick comment: Conduct of Colleagues (4%)

Only 58% of psychologists regarded filing an ethical complaint as an ethical act.

Only 21% reported never ignoring unethical behavior.

(Tabachnick, Keith-Spiegel, & Pope, 1991)

Quick comment: Questionable or Harmful Interventions (3%)

Comment from a responder: “Am most troubled by the thesis, ‘If it works, go for it,’ rather than ‘Is it scientifically sound?’”

The practitioner vs. the researcher.

Overlooked Venues: Helping the Financially Stricken

Pro bono work does not protect you from litigation or unethical conduct charges.

Overlooked Venues: Supervision

Paying for the service of supervision but actually receiving little or none.

Overlooked Venues: Advertising and (Mis)Representations

People who claim to be qualified in a particular therapy or with a particular population but who are not.

The American Psychology Associations’ Ethical Code

Points to remember:

The APA Code changes as issues (and loopholes) are discovered.

Like most ethical codes, it is about what we should be doing as well as what we should not do.

APA Ethical Standards Areas (10)

1. Resolving Ethical Issues
2. Competence
3. Human Relations
4. Privacy and Confidentiality
5. Advertising and Other Public Statements

APA Ethical Standards Areas (cont.)

6. Record Keeping and Fees
7. Education and Training
8. Research and Publication
9. Assessment
10. Therapy

Some key areas for EMDR clinicians

2. Competence

2.01 Boundaries of Competence

2.02 Providing Services in Emergencies

2.04 Bases for Scientific and Professional Judgments

2. Competence (Cont.)

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

2. Competence (Cont.)

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

3. Human Relations

3.05 Multiple Relationships

...A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

3. Human Relations (Cont.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services... they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code.

5. Advertising or Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis

for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

7. Education and Training

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers.

10. Therapy (Cont.)

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

Above all...

Do no harm.

Steps in Avoiding Ethical Problems

Know your ethical code and refresh that knowledge periodically.

Have a supervisor/consultant you regularly use.

Make it clear to all (and you) ...

Your role.

Your responsibilities.

Who you report to and what?

The client's responsibilities.

What you are going to do.

When you are going to stop.

When therapy will be ended.

Example: 18 Steps in Ethical Decision Making
(Pope & Vasquez, 2007)

1. Identify the situation that requires ethical consideration and decision-making.
2. Anticipate who will be affected by your decision.
3. Figure out who, if anyone, is the client.

Ethical Decision-Making Steps

4. Assess our relevant areas competence-and of missing knowledge, skills, experience, or expertise-in regard to the relevant aspects of this situation.
5. Review relevant formal ethical standards.
6. Review relevant legal standards.

Ethical Decision-Making Steps (Cont.)

7. Review the relevant research and theory.
8. Consider how, if at all, your personal feelings, biases, or self-interest might affect your ethical judgment and reasoning.
9. Consider what effects, if any, that social, cultural, religious, or similar factors may have on the situation and on identifying ethical responses.

Ethical Decision-Making Steps (Cont.)

10. Consider consultation.
11. Develop alternative courses of action.
12. Evaluate the alternative courses of action.

Ethical Decision-Making Steps (Cont.)

13. Try to adopt the perspective of each person who will be affected.
14. Decide what to do, and then review or reconsider it.
15. Act on and assume personal responsibility for your decision.

Ethical Decision-Making Steps (Cont.)

16. Evaluate the results.
17. Assume personal responsibility for the consequences of your action.
18. Consider implications for preparation, planning, and prevention.

Focus

Moving beyond therapists...

Ethic conduct while in the consultant, supervisor, or trainer role.

Ethical assistance provided while in the consultant, supervisor, or trainer role.

The impact of authority and influence of consultants, supervisors, trainers, researchers, and peers can affect behavior.

Formal Definitions of Roles

>Authority Definitions, Formal vs. Informal<

Peer: Provides opinion but has no formal authority.

Consultant: Contract-based and may be limited in scope of expertise providing. Generally, has little to no formal authority.

Supervisor: Explicitly has formal authority and also has a level of responsibility to a third party, the client.

Definition of Roles (Cont.)

Trainer: Contract-based and may or may not have an evaluative role. Generally, has little to no formal authority *but* powerful informal authority. Exception: Formal teachers.

Key elements of *Ethics*

A quick review...

The word “discipline.”

Note the use of terms like “good and bad,” “moral duty,” and “obligation.”

The role of “behavior.”

For a consultant, supervisor, trainer, or researcher then...

“Ethics is not, then, simply a function of how we think, but a guide for how we behave.”
(Silver, 2006).

Specifically, these things become even more relevant when occupying a position of authority.

Initial focus

Consultants, Supervisors, Trainers, and Peers have in common some influence on the conduct of another person.

Some of what Researchers do may share that influence but they also have relatively unique ethical issues having to do with the conduct of research.

A key concept:

While the positions of Peer, Consultant, Trainer, Supervisor, and Researcher can be defined separately, the reality in mental health is they typically overlap in how they affect behavior.

How? -> Formal Authority vs Informal Authority vs Influence

The role of influence on behaviors

First source of influence: What does the authority figure do? "The boss, and by that I mean the immediate supervisor, has a huge impact on ethical behavior."

Second source of influence: What do my peers do?

Third source of influence: What does my own sense of right and wrong tell me to do?

-M. Schminke, 1998

Authority

Power and control; for our purposes, the degree of direct impact on someone's behavior.

Formal Authority can be “hire-fire” powerful.

Peers can be given at least some Informal Authority by an individual due to their expertise. And they clearly may have Influence, sometimes without the individual or the peers realizing it.

To return to the 'Key Concept'...

Some Consultants are given a Supervisory role as part of their contract.

And some Trainers are Consultants during and after training and, during most EMDR training, operate as Supervisors as active interveners.

In other words, Supervisory authority is often present or is perceived as present.

So what about Supervisors?

What are the particular questions someone in the Supervisor role needs to address?

The "Gatekeeper" Model

The supervisor as gatekeeper: Reflections on Ethical Standards 7.02, 7.04, 7.05, 7.06 and 10.01 – Stephen Behnke, APA Ethics Director, 2005.

Authority rests with the gatekeeper to apply the criteria and so to allow, or not allow, passage. The gatekeeper must take responsibility for that decision.

Behnke's Five Questions for Gatekeepers

- 1.) What is the nature of the supervisory role, and how does this role differ from other important roles such as consultant and therapist?
- 2.) What is the nature of the relationship between a supervisor and a supervisee's client?
- 3.) Does supervision, by definition, create a multiple relationship and a conflict of interest?
- 4.) How does a supervisor assess a supervisee's competence?
- 5.) How does a supervisor know when to invoke a remedial process?

Question One

1.) What is the nature of the supervisory role, and how does this role differ from other important roles such as consultant and therapist?

E.g., Mandatory individual or group therapy as a part of training [See Standard 7.05]

Question Two

2.) What is the nature of the relationship between a supervisor and a client?

This is a major difference from consultant, trainer, and peer roles. [See Standard 10.01, Informed Consent]

Question Three

3.) Does supervision, by definition, create a multiple relationship and a conflict of interest?

Is supervision the only relationship you have with the person? (E.G., they are your employees.)

Problem: What *is* “a multiple relationship or conflict of interest”?

Question Three (Cont.)

Does supervision, by definition, create a multiple relationship and a conflict of interest?

Key guideline:

“...ethical principles need to define dual relationships more carefully and to note with clarity if and when they are therapeutically indicated or acceptable.”

-Pope & Vetter, 1992

Question Four

4.) How does a supervisor assess a supervisee's competence?

[See Standard 7.06, Assessing Student and Supervisee Performance] Does the supervisee know how the assessment is going to be done?

Question Five

5.) How does a supervisor know when to invoke a remedial process?

See Standards 7.02, “Descriptions of education and training programs,” and 7.04, “Student disclosure of personal information.” These ensure students know what is expected of them and the process of notification and remediation.

To put it another way...

[The supervisor is responsible] for monitoring of client welfare, insuring compliance with relevant legal and professional standards of service delivery, monitoring clinical performance and professional development of supervisees and evaluating and certifying current performance...

-Code of Ethics for Substance Abuse Certified Clinical Supervisors, Vermont Alcohol & Drug Abuse Certification Board. (<http://www.vtcertificationboard.org/>)

Certification in EMDR

“I recommend _____ for Certification in EMDR.”

There is no standardized, objective evaluation provided by an Approved Consultant for that statement. If there is a “Gatekeeper” role, should there be?

Taking a look back: Pope & Vetter, 1992

Ethical dilemmas reported in Training (8%), Competence (3%), and Supervision (2%).

Also relevant for consultation and supervision: Confidentiality (18%) and Dual Relationships (17%).

Taking a look back: APA Education and Training

7.06 Assessing Student and Supervisee Performance

In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

Review: Avoiding Ethical Problems in Consultation and Supervision

Know the ethical code and refresh that knowledge periodically.

Have a supervisor/consultant *you* regularly use *especially* when a supervisor/consultant/trainer.

When providing consultation or supervision...

Make it clear to all (including you):

Your role

Your responsibilities

Who you report to and what you report

The client's responsibilities

What you are going to do

When you are going to stop

When the consultative relationship will end

Researchers

1. Discuss intellectual property frankly (8.12)
2. Be conscious of multiple roles
3. Follow informed-consent rules
4. Respect confidentiality and privacy
5. Tap into ethics resources

Questions?

Contact Information

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2010 Amendments

Introduction and Applicability

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority~~ in keeping with basic principles of human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.~~ Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and ~~to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.~~ take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04(a).